

Presenter:

Sarah Seabrook- deJong, MSN, APN, CS, FNP, BC, is dually certified as a Clinical Nurse Specialist in Child Adolescent /Mental Health and as a Family Nurse Practitioner in Mental Health. She is Director of Staff Development & Policy, Mental Health Services, South Jersey Healthcare, Bridgeton, NJ and Psychiatric Consultant, Center for Family Guidance, PC, Marlton, NJ.

Credits:

Garden AHEC is an approved provider of continuing education by the **New Jersey Nurses Association** which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation- P#88-1/08-11. Participants will be awarded **2.25** Contact Hours.

Garden AHEC, provider #1199, is approved as a provider for social work continuing education by the **Association of Social Work (ASWB)** www.aswb.org, through the Approved Continuing Education (ACE) program. Garden AHEC maintains responsibility for the program. ASWB Approval Period: 11/16/09- 11/16/10. Social Workers participating in this course will receive **2.25** continuing education clock hours.

Course Level: All Levels.

Garden AHEC is a **NJ Department of Education Certified Provider of Staff Development**. Upon completion of this activity, participants will be awarded **2.25** Professional Development Hours.

Who Should Attend:

This workshop has been designed to meet the educational needs of advanced practice nurses, hospital and office based nurses, school nurses, social workers, counselors and all other health professions working with the pediatric population.



This program is being held at the County of Gloucester, Clayton Complex, Clayton, NJ. If directions are needed, go to the South Jersey Healthcare website under <http://www.sjhealthcare.net> and scroll down to Garden AHEC or call (856) 575-4865 .

Garden AHEC, MB #27
South Jersey Healthcare
333 Irving Avenue
Bridgeton, NJ 08302
Phone: (856) 575-4865

Garden AHEC is an affiliated program of the University of Medicine & Dentistry of NJ—School of Osteopathic Medicine

For American Disability Act accommodations or for addressing a grievance, please contact (856) 575-4865.

ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS



**Tuesday, Feb. 23, 2010
5:00 p.m.— 8:00 p.m.**

**County of Gloucester
Clayton Complex
1200 N. Delsea Dr. (Rte.47)
Clayton, NJ 08312**

Presented by: *Garden Area Health Education Center (AHEC)*



Learning Objectives

- ◆ Assess anxiety disorders in children and adolescents;
- ◆ Identify symptoms consistent with a diagnosis of an anxiety disorder;
- ◆ Identify symptoms which could mimic those of an anxiety disorder;
- ◆ Utilize supportive interventions to assist children and adolescents coping with an anxiety disorder;
- ◆ Describe pharmacological interventions;
- ◆ Discuss strategies to engage parents/families.

Registration:

Pre-registration is required. The fee for registration received by Feb.10,2010 is \$50.

The fee after Feb.10,2010 is \$55. If three or more register at the same time = \$45. SJH employees =\$45 Please register no later than Feb.16,2010 as confirmations will be sent out to those who register by that date. Fee includes all instructional materials, certificate, and dinner.

To Register:

By Mail: Garden AHEC, MB #27
SJH Bridgeton Health Center
333 Irving Avenue
Bridgeton, NJ 08302

By Fax: (856) 575-4866

By E-Mail: Sheldonw@sjhs.com

No refunds for cancellations
received after February 15, 2010

Anxiety Disorders in Children and Adolescents

County of Gloucester
Clayton Complex
1200 N. Delsea Dr.(Rte.47)
Clayton, NJ 08312
February 23, 2010

Agenda

5:00- 5:30 Registration and Dinner

Presenter: Sarah Seabrook- deJong,
MSN, APN, CS, FNP, BC

5:30- 6:30 Assessment, Symptoms
and Diagnosis

6:30- 6:45 Break

6:45- 7:45 Intervention Strategies and
Treatments

7:45- 8:00 Questions/ Evaluation
Adjournment

Please register early!

Anxiety Disorders in Children & Adolescents

Please print or type:

Name _____

Type of Credit Needed _____

Agency/Organization _____

Home Address _____

City _____ State ____ Zip _____

Phone/Day _____

E-mail Address _____

Methods of Payment:

- Check - payable to Garden AHEC/SJH
 Purchase order attached/check to follow
Credit Card American Express VISA
 MasterCard Discover

Name of Cardholder _____

Address of Cardholder _____

City/State _____

Amount paid _____

Card # _____

Code (Last 3 Numbers on back of card) _____

Expiration date _____

Signature _____

Signature required for credit card use only

See fee schedule under "Registration" panel

- Tuition Reimbursement**—Garden AHEC must receive registration form, copy of national certification, and original tuition reimbursement form signed by your Director/Manager. Garden AHEC will then forward to Human Resources for internal payment. Otherwise, please pay Garden AHEC and submit for tuition reimbursement.
- Payroll Deduction**— Form is available on the SJH/Intranet under Department Sites/ Garden AHEC or call Bill@ (856)575-4865