

# **CALL FOR PRESENTERS**

*Due October 2, 2009*

**12th ANNUAL JOINT CONFERENCE  
The Assessment, Treatment and Safe Management of Sexually Abusing  
Children, Adolescents and Adults**

Sponsored by

**MASOC and MATSA**

**APRIL 8 and 9, 2010**

ROYAL PLAZA HOTEL & TRADE CENTER  
MARLBOROUGH, MASSACHUSETTS

## **ABOUT THE CONFERENCE**

MASOC and MATSA are pleased to announce our Call for Presenters for our 12th annual pre-conference and conference scheduled for April 8 and 9, 2010. The conference is designed for professionals to share new ideas, refresh current practices, network with other providers, and welcome new professionals to the specialized field of sexual abuse/offense. As in past years, we anticipate this year's conference will continue to host a national and international audience of about 800 participants. We invite you to submit workshop proposals for both the half-day (180 minutes) pre-conference workshops held on Thursday, April 8, 2010 and the 90-minute conference workshops held on Friday, April 9, 2010.

We will be accepting proposals on all relevant topics and encourage you to apply. However, based on surveys completed by past participants, we especially encourage participants to consider submitting proposals in the following areas: dynamic risk factors; counter-transference issues; attachment theory; what treatment models are most effective; culturally-specific attitudes towards sex offenders; DBT for youth; working with resistant caretakers; trauma informed skills for group and/or individual treatment; forensic testimony; treatment of adolescent females; risk management; Sex Offender Registry Board; the STABLE 2007; and research currently being conducted.

Proposals are due by October 1, 2009.

If you would like to share this opportunity with a colleague, the Call for Presenters form is posted at [www.masoc.net](http://www.masoc.net) or [www.matsa.org](http://www.matsa.org).

**PLEASE SEND COMPLETED PROPOSAL(S) BY OCTOBER 2, 2009 TO:**

Diane Langelier  
MASOC  
70 North Summer Street  
Holyoke, MA 01040  
(413) 540-0712 x14 - phone  
(413) 540-1915 - fax  
DCLinMA@aol.com

INVITATION TO SUBMIT

Due by October 2, 2009

PLEASE COMPLETE THIS SUBMISSION FORM AND ALL REQUESTED INFORMATION FOR EACH PROPOSAL:

NOTE: All information MUST be completed for consideration. If more than one presenter, please duplicate these forms, provide all the information and the profile sheets for each presenter, and identify the lead contact presenter.

PRESENTER INFORMATION:

Presenter Name: \_\_\_\_\_
Degree(s)/Year Rec'd: \_\_\_\_\_
License Type: \_\_\_\_\_
License #/State issued: \_\_\_\_\_
Year issued: \_\_\_\_\_
Title: \_\_\_\_\_
Place of Employment: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Fax: \_\_\_\_\_
E-Mail: \_\_\_\_\_

WORKSHOP REQUEST Please note requests are not guaranteed.

\_\_\_\_\_ Pre-conference workshop 1/2 day (180 minutes) 4/8/10
\_\_\_\_\_ Conference workshop 90-minutes 4/9/10

Workshop designed to address: (if combined groups, please explain)

\_\_\_\_\_ Adults \_\_\_\_\_ Adolescents \_\_\_\_\_ Latency Age

Level of workshop:

\_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Track:

\_\_\_\_\_ Practice \_\_\_\_\_ Research \_\_\_\_\_ Policy

Title of Workshop: \_\_\_\_\_

Brief description of workshop as it will appear in the brochure (the conference committee has the right to edit all descriptions): \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS SUBMISSION FORM. All items requested MUST be included with this cover sheet in order to be considered and MUST be typed.**

**Please include 3 copies of each document requested except for the Curriculum Vitae. Thank you.**

- Curriculum Vitae for each presenter
- One paragraph bio for each presenter
- One page abstract of the workshop
- Three learning goals written in objective format (these must be stated in your actual presentation)
- Statement of how this presentation pertains to social workers, mental health counselors, marriage and family counselors, psychologists and other conference participants
- At least three (3) journal references or bibliography which relate to the topic
- Two personal references (include telephone numbers)
- Statement of experience as a conference presenter
- Completed Profile Sheet (see below) for each presenter

**Profile Sheet of Presenter or Faculty**

Please complete this form fully and include in your submission packet for each presenter or faculty member who wishes to present at the 2010 MASOC/MATSA Conference.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

License and License Number: \_\_\_\_\_

LMHC # \_\_\_\_\_ Licensed Psychologist # \_\_\_\_\_

LMFT # \_\_\_\_\_ Licensed Psychiatrist # \_\_\_\_\_

LICSW # \_\_\_\_\_ Licensed Medical Doctor # \_\_\_\_\_

Other License or Certification, Type \_\_\_\_\_ # \_\_\_\_\_

*(If the trainer is not licensed or certified please use the back of this sheet to explain the trainer's expertise.)*

**Educational background/Degree(s) earned:**

University: \_\_\_\_\_

Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree Earned \_\_\_\_\_

University: \_\_\_\_\_

Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree Earned \_\_\_\_\_

University: \_\_\_\_\_

Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree Earned \_\_\_\_\_

**Include other pertinent information or special training relating to your background as it relates to the CE activities to be presented:**

\_\_\_\_\_  
\_\_\_\_\_

**Current employment or professional capacity:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dates of involvement in the above \_\_\_\_\_ to \_\_\_\_\_

**Years of experience in clinical practice** \_\_\_\_\_

**Presenter special experience or training that applies to topic:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_