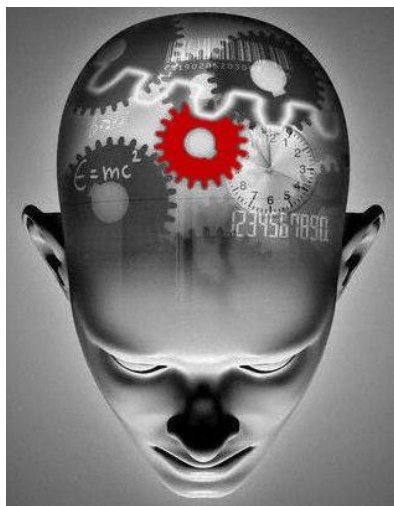


The Passaic County Bar Association present a CLE seminar
“How to Utilize Psychological Services for Traumatologically Injured Clients”



Presented by
Aryeh Berlin, PsyD
Aspire Psychological, LLC

Stephen Raff, Esq.
Daniel Levy, Esq.
Raff and Raff

COURSE OUTLINE

Date: Thursday, October 1, 2020

Time: 12:00 pm – 1:30 pm

Location: ZOOM

Cost:

\$20.00 – Law Clerks

\$25.00 – PCBA Members

\$40.00 – Non Members

1.8 CLE Credits!

NOTE: To receive credit for this seminar, a program code will be given halfway through the seminar and that code must be included on the attendance form

- Common ways that clients present to attorneys with psychological effects from an accident
- Common psychological effects that traumatic accidents have on victims including:
 - PTSD
 - Phobias
 - Depression
 - Anxiety
- How an attorney can quickly determine if a client may be suffering from overwhelming psychological distress as a result of the accident- even when they do not mention it
- How attorneys benefit from addressing their client's psychological needs:
 - Permanent Psychological Damages- narrative reports, expert testimony
 - Difficulty in determining that it was not pre-existing and permanence, malingeringClients who are
 - Better prepared and more composed for dispositions and court appearances
 - More responsive to attorney direction
 - More manageable for the attorney to handle the case
- Understanding why clients respond the way they do after accidents

Computer is inviting you to a scheduled Zoom meeting.

Topic: How to Utilize Psychological Services for Traumatologically Injured Clients

Time: Oct 1, 2020 12:00 pm

Join Zoom Meeting

<https://us02web.zoom.us/j/88391215215?pwd=aDVkTHd5Qm1LcUNoL2N0ekFQWlJrQT09>

Meeting ID: 883 9121 5215

Passcode: 711047

Dial by your location

+1 929 436 2866 US (New York)

Meeting ID: 883 9121 5215

Passcode: 711047

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PROGRAM CODE (will be given halfway through seminar): _____

ATTENDEE NAME: _____
(Please Print)

ATTENDEE EMAIL: _____

Check Enclosed: Visa Mastercard American Express Discover

Amount: \$ _____ Credit Card #: _____

Expiration Date: ____/____/____ Security Code: _____

Name printed on card: _____

Address (where statement is sent including zip code): _____

Signature: _____ Phone #: _____

Please submit checks payable to: Passaic County Bar Association, c/o Karen Corsi, 75 Summer Hill Rd., Wayne, NJ 07470. For questions, please email: Karen.corsi@verizon.net