

OUTLINE

Psychopharmacology Updates: Know Your Patient's Medications

- Choose antipsychotics, antidepressants, anti-anxiety (Benzodiazepines), sedatives, mood regulators
- Anticipate and treat side effects
- Contraindications
- Design medication protocols for different disorders
- Solve legal implications related to psychopharmacology

Keep Your Patients and Your License Safe: Tips to Decrease Risk

- Medication – voluntary vs involuntary
- Physician orders and unit protocols
- Commitment
- Licensed and unlicensed staff: Utilization, training, comfort
- Specific training for seclusion/restraint and suicide prevention
- Screening and searching of patients and visitors
- Decreasing liability through charting, staffing & supervision

Trending Issues: Your Changing Responsibilities

- #### Opioid Epidemic
- Intoxication vs withdrawal
 - Drug seeking
 - Narcotic and benzodiazepine antagonists

- #### Increase of Suicides
- Approved assessment tools
 - Interventions including safety plans
 - Prevention utilizing 1:1 supervision

A BH/Psychiatric Bed Is Not Available

- Commitment process
- Standards against jailing psychiatric patients
- Scarcity of psychiatric beds

New Skills to Address Your Patient's Acute Psychiatric Symptoms

Scenario 1 – The patient is suspicious, resistant to treatment, fluctuates between anger and fearfulness.

- Determine whether delusions or hallucinations are influencing thoughts and response to staff
- Distinguish between intoxication, mental illness or organic impairment
- Try out effective use of simple directions, presenting reality and giving choices
- Choose intervention and/or medication based on presenting symptoms
- Decide when/if restraints or seclusion become necessary

Scenario 2 – The patient is hyperactive, impulsive, hypersexual or assaultive, becomes angry about staff intervention, refuses meds, is not eating or sleeping.

- Distinguish behaviors due to mania, delirium, intoxication, or organic impairment
- Modify environment and decrease stimulation to increase safety and decrease behavior

Scenario 3- Patient is anxious to a panic level, fight or flight behaviors, manifesting high blood pressure, pulse, sweating, and increased respirations.

- Distinguish behaviors due to anxiety disorder, delirium, dementia, or intoxication/withdrawal
- Modify environment, decrease stimulation, 1:1 supervision, toxicology/drug and other lab screen
- Keep verbal to minimum but explain procedures, give choices and observe/supervise
- Choose appropriate medication
- Decide if/when restraints and or seclusion necessary

Scenario 4 – Patient fluctuates between calm, manipulative, passive behavior and demanding, angry, physically threatening (drug seeking).

- Assess for personality disorder such as antisocial personality, borderline personality or narcissistic
- Set and keep limits
- Assign same staff and keep consistency between staff and shifts
- Avoid medication but increase personnel or security

Target Audience: Nurses • Nurse Practitioners • Case Managers • Psychologists
Security Officers • Risk Management • Legal Nurse Consultants

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Psychiatric Emergencies

Effectively Handle the Most Agitated, Assaultive and Unpredictable Scenarios You'll Face in Your Own Non-Psych Setting

Featuring,
Catherine Mortiere, PhD

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Wednesday
October 9, 2019

ROCKVILLE, MD
Thursday
October 10, 2019

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- **Take control!** Confidence boosting skills for out-of-control family members and visitors
- Tactics to dramatically improve your safe response to assaultive & violent patients
- 50+ interventions to take back to work
- Trending issues: The opioid epidemic, suicide risks & the scarcity of a psych bed
- **Liability risks reduced:** Patient/visitor searches, involuntary consents, restraints, delegation & documentation musts!
- **BONUS:** 2 hours of Pharmacology CE included!

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Have a seminar idea? A manuscript to publish? The nation's top speakers and authors contact PESI HealthCare first. If you are interested in becoming a speaker, or have a new topic idea, please contact Missy Cork at mcork@pesi.com or call (715) 855-6366.

Psychiatric Emergencies

Crises are never scheduled, convenient or easy. But they do happen, and you will face them. Imagine if you could come to work knowing that you and your co-workers would be able to confidently manage the most unpredictable and dangerous patient behaviors. Catherine Mortiere, PhD, a Forensic and Clinical Psychologist, understands well the types of challenges that healthcare professionals encounter in the emergency department, the med/surg floor, long term care...in practically all settings/departments, there are opportunities for patient and family interactions to suddenly go frighteningly wrong.

You've heard the horrific stories...and perhaps have a few of your own!

- Healthcare professionals attacked, bit, scratched, kicked, hit – while simply trying to deliver patient care
- A nurse was taken down and arrested for refusing to allow an officer to do a blood toxicology on an unconscious patient.
- Situations dramatically worsened by ETOH, drug addiction, TBIs, delirium, dementia...and the out-of-control family members/visitors

You already know that these high risk situations open up the possibility of legal risk...the growing risks are taking place due to short staffing, inadequate training, outdated policies, and sometimes just honest mistakes made during extremely stressful and challenging moments. Confidently walk away with new insights to be able to protect your own safety, your license, your liability risk...and ultimately explore strategies that will allow you to more effectively provide the very best care to patients experiencing a psychiatric emergency.

Full of practical tools and tips, this seminar will teach you how to make crisis situations more manageable, overcome your worries and improve your readiness to respond to violent patients, alcohol/substance abuse, suicide risk, dementia, agitation...and more!

SPEAKER

Catherine Mortiere, PhD, is a Forensic and Clinical Psychologist who works as an expert for New York State in the areas of dangerousness and risk analysis in forensic populations, as well as the treatment and evaluation of sexually violent predators. Forensics is second nature to Dr. Mortiere, having been a police officer and sergeant for the Detroit Police Department for eleven years. Her experience with psychiatric patients has covered a broad spectrum, including individual, group and team-based treatment for borderline and anti-social personality, psychopathy, trauma/disaster, dual diagnosis and substance/chemical abuse.

Dr. Mortiere works in a maximum security facility for the criminally insane, where the majority of her patients have been adjudicated as not guilty by reason of insanity. In addition, she has a successful clinical private practice in which she treats a variety of disorders including depression, anxiety, and specializes in treatment of sexual abuse, lesbian, gay, bisexual and transgendered patients.

Additionally, Dr. Mortiere is a Clinical Supervisor in the College of Medicine, Department of Psychiatry of New York University. She recently published a textbook called Violence Against Women, which is the leading authority in the field of intimate partner violence. Dr. Mortiere also provides volunteer psychiatric services in her private practice, as well as previously to victims and volunteers of the Haitian earthquake disaster and Ground Zero.

Speaker Disclosure:

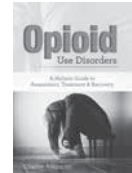
Financial: Catherine Mortiere maintains a private practice. She receives a speaking honorarium from PESI, Inc.

Non-financial: Catherine Mortiere has no relevant nonfinancial relationship to disclose.

OBJECTIVES

1. Distinguish between the symptoms from each major mental health disorder.
2. Select effective interventions for each symptom, including medication and physical interventions.
3. Analyze solutions to work effectively during a variety of psychiatric emergencies.
4. Choose a protocol/procedure to manage agitated and assaultive patients.
5. Design education/training for your unit to more effectively intervene during psychiatric emergencies.
6. Plan for safety, and the most therapeutic outcome, for your patient during a psychiatric emergency.
7. Assess the effects of trending issues in our communities, including: the opioid epidemic, increased suicide rates, utilization of ED and med-surg beds for psych patients, and the latest applicable legal risks.

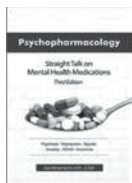
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Opioid Use Disorder: A Holistic Guide to Assessment, Treatment, and Recovery

By Charles Atkins, MD

Overdoses have lowered the life expectancy in the United States for two years in a row. The leading cause – opioids. This epidemic has spread through every sector of our country, destroying lives as parents, friends, families, and those entrapped by opioids struggle to find help.



Psychopharmacology: Straight Talk on Mental Health Medications - Third Edition

By Joseph F. Wegmann, Pharm.D., LCSW

A definitive guide to expand your knowledge in the pharmacological and behavioral treatment of psychosis, anxiety, depression, bipolar, insomnia and ADHD. Updates for the third edition include DSM-5® applications, newly released psychiatric meds, new risk factors with antidepressants, and the latest in geriatric psychopharmacology.

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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

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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If your profession is not listed, please contact your licensing board to determine your continuing education requirements and check for reciprocal approval. For other credit inquiries not specified below, or questions on home study credit availability, please contact cepsi@pesi.com or 800-844-8260 before the event.

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

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