

Crisis 101

**A Workshop For
Mental Health Professionals
in Private Practice
May 17, 2016 from 12-2pm**



Do you dread the day a client tells you they're suicidal?
Have you felt lost or frozen with a client in crisis?

Crisis can be a moment of opportunity and at the same time frightening and disorienting for both clinicians and clients. By definition, it is hard to know what to expect, so it's important to be prepared.

In this workshop learn how to effectively support clients through a psychiatric emergency:

- Screen for clients who are at risk of a mental health crisis
- Design comprehensive safety plans
- Write an M1 psychiatric hold for clients in imminent risk of suicide or homicide
- Navigate the systems involved in a psychiatric emergency
- Coordinate effectively with police, psychiatric emergency evaluators, and hospitals
- Get templates and flowcharts to help with the decision making process



April Pojman LPC is a graduate of Naropa's Wilderness Therapy program and uses experiential nature-based therapy, Hakomi and EMDR with her clients. She has worked in a wide variety of settings including private practice, community mental health, public schools, wilderness therapy, and community environments overseas. Find her online at Lion's Breath Counseling: www.lions-breath.com



Vicky Peterson LCSW graduated from DU School of Social Work in 1989 and has been working in for Emergency Psychiatric Service at Mental Health Partners for the past 26 years. She is experienced in crisis intervention, psychiatric evaluations and arranging psychiatric hospitalizations. Vicky has supervised interns and emergency clinicians for over 20 years.

Date and time: May 17, 2016 from 12-2pm

Location: SonderMind, 100 Arapahoe Lane, Suite 12, Boulder

Cost: \$45 Some partial scholarships available based on need.



Pre-registration required, workshop limited to 20 participants.

To register complete the attached form and return to april@lions-breath.com

Registration Form

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May 17, 2016 from 12-2pm

Name: _____

Employer: _____

Email: _____

Phone: _____

Notify me of future workshops: yes no

Number of years and type of experience in mental health field:

What do you hope to gain from this workshop:

Specific questions you hope to address in this workshop:

Payment information: Visa Mastercard I agree that my credit card will be charged \$45.

Credit Card number: _____

Expiration date: _____ CVC code: _____

Billing address: _____

Signature: _____

Return this registration form to april@lions-breath.com
If you prefer to register by phone call April Pojman (303) 997-2267