



**37<sup>th</sup> Annual - MAIADS**  
July 30, – August 3, 2018  
Fond du Lac Tribal and Community College  
2101 14<sup>th</sup> Street Cloquet, MN 55720



## Call for Presenters

The 2018 Minnesota Institute on Alcohol and Drug Studies (MAIADS) and Native American Prevention Program Sharing (NAPPS) Planning Committee is requesting proposals for presentations supporting this year's theme:

**Wičozani wašté (Dakota)**  
**Jiikakamigad mino-bimaadiziwin (Ojibwe)**  
*“Celebrating Our Good Life”*

Special emphasis is on *Celebrating our Good Life* as it relates to recovery, culturally appropriate treatment models, prevention, self-care for counselors, and the role of the 12 Core Functions in promoting holistic recovery (specific to American Indian populations). The MAIADS & NAAPS Conference allows you to network and socialize with a wide variety of chemical health professionals exposing you to new ideas and best practices across institutions and facilities.

### Possible workshop topics:

- Culturally specific programs
- Mental and physical health issues related to chemical dependency
- 12 Core Functions
- Therapy options
- Communications
- Best practices and successes
- Overcoming trauma grief
- Working with different populations, including youth, women, and elders
- Co-occurring disorders
- Opiates & pregnancy
- Personal responsibility

We ask that presentation proposals be postmarked no later than **May 1, 2018.**

The MAIADS/NAPPS Planning Committee screens proposals for appropriate topic and compatibility with the conference theme. Workshops occur Monday- Thursday at 1:30 – 2:30 p.m. and 2:45 – 3:45 p.m.. Elder presenters are given priority.

Selected presenters will be notified no later than **June 12, 2018.**

### Presenter Discounts and Benefits:

MAIADS offers a stipend for workshop presentations (\$175.00/workshop), lodging costs for one night, and mileage reimbursement (**roundtrip** - Less than 50 miles - \$0.00; 50-80 miles - \$20.00; 81-125 - \$40.00; 126-200 - \$60.00; 201-250 - \$80.00; 300-350 - \$100.00; over 350 miles - \$150.00).

**\*Please note:** MAIADS is unable to offer additional stipends and travel reimbursements if your presentation involves more than one presenter.

FDLTCC is fully equipped to handle most audio/visual requests. Selected presenters **are asked to send any handouts/materials by July 1.**



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**Presentation Proposal Form**

**Presentation Information:**

Title of presentation (No more than 7 words) \_\_\_\_\_

Workshop format (check one):     Lecture     Discussion     Hands-on     Active     Other? \_\_\_\_\_

Do you need to limit the number of participants?                             YES – Max # \_\_\_\_\_     NO

Will you have handouts or other materials for participants?             YES                     NO

Do you need to charge a materials fee?     NO                     Yes                    Amount: \$\_\_\_\_\_

Do you have any special space needs for your workshop? (For example: open space, talking circle set up, room made dark for slides, electricity, running water, etc.)

Audio/Visual Needs (please check all that apply):

- Computer/PowerPoint Projector (Presentations must be sent via email or saved to jump drive)
- DVD Player
- Large tablet, easel, and markers
- Other (please specify)

Preferred date of presentation

1<sup>st</sup> Choice            Date \_\_\_\_\_            Time \_\_\_\_\_

2<sup>nd</sup> Choice            Date \_\_\_\_\_            Time \_\_\_\_\_

3<sup>rd</sup> Choice            Date \_\_\_\_\_            Time \_\_\_\_\_

**Presenter Information:**

How many people will present this session? \_\_\_\_\_

Provide contact/background information for each presenter. Please list the Main Contact/Lead Presenter first, followed by information on each co-presenter.

Presenter name (as you would like printed in program)

Professional Title:

Work Agency:

**Work Address:**

City:                    State:                    Zip:

Phone:                    Fax:

Email:

**Home Address:**

City:                    State:                    Zip:

Phone:                    Fax:

**Presenter Information (continued):**

Please include a **short biography** for the conference program for each presenter (3 to 5 sentences.) Include your professional background, relevant knowledge in chemical dependency and presentation experience, educational background, and relevant licenses/certifications.

Presenter is American Indian                      Tribe/Reservation

Please describe your workshop in 5-7 sentences (what will you present and how, or what participants will do, etc):

Please list 2-3 of your workshop goals/objectives (or use a separate lesson for your workshop):

- 1.
- 2.
- 3.

\*\*\*\*\*Your workshop description and bio will be included in the conference program\*\*\*\*\*

Please check which of the **12 CORE FUNCTIONS** your presentation will address (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Screening          | <input type="checkbox"/> Counseling          | <input type="checkbox"/> Reports and record keeping  |
| <input type="checkbox"/> Intake             | <input type="checkbox"/> Case management     | <input type="checkbox"/> Consultation with other professionals regarding client treatment and services |
| <input type="checkbox"/> Orientation        | <input type="checkbox"/> Crisis intervention |  |
| <input type="checkbox"/> Assessment         | <input type="checkbox"/> Client education    |  |
| <input type="checkbox"/> Treatment planning | <input type="checkbox"/> Referral            |  |

Will you be registering for the conference?                       YES                       NO

Please return by **May 1, 2018** to:

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Fond du Lac Tribal and Community College  
2101 14<sup>th</sup> Street  
Cloquet, MN 55720  
218-879-0890 (phone) 218-879-0814 (fax)