2nd Annual Conference on Pediatric Abusive Head Trauma:
A Review for Criminal Justice, Educational, and Mental Health Professionals
Robyn Wheeler, Rachel Tiede, Kip Carver, Al Zdrazil, Angela Pengelly, Tami Revering, Becky Dale, and Karina Forrest-Perkins
Seminar Date: March 27, 2015  8:30am-4:30pm  
6.0 hours of continuing education credits

Training Description
This training is intended for criminal justice, educational, legal, medical, and mental health professionals interested in developing an increased understanding of the complexities associated with pediatric abusive head trauma cases. Participants will learn about key research findings and statistics, as well as the impact these cases have on individuals, families, and communities. Additional topics of exploration will include intervention and prevention strategies, victim-offender relationships, impact on the family system, and the role of law enforcement and prosecution associated with these cases. This training will also address the implications these cases have on the criminal justice, education, and mental health systems. A special topic of discussion will focus on the role of intimate partner violence and high-conflict divorce as it pertains to cases involving pediatric abusive head trauma. Case studies, educational videos, and a PowerPoint presentation will be used to illustrate points made by the trainers.

Training Objectives
1. Explore key research findings and statistics as they pertain to pediatric abusive head trauma cases.
2. Acquire knowledge related to the short and long-term consequences associated with these cases.
3. Learn about various professionals roles associated with these cases.
4. Develop an increased awareness of the risk factors, as they pertain to these cases.
5. Gain knowledge about best practices and intervention strategies used in these cases.

Presenter Biographies
Robyn Wheeler, LPN, CBIS, Inspired by a personal event, Robyn has dedicated her nursing career to the care and support of those affected by neurological damage from brain injury or stroke.
Rachel Tiede, MA, MA, is employed at Pathways Counseling Center, Inc. as a mental health practitioner and clinical therapist trainee.
Kip Carver, recently retired after a productive 25 years with the Hennepin County Sheriff’s Office, where he managed the Investigative and Forensic Sciences Divisions. He is also an adjunct professor and frequent speaker during his tenure in the criminal justice capacity.
Al Zdrazil, retired from the Minnesota Attorney General’s Office in 2013, where he prosecuted homicide cases.
Angela Pengelly, is a speaker and advocate on the topic of shaken baby syndrome.
Tami Revering speaks publicly about shaking her friend’s baby while in her care and what led up to that fateful moment. She has a degree in Psychology and is currently a stay at home parent of her four children.
Becky Dale, is a non-profit administrator with more than 15 years of experience in non-profit leadership, management and program development. She is a certified trainer in Brain Development, Adverse Childhood Experiences and Resilience.
Karina A. Forrest-Perkins, is a national speaker and consultant related to early childhood and adolescent neurodevelopment, the adaptive impact of overwhelming stress, and the intersection of this condition with substance use and abuse.

Location: Holiday Inn - St. Paul East  | 2201 Burns Avenue, St. Paul, MN 55119 | 651-789-4509 (phone)
Cost: $99.00 (Individual Rate)
Registration: (Use form on reverse side of this flyer)
Additional Info: Jerrod Brown 651-734-5517 / email: jerrodbaiafs@gmail.com
Continuing Education Approval - Application for continuing education credits will be made with the following boards:
The Minnesota Board of Social Work
The Minnesota Board of Behavioral Health
The Minnesota Post Board
The Minnesota Board of Psychology
The Minnesota Board of Marriage and Family Therapy
The Minnesota Board of Continuing Legal Education

Supported by:
Pathways Counseling Center, Inc.
The American Institute for the Advancement of Forensic Studies (AIAFS)

Course Registration

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Seminar Date and Time: March 27, 2015 8:30am-4:30pm  Cost: $99.00

Mailing Address: The American Institute for the Advancement of Forensic Studies (AIAFS)
PO Box 5085
St. Paul, MN 55101

Additional Information: Call Jerrod Brown @ 651-734-5517 or Email: jerrodbaiafs@gmail.com

Location: Holiday Inn - St. Paul East | 2201 Burns Avenue, St. Paul, MN 55119 | 651-789-4509 (phone)

Training Schedule:
- 7:30am-8:30am: Sign-in/registration
- 8:30am-10:00am: Training
- 10:00am-10:15am: Break
- 10:15am-12:00pm: Training
- 12:00pm-1:00pm: Lunch
- 1:00pm-2:30pm: Training
- 2:30pm-2:45pm: Break
- 2:45pm-4:30pm: Training
- 4:30pm: Questions/Post-Test/Adjourn

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Registration Information:
- Registration for this event will begin at 7:30am.
- The seminar will begin at 8:30am.
- Doughnuts and muffins will be provided in the AM.
- Light snacks will be provided throughout the day.
- Lunch is on your own.

Please Note:
- Lunch is not included
- Parking is free
- Dress in layers, due to variations in room temperature
- No audio or video recording is allowed
- Certificates of continuing education credits will be provided at the conclusion of the seminar

Attendee Contact Information

Name: ____________________________________________
Agency/Company: __________________________________
Business Address: Street ____________________________________________
City _____________________________ State ________ Zip Code

Home Phone: __________________________________________
Work Phone: __________________________________________
Cell Phone: __________________________________________
Email: __________________________________________

Payment Information
- Check (Check No: __________________)
  Name on Card: __________________________________________
  Card Number: __________________________________________
  Expiration Date: __________________________ Security Code
  Billing Address: Street __________________________________________
  City _____________________________ State ________ Zip Code

Name of person submitting credit card information: __________________________________________
Signature of person submitting credit card information: __________________________________________

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Payment Information
- Check (Check No: __________________)
  Name on Card: __________________________________________
  Card Number: __________________________________________
  Expiration Date: __________________________ Security Code
  Billing Address: Street __________________________________________
  City _____________________________ State ________ Zip Code

Name of person submitting credit card information: __________________________________________
Signature of person submitting credit card information: __________________________________________