## **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 information

#### The Suicidal Client: More than 13 Reasons Why

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

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—Teenager experiencing suicidal ideation

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

#### The Violent Client: Manage Dangerous 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

### Case studies:

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 clinic 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

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

Medication-related disorders Traumatic Brain Injury (TBI)

Neurocognitive disorders Other neurological illnesses

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**

#### **Live Seminar Schedule**

(Times Listed in Eastern)

7:30 Registration/Morning Coffee & Tea

8:00 Program begins

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

**4:00** Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker A more detailed schedule is available upon request.

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## HIGH RISK CLIENTS

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

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# 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 without hurting
- Tactics that help you respond to violent clients
- Strategies to manage liability risk and protect your license



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## **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

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

Caught off quard 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

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 crisis 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 background.

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 abuse and medicine.

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 live 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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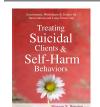


PESI Inc. is proud to offer this seminar (at these locations only) free of charge (on live seminar tuition) for veterans and active duty military personnel. Advance registration by phone required.

## **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!



#### **Treating Suicidal Clients & Self-Harm Behaviors**

Assessments, Worksheets & Guides for Interventions and Long-Term Care

By Meagan N Houston, Ph.D., SAP

Dr. Meagan N. Houston has created a workbook to prepare you for all the intricacies that affect clients' choices to live or die. Filled with proven assessments, unique worksheets and action-based methods to help your clients navigate and survive the turbulent periods. This complete resource also includes underlying etiology, varying life factors, and mental health concerns that influence suicidal and self-destructive behaviors.



#### **Opioid Use Disorder**

A Holistic Guide to Assessment, Treatment, and Recovery

By Charles Atkins, MD

A holistic guide, this practical book provides a wealth of knowledge on the assessment, treatment and recovery from opioid addictions. Dr. Charles Atkins, well-known opioids addiction expert, brings together current research, emerging therapies, and non-drug and integrative strategies to both professionals and the public.

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NURSES/NURSE PRACTITIONER/CLINICAL NURSE

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