

Stress Management & Family Dynamics

Provided by the Institute of Gerontology at Wayne State University

Featuring

9:30AM - 10:30AM

Speaker: Mimi Beciqneal, BA, LMSW

Social Worker, Odyssey Hospice

Stress: Strain felt by somebody: mental, emotional, or physical strain caused, e.g. by anxiety or overwork. It may cause such symptoms as raised blood pressure or depression. Come learn some techniques to deal with stress, what causes stress, and how it effects your everyday life.

OBJECTIVES

- 1) Discuss causes of stress.
- 2) Describe symptoms of stress.
- 3) Identify effective stress management activities.
- 4) Describe how change impacts stress.

BREAK 10:30AM - 10:40AM

10:40AM - 11:40AM

Speaker: Donna Sabo, SW

Social Worker, Odyssey Hospice

Family Dynamics: The forces at work within the family that produce Particular behaviors or symptoms. Find out the role family dynamics has on elderly care, decision making and end of life issues.

OBJECTIVES

- 1) Discuss Behavioral characteristics that form family identities.
- 2) Describe five dimensions of family system.

CONFERENCE EVALUATION 11:40AM - 11:45AM

PROVIDED BY:



SPEAKERS PROVIDED BY:



June 16, 2011

Registration begins at 9:00am

LOCATION:

Michigan First Credit Union
27000 Evergreen Rd.
Lathrup Village, MI 48076

COST: \$20.00

Light refreshments will be served

2 Contact Hour's:

NURSING: This activity has been approved by Arizona Board of Nursing (#2007-031.02, #2007-0313.02)

2 CE's:

SOCIAL WORK: This program was submitted for approval by the Michigan Social Work Continuing Education Collaborative for 2 contact hours. Approval MICEC-0066

Certificate will be issued after total completion of program. Evaluation, sign in and sign out required.

COMPLETE REGISTRATION FORM AND MAIL WITH
PAYMENT BY **JUNE 15TH 2011** TO:

Area Agency on Aging 1-B
PO BOX 674259
Detroit MI 48267-4259
Attn: Administrative Services

Stress Management & Family Dynamics: **JUNE 16, 2011**

CE's Required Nursing Social Work

Enclosed is my check made Payable to: Area Agency on Aging 1-B

Charge to:



Name

Organization

Address

Phone

E-mail

Account Number

Verification Code

Exp. Date

Name as it appears on card

Signature