



TRAINING OUTLINE

COURSE TITLE: _____ **DATE:** _____ **INSTRUCTOR:** _____

LOCATION: _____ **TIME:** _____ **COMPANY:** _____

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

SUMMARY OF TRAINING

1) Introduction

- a) Americans with Disabilities Act
- b) Definitions
- c) Absenteeism
- d) Presenteeism
- e) Stress
- f) Postvention
- g) Avoidance Behaviors
- h) Disclosing A Psychiatric Disability

2) Disorders

- a) Mental Health Disorders
- b) Anxiety Disorder
- c) Panic Disorder
- d) Obsessive Compulsive Disorder
- e) Post-Traumatic Stress Disorder
- f) Social Phobia/Anxiety Disorder
- g) Generalized Anxiety Disorder
- h) Impact In the Workplace
- i) Impact on the Employee
- j) Depression
- k) Postpartum Depression
- l) Impact in the Workplace
- m) Impact on the Employee
- n) Suicide
- o) Bipolar Disorder
- p) Impact in the Workplace
- q) Impact on the Employee
- r) Attention Deficit Hyperactivity Disorder
- s) Impact in the Workplace
- t) Impact on the Employee



TRAINING OUTLINE

3) Management

- a) Disclosure
- b) Rule Out Rule
- c) Alleviate the Impact
- d) Managing Mental Health
- e) EAP (Employee Assistance Program)
- f) Return to Work Plan
- g) Managing Conflict
- h) Postvention
- i) Acute Phase
- j) Reconstructing Phase
- k) Postvention to Prevention

4) Case Studies

5) Conclusion