OUTLINE

Client Assessment: Ask the Right Questions

Conduct comprehensive assessments

Mini mental status exam

Lethality assessment: Suicide and homicide Substance use assessment

Trauma assessment

Tips and strategies for eliciting the right

The Suicidal Client: More than 13 Reasons Why

High-risk populations—who is most at risk? Implicit and explicit expressions of suicidal ideation and intent

Self-injurious behavior and suicidal ideation Suicide assessment and interviews: Ideation, plans,

What do I do now? —Disposition & safety planning Why "No-Harm Contracts" are harmful

Breaking client confidentiality

When in doubt, do what?

Hospitalization process

After the ER: When clients are not admitted **Case studies:**

Michelle—Teenagers experiencing suicidal

William—The intersection of substance use, mental illness and suicidality

The Violent Client: Manage **Danaerous Situations**

Dealing with our fears: Clinicians' safety concerns When the clinician is the target

When others are the target

De-escalation techniques

Preventative planning

Office layout

Keeping good boundaries

Police involvement before a crisis

Safety planning

When to call 911

Hospitalization process

Duty to warn **Case studies:**

George—Handle a violent client Dale—Practice Duty to Warn

The Addicted Client: What ALL Clinicians Need to Know

How misdiagnosis harms clients

Signs of intoxication

Imminent risk: Signs and symptoms of overdose Identify withdrawal syndromes

Accurate diagnosis and treatment matching Drug basics that clinicians should know:

Opioids and the opioid crisis (heroin, fentanyl and emerging drugs)

Stimulants (cocaine, "bath salts,"

methamphetamine)

Cannabinoids ("shatter," spice)

Other chemicals (DXM, "Special K," Ayahuasca) When and how to refer to a higher level of care

Percy—Opioid crisis in the waiting room Cathy—Bipolar Disorder? Think again

The Traumatized Client: Help Without Hurtina

Recognize trauma in clients

The risk of misdiagnosis

Dangers of improper treatment

Strategies for trauma-informed care

First and foremost: Safety inside and outside

The role of mindfulness

Go slow...but go

Understand Levels of Safety

Triune Brain Model and trauma Bereavement: Not always trauma

The intersection of trauma, mental health, substance abuse and medical problems

Case studies:

Brian—Trauma missed

Mick—"How deep can I bury this?"

Medical vs. Psychiatric Problems: **Limitina Harm**

"What Could Kill the Patient First?" Collaborative care with primary physician Medical emergencies that present with psychological symptoms

Signs and symptoms: Limit client harm by recognizing a medical emergency

Medication-Related Disorders Traumatic Brain Injury (TBI) **Neurocognitive Disorders**

Other Neurological Illnesses

Case studies:

Steven and the Zombies—Organic disorders "Granny has schizophrenia!"

High Risk Clinicians: After the Crisis

Protect your license and manage liability Documentation: What you need to know Debriefing and supervision Vicarious trauma

Addressing compassion fatigue Case study:

Dave and me

Limitations and Potential Risks

Limited controlled studies Seek supervision when necessary Weigh out risk of intervening versus not

Live Seminar Schedule

7:30 Registration/Morning Coffee & Tea

8:00 Program begins

11:50-1:00 Lunch (on your own)

4:00 Program ends

For locations and maps, go to www.pesi.com, find your event, and click on the seminar title.



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Effectively Handle Five of the Most Critical Scenarios You'll Face as a Clinician

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Monday, March 26, 2018

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Tuesday, March 27, 2018

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Wednesday, March 28, 2018



HIGH RISK CLIENTS

Effectively Handle Five of the Most Critical Scenarios You'll Face as a Clinician

- Recognize signs of suicide risk and effectively intervene
- What ALL clinicians need to know about substance use disorders • The traumatized client: How to help
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- violent clients Strategies to manage liability risk

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Wednesday, March 28, 2018

HIGH RISK CLIENTS

Effectively Handle Five of the Most Critical Scenarios You'll Face as a Clinician

Crises are never scheduled, convenient or easy. But they do happen and you will face them. Clients at risk for crisis often present with so many symptoms and issues, it's hard to know where to start. Many clinicians, anxious about how to proceed, often miss or avoid asking the right questions to effectively intervene and keep clients (and themselves) safe.

As a clinician, have you ever felt:

Worried about the safety of your clients, even feared for their lives, but felt unprepared to handle the situation?

Unsafe in the clinical environment, or unsure of how to handle situations where someone connected to your client might be in danger?

Caught off guard when you're wrapping up a session and a client discloses suicidal thoughts?

Unsure if a client was using drugs, and ill equipped to identify the signs and symptoms of drug abuse?

Concerned that you're doing more harm than good for traumatized clients, despite your best

Join Paul Brasler, LCSW, as he navigates you through five of the most difficult scenarios in mental health today. Through real-life examples and live role plays, Paul will share the concrete strategies that he's used over the last two decades to safely and effectively intervene in the challenging, urgent, and sometimes alarming situations that mental health professionals face. Full of practical tools and tips, this seminar will teach you to how to make crises situations more manageable, overcome your worries, and improve your readiness to handle mental health emergencies related to suicide, violence, substance abuse, trauma, and medical issues. Better still, instruction on professional liability management techniques, tips for documentation, and detailed reproducible assessment forms will have you feeling confident that you can focus on doing what's best for your clients without fear of litigation. And, Paul's guidance is applicable to your work regardless of your setting or clinical

Leave this seminar equipped to help your most vulnerable clients with the real-life skills and knowledge they don't teach in graduate school!

SPEAKER

Paul Brasler, M.A., M.S.W., L.C.S.W., has worked in the social work field for the past 22 years. His work experience includes: adolescent residential treatment, inpatient and outpatient substance abuse treatment, experiential group process, being a mental health provider on a hostage negotiation team, drug court senior clinician, private practice with individuals and families, and crisis interventions. For the past seven years, Paul has worked in five emergency departments in the greater Richmond, Virginia area, conducting psychiatric assessments of patients in crisis. Paul helps the most vulnerable population in his community, and he enjoys the intersection of mental health, substance

A graduate of Virginia Commonwealth University's Graduate School of Social Work, Paul returned to his alma mater to teach in 2012. While he readily acknowledges the need for coherent and meanstested theories to support practice, he ultimately values the lived experience of putting strategies into practical use. Seminar attendees consistently note that they like how he uses "real life" examples in his presentations.

Speaker Disclosures:

Financial: Paul Brasler is in private practice. He receives a speaking honorarium from PESI, Inc. Non-financial: Paul Brasler has no relevant non-financial relationship to disclose.

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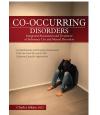
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OBJECTIVES

- 1. Complete a comprehensive mental health assessment that encompasses a multitude of clinical concerns including mental status, lethality, substance abuse and trauma.
- 2. Identify signs of and risk factors for suicidal ideation in clients and effectively respond in order to ensure the safety of the client.
- 3. Recognize indicators of substance intoxication, withdrawal and overdose in clients and establish protocol for responding appropriately.
- 4. Assess for risk of violence in a clinical setting and develop skills to effectively and safely intervene during an acute crisis.
- 5. Examine ways in which client responses to trauma are often misdiagnosed as mental health disorders and consider the clinical implications of this.
- 6. Create accurate and comprehensive documentation of clinical crises to protect all parties involved and minimize liability risks.

SAVE BY INCLUDING THESE PRODUCTS WITH SEMINAR REGISTRATION!



Co-Occurring Disorders

Integrated Assessment and Treatment of Substance Use and Mental Disorders

By Charles Atkins, MD

This is a must-have resource for both the rubber-meets-the-road clinician, who wants effective strategies and a clear direction for treatment and recovery, and the administrator who creates interventions at the system level with attention to regulatory and reimbursement demands.



Borderline Personality Disorder Toolbox: A Practical Evidence-Based Guide to Regulating Intense Emotions

By Jeff Riggenbach, Ph.D., LPC

Drawing from a variety of evidence-based approaches, the Borderline Personality Disorder Toolbox is a real-world self-help workbook. Escaping generalizations and stereotypes, this complete guide is filled with practical explanations, along with over 100 worksheets and activities to improve behavior.

Target Audience:

Counselors, Social Workers, Psychologists, Case Managers, Addiction Counselors, Marriage & Family Therapists, Nurses, Nurse Practitioners, and other Mental Health Providers

Live Seminar Continuing Education Credit Information

Credits listed below are for full attendance at the live event only. Certificates of Completion are distributed at the conclusion of the live seminar for those who register prior to the event date and attend the full day. A letter of attendance will be issued to participants who register at the event, arrive late, or leave early. For those who registered day of (walk-ins), and are in full attendance, a certificate of completion for full CE credit will be sent within 30 days following the event. For those in partial attendan rived late or left early), an adjusted certificate of completion reflecting partial credit will be issued within 30 days (if your board allows). Please see "live seminar schedule" for full attendance start and end times NOTE: Boards do not allow credit for breaks or lunch.

If your profession is not listed, please contact your licensing board to determine your continuing education requirements and check for reciprocal approval. For other credit inquiries not specified below, or questions on home study credit availability, please contact crepsileges.com a 900-844-8200 before the event.

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.

ADDICTION COUNSELORS: This course has been approved by PESI, Inc., as a NAADAC Approved Education Provider, for 6.0 CE in the Counseling Services skill group. NAADAC Provider #77553. PESI, Inc. is responsible for all aspects of their programming. Full attendance is required; no partial credit will be awarded for partial attendance.

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MARRIAGE & FAMILY THERAPISTS: This activity consists of 380 minutes of continuing education instruction. Credit requirements and approvals vary per state board regulations. You should save this course outline, the certificate

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WISCONSIN MARRIAGE & FAMILY THERAPISTS: This course has been review. Credit is pending.

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SOCIAL WORKERS: PESI, Inc. Provider #:1062, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB), www.aswb.org through the Approved Continuing Education (ACE) Program. PESI, Inc. maintains responsibility for the program. ASWB Approval Period: January 27, 2017 - January 27, 2020. Social orkers should contact their regulatory board to determine course approval for continuing education credits. Social workers participating in this course will receive 6.25 (Clinical) continuing education clock hours for this intermediate course. A certificate of attendance will be awarded at the end of the program to social workers who complete the program evaluation

OTHER PROFESSIONS: This activity qualifies for 380 minutes of instructional content as required by many national, state and local licensing boards and professional organizations. Save your course outline and certificate of completion, and contact your own board or organization for specific

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