

**LSUHSC Child & Family Counseling Clinic**  
**Spring 2023 Professional Seminar Series 3.0 CE hours/workshop 9am-12:15pm**  
**\$60/Workshop for Professionals & \$55/Workshop for Students (with ID)**  
**\$70/Late Registration for Professionals/ \$65 Late Registration for Students (with ID)**  
**LSUHSC 411 S. Prieur Street, Room 307, New Orleans, LA 70112 (504) 556-3453 [cfcc@lsuhsc.edu](mailto:cfcc@lsuhsc.edu)**

**Proposed Date: January 20, 2023; 9:00 am**

**Workshop #**

**George W. Hebert, Ph.D.**

***Autism Spectrum Disorder (ASD) in the DSM-5-TR Environment (ASD): Best Practices for Diagnosis and Treatment***

This workshop will provide participants strategies for addressing people suspected of falling on the spectrum of autism. This latest text revision of the DSM includes some subtle changes in the diagnostic criteria. This training activity will utilize a multi-trait, multi-method approach to the assessment of Autism Spectrum Disorder (ASD), consistent with current best practices. Additionally, developmentally appropriate interventions and services will be reviewed primarily for children and adolescents. Finally, assessment procedures discussed will be consistent with DSM-5-TR diagnostic criteria and eligibility for services for special education in Louisiana.

**Proposed Date: February 10, 2023; 9:00 am**

**Workshop #**

**George W. Hebert, Ph.D.**

***Grief and Prolonged Grief Disorder in the DSM-5-TR: When to Intervene and When Not to Intervene***

This workshop will provide participants both evaluation and treatment strategies for children and adolescents who are dealing with grief. The latest edition of the DSM now includes a new diagnosis of Prolonged Grief Disorder. However, while grief is a natural reaction to loss, mental health practitioners must be aware that they can actually cause harm if the person does not merit formal interventions. This training activity will utilize an evidenced based approach for assessments to best identify which children and adolescents may benefit from grief therapy and which treatments have been shown most effective. The assessment procedures will address DSM-5-TR diagnostic criteria as well as possible entitlements in the various Louisiana special educational services.

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*\*Registration must be paid in full by and received (via mail/person) by the Friday prior to the workshop. Week of or Walk-in registrations will be charged \$70 for professionals, \$65 for students.*

DISCOUNTS AVAILABLE!!! Registrants who register in groups of 3+ will receive a 10% discount for each person in the group. Registrants who register for 3 workshops at a time will be eligible for a 10% discount off the total for the workshops. Only one discount will apply per person per registration. You may receive a discount each time you register. Payments must be made in full.

*\*A minimum of 5 participants MUST be registered by the Friday before the seminar in order for the workshop to be conducted. Registration and payment must be made by Friday of the week before of the workshop.*

**Make Payments (checks, cash, or money order only) in exact change if paying with cash. Checks are payable to  
LSUHSC and mail to:  
LSUHSC Child & Family Counseling Clinic 411 S. Prieur Street, room 307 New Orleans, LA 70112**

*\*Paid parking available on the street or the S. Roman Street Garage on S. Roman Street across from St. Joseph's Church.*

**Registrant Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Workshops for registration \_\_\_\_\_

\*\* Payments made by check/money order must be mailed into the LSUHSC Child & Family Counseling Therapy Clinic (See mailing address above). Payments made by cash must be hand delivered to the Clinic.

\*\*\* When registering as a group, all registration information will be placed on hold until all persons in the group submit their registration information. If the entire group's registration information is not received by Wednesday of the week of the workshop, the individual(s) who have submitted registration information will be charged the full fee. Registration forms do NOT need to be mailed in as a group.

Please email this form to [cfcc@lsuhsc.edu](mailto:cfcc@lsuhsc.edu) or fax the form to (504) 556-7540.

**Credit Card: Visa or Mastercard** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Name (as it appears on credit card)** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **CID** \_\_\_\_\_ **Billing Address zip code:** \_\_\_\_\_

**Amount to be Charged: \$** \_\_\_\_\_ **Signature for Authorization** \_\_\_\_\_