

# Maryland Mental Health First Aid for Social Workers

**12 CEUs for \$119**

## About the course:

This **refresher** course reviews the warning signs of mental health crises and reviews action plans you can use to intervene. It also gives you language and exercises to use with your clients and their families so that they are better able to identify when a mental health challenge is arising and how to respond.

Thrs. April 8 9:30am—4:30pm and Thrs. April 15 9:30am-4:30pm

You must attend both days to receive the full 12 hours credit. No partial credit will be given.

Course location: MHAMC 1000 Twinbrook Pkwy Rockville, MD 20851

Limited space available.

## The Course:

- is an evidenced based practice
- Developed in Australia and brought to Maryland as a response to the Virginia Tech tragedy.
- Includes crisis situations:
  - suicidal behaviors
  - panic attack
  - acute psychotic behaviors

## Previous Participants Comments:

- “Very good as a refresher course!”
- “the tools and strategies about what to do in a crisis are great.”
- “Lots of practical advice on handling emergencies.”
- “I have a better understanding of the struggle my clients have on a day to day basis.”
- “ it puts the information in very understandable terms—user friendly.”

CEUs: 12 Category 1 Maryland Board of Social Work Examiners.  
More information:[www.mhamc.org/html/pages/education/index.html](http://www.mhamc.org/html/pages/education/index.html)

## **MENTAL HEALTH FIRST AID Participant Registration Form**

Spaced limited to 30 participants per program (a minimum of 10 participants is required). Please call to reserve your place.

Cancellations more than 7 work days prior to program will receive their money back minus a \$30 materials and administrative fee. Any cancellations less than 7 work days prior to the program will receive no refund (unless the training is cancelled due to lack of participants – you will then receive a full refund). Only checks accepted.

Please call to reserve your place 301-424-0656 x517

Fee: \$119 per person

Name \_\_\_\_\_

Date \_\_\_\_\_

Affiliation/ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please mail payment to:

Mental Health Association Make check out to : HOPES—MHFA

1000 Twinbrook Pkwy Rockville, MD 20851