Mental Health Emergencies

Preparing for the Five Types of Mental Health Crises

• More effectively assess and intervene in mental health emergencies
• Conduct a quick, but thorough and accurate, mental status exam
• DSM-5® and crisis situations
• The rising heroin and synthetic drug epidemic
• Maximize client safety while minimizing your risk

Paul Brasler, MA, MSW, LCSW
Expert on high-risk clients & national speaker

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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Client Assessment
Lethality Assessment
Mental status exam
- Mood & affect
- Thought content & thought process
- Perceptions & judgment
- Memory & Somatic complaints
- Psychosocial stressors & supports
- Environmental & Spiritual stressors & supports

DSM-5® changes regarding major mental illness diagnosis

The Suicidal Client
Higher risk populations
Suicide assessment
Disposition
Safety planning

The Violent/Homicidal Client
Ethical duty to protect
Physical ways to keep yourself safe
Approaching a potentially violent client
Developing a good safety plan

Medical vs. Mental Problems
Neuroleptic Malignant Syndrome
Stevens-Johnson Syndrome
Senotinin Syndrome
Dementia vs. Delirium
Urinary Tract Infections—often missed
Organic issues—“Stephen and the Zombies”

Medication reactions

Trauma
Recognizing trauma
Trauma and the trune brain
Trauma and emotional response
The role of memory
Trauma and pre-existing mental illness
Immediate intervention for trauma: safety
Identifying recovery capital

Substance Abuse
Intoxication syndromes
The Heroin “revival”
Synthetic drugs
- JWH-018: K2/Spice
- Methylenedioxymethamphetamine: Ecstasy to Molly
- Methylenedioxypyrrolidone: “Bath Salts”
- Alcohol Vaporizers
Other street drugs
- Cocaine vs. methamphetamine
- Khat (Cathinone)
- Dextromethorphan
- Ayahuasca (Yage)

Taking Care of Ourselves
Debriefing and documentation
Peer supervision
Stopping compassion fatigue
Addressing burn-out

1. Complete a client safety assessment, specifically addressing suicidal or homicidal ideations and behaviors.
2. Conduct a brief, but thorough, mental health interview to determine the nature of the crisis.
3. Demonstrate effective diagnostic skills utilizing DSM-5® criteria.
4. Identify medical problems that initially appear as mental health symptoms.
5. Explore how victims of trauma can present in crisis.
6. Develop a deeper knowledge of the variety of inebriants and intoxicants that can propel a person into a crisis.
7. Explain how we as clinicians are a part of the crisis process and how this can continue to impact us beyond the actual event.

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Non-Financial: Paul Brasler has no relevant non-financial relationship to disclose.

Paul Brasler, M.A., M.S.W., L.C.S.W., tested theories to support practice, he ultimately values the lived experience of putting strategies into his alma mater to teach in 2012. While he readily acknowledges the need for coherent and means-interventions. For the past seven years, Paul has worked in three Emergency Departments in the greater past 20 years. His work experience includes: adolescent residential treatment, inpatient and outpatient topic idea, please contact Claire Zelasko at czelasko@pesi.com or call (715) 855-8194.

now! What? A crisis is never scheduled, neat, or easy. What types of crises are going...