

Masters Series in Mental Health

BEGINNING JANUARY 2024

LIVE WEBINAR SERIES

Choose from individual sessions
or attend the entire series!

LOCATION Live Webinar (Webex platform)

CHECK-IN 8:30 am–9:00 am EST

PROGRAM 9:00 am–12:15 pm EST

DATES **Attend any or all sessions!**

(topics and more on the following pages) Friday, January 26, 2024

Friday, March 22, 2024

Friday, May 24, 2024

Friday, July 26, 2024

Friday, September 27, 2024

SESSION FEE \$80.00* per session

SERIES FEE \$350.00 for all five sessions

**Please note that a \$15.00 late fee applies if you register within seven days of the session start.*

SERIES DESCRIPTION

The Masters Series in Mental Health is taught by Kim Masters, MD, a Harvard-trained, innovative Psychiatrist with more than 40 years of experience in providing compassionate individualized care to children, adolescents, and adults. Both prescribers and non-prescribers alike will find his 3-hour seminar to be insightful and empowering. Practical, evidence-based skills are offered to enhance and enliven any mental health practice with a breath of fresh air. Dr. Masters gracefully presents a variety of mental health topics designed to improve understanding, initiate dialogue among practitioners, promote compassionate care, enhance expertise, and optimize well-being. A true master in the art and science of psychiatry, Dr. Masters has been providing “whole person care” for more than four decades. His experience and expertise are more relevant than ever in our changing world, fraught with violence and unpredictability, as we seek to optimize mental health and wholeness while helping to heal victims of trauma.

AUDIENCE

Mental health professionals including substance use counselors, social workers, psychologists, marriage and family therapists, school counselors, and other professionals interested in this subject.

SERIES OBJECTIVES

Upon completion, participants will be able to:

- Provide rapid and accurate clinical assessment for individuals presenting with acute psychiatric symptoms, identify clinical emergencies, and provide optimal care planning or intervention based on sound, balanced clinical diagnosis.
- Identify signs of medication emergencies and be able to alert prescribers in a timely manner so that individuals who take psychiatric medications may remain safe and function at an optimal level.
- Demonstrate competent application of the top five evidence-based suicide assessments used in clinical practice to intervene and save lives.
- Recognize the “unity of aggression” which connects homicide and suicide and be able to quickly and accurately identify the need for immediate intervention through the use of evidence-based assessment tools.
- Discuss a wide range of conditions which may result in psychotic states, be able to delineate types, and identify the various roles a clinical therapist may play in optimizing care and preventing relapse.

[REGISTER ONLINE](#)

CREDIT OFFERINGS



NAADAC: This course has been approved by MAHEC, as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #165445.

MAHEC is responsible for all aspects of their programming. Approved for **3.0 hours per session**.



NBCC: MAHEC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5514. Programs that do not qualify for NBCC credit are clearly identified. MAHEC is

solely responsible for all aspects of their programs. Approved for **3.0 hours per session**.

Psychologists: MAHEC is recognized by the NC Psychology Board as an approved Provider of Category A Continuing Education for NC Licensed Psychologists. Approved for **3.0 hours per session** Category A.

CEUs: MAHEC designates this entire continuing education activity as meeting the criteria for **0.3 CEUs per session** as established by the National Task Force on the Continuing Education Unit.

Contact Hours: MAHEC designates this continuing education activity as meeting the criteria for **3.0 contact hours per session**.

PHOTOGRAPHY STATEMENT

MAHEC assumes permission to use audio, video, and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.

HAVE A QUESTION?



Special Services

828-771-3490

Program Planner

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registration@mahec.net

Registration Fax

828-257-4768

Mail

MAHEC Registration
121 Hendersonville Road
Asheville, NC 28803

Online Registration

mahec.net/events

JANUARY 26, 2024

Differential Diagnosis: "Ferretting it Out Fast" when R/O Isn't an Option

SESSION DESCRIPTION

The DSM-5 TR offers opportunities to connect what we see in practice with what we read in text and derive from research. Most practitioners' clinical experience may entertain multiple possibilities for diagnoses relative to any given clinical presentation. It is critical that clinicians possess knowledge relating to a client's primary diagnosis, combined with the ability to recognize secondary diagnoses and how they may interact with one another. The DSM-5 TR should serve as a guide for integration of treatment, interpreted by clinical experience and situational variables. Using fictional case examples, Dr. Masters will provide examples of how to diagnose complex cases in a variety of treatment settings.

SESSION OBJECTIVES

Upon completion, participants will be able to:

- Explain some of the strengths and limitations of the DSM-5 TR used in diagnosis and why clinician experience, presentation, and situational variables must also be considered.
- Discuss the importance of having knowledge of diagnostic criteria combined with skill in ferreting out primary and secondary diagnoses and how they may interact with one another.
- Discuss at least two complex case examples in which multiple variables must be considered before formulating a primary and secondary diagnosis.
- List at least three ways in which information gleaned from this module may influence diagnosis and clinical care planning.

MARCH 22, 2024

Top 10 Psychiatric Medication Issues: When to Alert the Prescriber STAT

SESSION DESCRIPTION

Many issues complicate patients' use of psychiatric medication for those clinicians who are not prescribing them, yet are responsible for monitoring their effectiveness during psychosocial therapies. Use of multiple medications, higher than standard doses of medication, lower than standard medication dosages, use of psychiatric medications in patients with substance use issues (including opiates, THC, bath salts, methamphetamine, and related drugs)—all of these create a complex array of potential complications, especially drug side effects and interactions which can be lethal. Environmental effects further complicate the risk of medication interactions, including the use of seemingly benign substances such as nicotine products and effects related to clients treating themselves with excess use or lower dosages than a prescriber recommended (such as double dosing or omitting doses). Medication side effects may impair the ability to listen, hear, or learn in therapy and may even be complicated by the new interest in psychedelic drug treatment MDMA (ecstasy), psilocybin, ketamine, or esketamine, all of which further complicate clients' ability to be fully present. Warning signs of medication difficulties and dangers often show up during therapy or in other reports about patients which are passed on to therapists. Management tools and therapeutic considerations are also discussed during this vital session.

SESSION OBJECTIVES

Upon completion, participants will be able to:

- List at least five common issues faced by clinicians who must monitor medication, while not being able to prescribe or adjust it, and explain why it is critical to be in frequent communication with prescribers and how best to present this information so that it will be understood and appreciated for safeguarding patients.
- List at least five common interactions that occur between prescribed psychiatric medications and seemingly benign, readily-available substances commonly used by clients.
- Discuss medication side effects that may interfere with clients' ability to hear, listen, or learn in therapy.
- Explain how medication difficulties and dangers may show up from multiple sources, why it is important to use as many as possible in gathering information about use, abuse, and lack of adherence to medications.
- Discuss management tools such as registries for storing, updating, and communicating this information to patients, prescribers, and (if relevant) HIPPA-compliant family and community carers who support these individuals.

MAY 24, 2024

Top Five Suicide Assessments: What and How to Ask to Get Real Answers

SESSION DESCRIPTION

This webinar provides information on a variety of screening methods that increases recognition of client suicidal ideation, planning, and attempts. In addition to the general screens such as PHQ9 modified and the DSM-5 TR cross cutting scales for adults, guardians, and children, the following tools will be discussed: Columbia Suicide Assessment Scale; Beck Self-Harm Evaluation for patients with recent suicide attempts; Computerized Adaptive Screen for Suicidal Youth (CASSY); and key components of the clinical interview, including state (current situation) and trait (long term coping issues) variables. Despite the best methods for evaluation, the reality remains that most suicides occur with people who inform no one, and preferentially use guns or hanging. Nevertheless, having the best tools at hand with the widest possible community supports—including 24-hour suicide prevention hotlines—has the potential to decrease the number of individuals who choose to die by their own hands.

SESSION OBJECTIVES

Upon completion, participants will be able to:

- List five assessments designed to offer information on suicidal ideation and intent.
- Explain types of general information which may be gleaned from the PHQ9 modified and the DSM-5 TR cross cutting scales for adults, guardians, and children.
- Discuss the strengths and weaknesses of the Columbia Suicide Assessment Scale; Beck Self-Harm Evaluation for patients with recent suicide attempts; and Computerized Adaptive Screen for Suicidal Youth (CASSY).
- Explain the practical and ethical value of assessment, despite data demonstrating the limited control that therapists and other professionals have over preventing determined individuals.

JULY 26, 2024

Homicide Assessment: Red Flags All Clinicians Need to Recognize

SESSION DESCRIPTION

There is a “unity of aggression” which connects homicide and suicide. Repeatedly addressing both in clinical care, as well as assessing state and trait issues, and identifying flexible targets of these impulses are critical aspects of optimal care. Various types of homicidal activity will be explored, from stalking to interpersonal violence, as well as “avenger of death of relative” (particularly common in healthcare settings). Dr. Masters will also highlight strategies for assessment of “Trait vs. State” personality characteristics, will review the Overt Aggression Scale (OAS), and Structured Assessment of Violence Risk for Youth (SAVRY).

SESSION OBJECTIVES

Upon completion, participants will be able to:

- Describe the “unity of aggression” which connects homicide and suicide and how “targets” may flex over time.
- List three types of homicidal activity.
- Explain the difference between “trait and state” personality characteristics.
- Describe how both the OAS and SAVRY may provide vital information for client care.

SEPTEMBER 27, 2024

Managing Care for Patients with Psychosis: Focus on MacArthur Violence Assessment

SESSION DESCRIPTION

This final module focuses on managing care for patients with psychosis and includes clinical insights derived from the MacArthur Violence Risk Assessment Study. Some key features discussed are: the multiple faces of psychosis, pre-psychotic symptoms, attenuated psychosis, first episode psychosis, psychosis with mood issues, schizoaffective states, drug-induced states, recovery potential vs. permanence, and psychotic states associated with schizophrenia, PTSD, and dementia. The overlap of delirium, dementia, and psychosis will be reviewed. The role of the therapist in various settings is also discussed, including the role of monitor, psychosocial/community bridge and advisor, community-based educator, and serving as interface with mobile crisis teams. The question of whether or not long-term antipsychotic medications are “a cure in the prevention of relapse” is reviewed based on current studies. Treatment adherence of patients with the recommendations of healthcare providers—including medication prescribers, therapists, and others—and the role of community and family support are also discussed with the goal of developing therapeutic treatment plans.

SESSION OBJECTIVES

Upon completion, participants will be able to:

- Explain key therapeutic insights gained from the MacArthur Violence Assessment.
- List nine causes and ways in which psychosis may present.
- Discuss the role of long-term antipsychotic medications in client care.
- Explain how treatment adherence and community and family support may result in better long-term outcomes for individuals with psychosis.
- Discuss two differences and two similarities of psychosis, delirium, and dementia.

REGISTRATION POLICIES

See registration form for fees and deadlines.

Fees include administrative costs and educational materials. If your registration is received after the early registration deadline, the total fee will be the registration fee + \$15.00.

MAHEC has a pay-up-front policy for all CE programs. The only exceptions will be for pre-approved programs where an individual payment plan is appropriate. Registrations that are received without accompanying payment will not be processed and participants who have not paid the course fee will not be admitted into the program.

Unless otherwise noted in course materials, the following cancellation policy applies to all programs:

- Cancellations must be in writing (via fax, email, or mail)
- Cancellations received more than 2 weeks prior to the event will receive 100% refund
- Cancellations received between two weeks and two full business days prior to the first day of the event are refunded at 70% of the registration fee subject to a minimum \$25 cancellation fee
- No refunds or credits will be given for cancellations received less than two full business days prior to the event
- No vouchers will be issued in lieu of a refund
- Transfers/substitute(s) are welcome (please notify us in advance of the program)

MAHEC
PART OF NC AHEC

MAHEC's Department of Continuing Professional Development conducts regional, statewide, and national programs that are designed to meet the education and training needs of health and human service professionals in the fields of allied health, oral health, medicine, mental health, nursing, and pharmacotherapy. Collaboration and the diversity of the healthcare workforce are emphasized in providing programs and services. Learn more at mahec.net/cpd.

JAN-SEPT 2024

Masters Series in Mental Health

REGISTRATION FORM

Updated contact information Event #71577

Name _____

Credentials _____

Occupation _____

Email Address _____

Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists.

Please remove me from the MAHEC mailing list

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MAHEC EMPLOYEES ONLY

Please indicate session selection at right and enter discount code below to attend for free.

Discount Code: _____

Send completed registration to: MAHEC Registration
121 Hendersonville Road, Asheville, NC 28803

Fax completed registration to: 828-257-4768

ENTIRE SERIES FEE

\$350.00* for all five sessions in this series

**No refunds issued for missing one or more sessions; series rate available only through January 26, 2024.*

SESSION SELECTION & FEES

Friday, January 26, 2024

Differential Diagnosis: "Ferretting it Out Fast"
when R/O Isn't an Option

→ \$80.00 \$95.00 if paying after 1/19/2024

Friday, March 22, 2024

Top 10 Psychiatric Medication Issues:
When to Alert the Prescriber STAT

→ \$80.00 \$95.00 if paying after 3/15/2024

Friday, May 24, 2024

Top Five Suicide Assessments:
What and How to Ask to Get Real Answers

→ \$80.00 \$95.00 if paying after 5/17/2024

Friday, July 26, 2024

Homicide Assessment: Red Flags
All Clinicians Need to Recognize

→ \$80.00 \$95.00 if paying after 7/19/2024

Friday, September 27, 2024

Managing Care for Patients with Psychosis:
Focus on MacArthur Violence Assessment

→ \$80.00 \$95.00 if paying after 9/20/2024

Total Payment: _____

Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

CHECK IS ENCLOSED

PAYING WITH CARD

Visa MasterCard Discover Card AmEx

Account # _____

Expiration Month/Year _____ / _____

Verification Code _____ (3 or 4-digit number)

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Signature _____