

CONFERENCE GOAL

Adolescence is often a turbulent time due to the physical and psychological changes that transform a child into an adult. Our conference will provide insight into the spectrum of behaviors that teens exhibit in response to both internal and external shifts that occur in their lives.

The goal of the conference is to alert clinicians, educators and family members to the signs that indicate a young person has passed the stage of angst and may be about to harm themselves or others.

OBJECTIVES

Discuss depression and trauma in female adolescents and its impact on maternal mental health

Describe non-suicidal self injurious behavior among adolescents including methods of detection, intervention, and treatment

Identify warning signs for suicide including risk and protective factors in youth

Identify psychological features shared by students who have violently harmed other students in school shootings

Utilize developmentally appropriate mental health screening tools in clinical care

Identify adolescent mental health resources within the State of New Jersey

TARGET AUDIENCE

Physicians, Nurses, Psychologists, Social Workers,
Guidance Counselors, Educators and Parents

PARKING INFORMATION

There will be **NO** parking available at Holy Name Medical Center. Free offsite parking will be available at the ***Teaneck Marriott at GlenPointe***, with shuttle service to the hospital. Please allow extra time for the shuttle.

**TEANECK MARRIOTT
AT GLENPOINTE
100 FRANK W. BURR BLVD.
TEANECK, NJ 07666
201.836.0600**

For driving directions, visit:
www.maternalchildhealth.org/assets/401_directions_toholynameevent.doc

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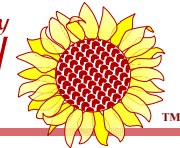
17 Arcadian Ave. Suite 204 Paramus, NJ 07652

Adolescent Mental Health Challenges: from Angst to Calamity

Wednesday, June 30, 2010

REGISTRATION DEADLINE: MONDAY, JUNE 21, 2010

Northern New Jersey
Maternal Child
Health Consortium



presents



ADOLESCENT MENTAL HEALTH CHALLENGES:

from Angst to Calamity

Wednesday, June 30, 2010

8:00 am - 4:15 pm

Holy Name Medical Center
Marian Conference Hall
Teaneck, New Jersey

In collaboration with:

Holy Name
Medical Center



AGENDA

- 8:00 - 8:30 am **Breakfast / Registration**
- 8:30 - 8:45 am **Opening Remarks**
Ilise Zimmerman, MPH, MS
President and CEO,
Northern NJ MCH Consortium
Michael B. Greene, PhD
Principal, Greene Consulting
- 8:45 - 9:45 am **A Tale of Two Cities: Addressing Trauma & Depression in Pregnant Teens**
Derek H. Suite, MD, MS
Linda Lausell Bryant, MSW
- 9:45 - 10:45 am **Non-Suicidal Self-Injury in Adolescents**
Janis Whitlock, PhD, MPH
- 10:45 - 11:00 am **Break**
- 11:00 - 12:00 pm **Warning Signs, Risk & Protective Factors: Sorting out Adolescent Suicide**
Peter Gutierrez, PhD
- 12:00 - 1:00 pm **LUNCH**
- 1:00 - 2:00 pm **Identifying Youth at Risk of Committing School Shootings**
Peter Langman, PhD
- 2:00 - 3:00 pm **Incorporating Mental Health Checkups into Adolescent Office Visits**
John Genrich, MD
- 3:00 - 3:15 pm **Break**
- 3:15 - 4:00 pm **Adolescent Mental Health Services in New Jersey**
Nadezhda Robinson, PhD
- 4:00 - 4:15 pm **Closing Remarks / Evaluation**
Sharad Wagle, MD, FAPA
Chief Psychiatrist,
Holy Name Medical Center

SPEAKERS

Linda Lausell Bryant, MSW

Executive Director,
Inwood House
New York, New York

John Genrich, MD

Pediatrician,
Physician Advisor, TeenScreen
National Center for Mental Health
Checkups,
Columbia University
Colorado Springs, Colorado

Peter Gutierrez, PhD

Associate Professor,
Dept. of Psychiatry
University of Colorado
Denver School of Medicine
Denver, Colorado

Peter Langman, PhD

Clinical Director,
KidsPeace
Orefield, Pennsylvania

Nadezhda Robinson, PhD

Director,
Division of Child
Behavioral Health Services,
Dept. of Children and Families
Trenton, New Jersey

Derek H. Suite, MD, MS

Psychiatrist,
Medical Director & Founder,
Full Circle Health, Inc.
Bronx, New York

Janis Whitlock, PhD, MPH

Director,
Cornell Research Program on
Self-Injurious Behavior
Research Scientist, Family Life
Development Center
Ithaca, New York

ACCREDITATION

Nurses: This program has been awarded 6 contact hours by the Northern New Jersey Maternal/Child Health Consortium.

The Northern New Jersey Maternal/Child Health Consortium is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver, by the American Nurses Credentialing Center's COA.

Provider #P194-9/07-10. Provider approval is valid through September 30, 2010. Accreditation refers to recognition of continuing education activities only and does not imply approval or endorsement of any commercial product.

Social Workers: New Jersey Board of Social Work Examiners continuing education credit hours have been applied for.

Counselors: Application has been made to award recertification credit hours. The New Jersey Board of Marriage and Family Examiners recognize all Cert Board approved courses for renewal credentials for LCADC, LPC, and LMFT.

Certified Health Education Specialists: Application has been made to the National Commission for Health Education Credentialing, Inc. (NCHEC) for CHES category 1 continuing education contact hours (CECH).

Disclosures:

Janis Whitlock, PhD, MPH, has made the following disclosure: Receives research support from the NIH, the American Foundation on Suicide Prevention & Federal Formula Fund. The rest of the faculty and planners have no vested interest in the content of the continuing nursing educating activity to disclose. No commercial support was provided for the continuing nursing education activity. No non-FDA approved information will be presented.

REGISTRATION

ON-LINE REGISTRATION ALSO AVAILABLE AT:

www.maternalchildhealth.org

Name: _____

Title: _____

Organization: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

Continuing Education Credits requested:

RN SW Counselors CHES

REGISTRATION FEES:

(Includes breakfast, lunch, contact hours & conference materials)

Staff from Holy Name Medical Center: \$45.00

Staff from NNJMCHC Member Hospitals: \$55.00

General Admission: \$65.00

METHOD OF PAYMENT:

Check payable to Northern NJ MCH Consortium

VISA MasterCard

Card Number: _____

Exp. Date: _____

Printed name on card: _____

Mail / fax completed registration form along with payment to:

Northern NJ MCH Consortium

17 Arcadian Avenue, Suite 204

Paramus, New Jersey 07652

Fax: (201) 843-4988

Sorry, no refunds after Friday, June 11, 2010.

Contact Irina Polanco-Ventura at 201-843-7400 x 29 or iventura@nnjm-chc.org, for more info.