



PHILADELPHIA SCHOOL OF PSYCHOANALYSIS WORKSHOP REGISTRATION FORM

Suicide Risk Assessment: Considerations for On-Site and Telehealth Practice

Presenter: William J. Lorman, JD, PhD, PMHNP-BC, NCPsyA

Duration: Two Hours- 2 Ce's

Description

Most mental health professionals view suicide attempts and completed suicide as an aberration. Consequently, there is often a lack of preparedness for such an event when it does occur. This presentation will cover demographics and theories of suicide, identification of risk factors, warning signs and protective factors, specific treatment issues and management pearls when working with patients who verbalize ideation, engage in suicide attempts or threaten or complete suicidal behavior. Additionally, the presentation will cover areas specific to utilization of telehealth when assessing, identifying and providing successful interventions in the suicidal patient.

Objectives

1. Identify elements of the risk assessment for suicidality.
2. Describe risk and protective factors.
3. Recognize warning signs indicating suicidal behavior.
4. Identify special issues related to the practice of telehealth in the presence of psychiatric emergencies.

Location: Live Video Conference

(details for connecting will be provided after registration is received)

DATE: PSP is offering this workshop on two dates

May 19th, 12pm-2pm

May 27th-7pm-9pm

***Continuing Education for Counselors and Social Workers**

PSP has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6637. Programs that do not qualify for NBCC credit are clearly identified. PSP is solely responsible for all aspects of the program. Participants are eligible to earn CE hours based on the number of groups attended and completion of a brief course evaluation.

The State Board of Social Workers, Marriage and Family Therapists and Professional Counselors has preapproved NBCC as a provider of continuing education courses and programs for Marriage and Family Therapists, Professional Counselors and Clinical Social Workers.

STUDENT REGISTRATION

STUDENT NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

Choose Date Attending: May 19th _____ May 27th _____

TOTAL DUE: \$25.00 PAID: _____

CE Certificates provided after verification of attendance and submission of course evaluation.

Registration Instructions:

Preferred Method:

- 1) Scan this form or write your demographic information in the body of the email and send to:
raygourley@psptraining.com and
- 2) Send payment via Paypal (instructions below). If unable to use Paypal, mail checks to:

School Administrator
PSP
313 S. 16th Street
Philadelphia, PA 19102

Make checks payable to PSP.

To pay by PayPal: Log in to paypal.com, choose “**Send Money**” enter your email and events@psptraining.com, together with the tuition amount and send.

PAYMENT METHOD

I am paying by:

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If this is your first time registering, please let us know how you found PSP:
