



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) Mental Health Disorders

- a) Anxiety Disorder
- b) Panic Disorder
- c) Obsessive Compulsive Disorder
- d) Post Traumatic Stress Disorder
- e) Social Phobia/ Anxiety Disorder
- f) Generalized Anxiety Disorder
- g) Postpartum Depression
- h) Suicide
- i) Bipolar Disorder
- j) ADHD

2) Management

- a) Rule out Rule
- b) Alleviate the Impact
- c) EAP
- d) Managing Conflict
- e) Postvention
- f) Acute Phase
- g) Recovery Phase
- h) Reconstructing Phase
- i) Postvention to Prevention

3) Conclusion