



Featured Speaker
Jodi Flick, ACSW, MSW

Client **Violence**: Keeping Yourself and Others Safe

Friday, February 08, 2019
9 a.m. – 4:30 p.m.

Location:

Southern Regional AHEC
1601 Owen Drive
Classroom A (3rd Floor)
Fayetteville, NC 28304

Target Audience

This event has been planned for child protective services, district attorneys, medical examiners, clinicians, case managers, social workers, counselors, psychiatrists, psychologists, marriage and family therapists, educators, advocates, health and human service practitioners, and all other interested participants.

Program Description

Our society and especially our work settings, have become significantly more dangerous, yet few health professionals have had specific training in how to recognize, prevent or effectively intervene in potentially violent situations. This presentation addresses the growing problem of violence against health and mental health professionals, with recommendations on both clinical and administrative issues involving dangerous clients. The primary goal is to ensure the safety of practitioners, clients, and others involved.

Studies have shown that violence against practitioners is extremely common, seriously under-reported, and on the rise. Training has been shown to decrease incidents, decrease injuries, and increase staff confidence. Risk factors for hostile behavior will be discussed, with emphasis on those factors over which clinicians have influence. Guidelines for adequate assessment of client's history and potential for future violence are provided with handouts for use by clinicians in data-gathering. Potential risk assessment will be covered, along with cues for each stage of escalating behavior and appropriate practical interventions.

Objectives

Upon completion of this workshop, participants will be able to:

- Identify the factors which predispose an individual to violent behavior;
- Review the cues of escalating situations;
- Discuss how to minimize risk and reduce the occurrence of disturbing incidents;
- Demonstrate how to intervene more safely in an escalating situation; and
- Summarize practice issues regarding potential violence such as duty to warn, documentation, prosecution, and workplace safety plan.

Agenda

8:30 a.m.	Registration /Check In
9 a.m.	Violence Against Professionals Mental Illnesses Dangerous Patterns of Escalation
10:15 a.m.	Break
10:30 a.m.	Non-verbal techniques
11:45 a.m.	Lunch (On Your Own)
12:45 p.m.	Verbal techniques
2 p.m.	Break
2:15 p.m.	Workplace safety guidelines
4:30 p.m.	Adjourn

Speaker

Jodi Flick, ACSW, MSW, is a Clinical Assistant Professor with the UNC-CH School of Social Work and a counselor with the Chapel Hill Police Department's Crisis Unit. Ms. Flick has provided direct client services in out-patient and in-patient mental health, in emergency poverty relief services and in medical social work, with over 30 years clinical experience. She has been actively involved in volunteer work and community organization around social justice and service issues. In addition, Ms. Flick has considerable experience teaching at conferences, colleges, and local organizations.

This presenter is being supported through the partnership between UNC-CH, School of Social Work and the NCAHEC Program.

Fee

\$119.00 if registration and payment are postmarked on or before February 1, 2019; \$129.00 thereafter.

Credit

C.E.U.: 0.6

Contact Hours: 6.0

NAADAC: SR-AHEC adheres to NAADAC Education Provider Guidelines Provider #108762 (Substance Abuse Credit).

NBCC: Southern Regional AHEC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5362. Programs that do not qualify for NBCC credit are clearly identified.



NC Psychologists Category A: The program will provide 6.0 contact hours (category A) continuing education credit to NC Psychologists.

Southern Regional AHEC is solely responsible for all aspects of the program.

No partial credit will be given. Individuals arriving 15 minutes or more after the starting time will not receive credit. Credit will be awarded to participants who attend 100% of the program.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel two (2) business days (Monday-Friday), before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel two business days (Monday-Friday) before the program and obtain a refund for 70% of the registration fee.

Cancellations less than two business days (Monday-Friday) before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Please bring a jacket or other additional covering since we will not be able to adjust the thermostat.

Contacts

Bertina Parkins, Director Mental Health CE / 910-678-0132 / Bertina.Parkins@sr-ahec.org

Kate Smith, Program Assistant for Mental Health CE / 910-678-7305 / Kate.Smith@sr-ahec.org

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A MyAHEC account is required to complete registration. If you do not have a MyAHEC account, please go to our website at: <https://www.southernregionalahec.org/create-account> to create an account. Please use your personal email address when you create your MyAHEC account as work email accounts can change.

The handouts for the program will be provided online. Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to: <https://www.southernregionalahec.org/about-us/general-reference/>

Registration Form

CASCE #57890

Client Violence: Keeping Yourself and Others Safe - February 08, 2019

Registration Fee: \$119.00 if registration and payment are postmarked on or before February 1, 2019; \$129.00 thereafter.

Updated Contact Information

Name: _____ Credentials: _____

Personal Email: _____ Secondary Email: _____

Phone: _____ Employer: _____

Check Enclosed (Make check payable to SR-AHEC)

We accept the following credit cards: Visa, Mastercard, Discover, American Express

Card Number: _____

Expiration date: _____

Name on card: _____

Signature: _____

Dietary Preferences:

Vegetarian Vegan Gluten-Free Special Need/Allergies _____

Send completed registration form to:

SR-AHEC, Attention: Registrar, 1601 Owen Drive, Fayetteville, NC 28304 or e-mail to registrar@sr-ahec.org

Office Use Only: Check # _____ Date _____ From _____ Amount \$ _____

www.sr-ahec.org
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