

Dr. Lee Rather

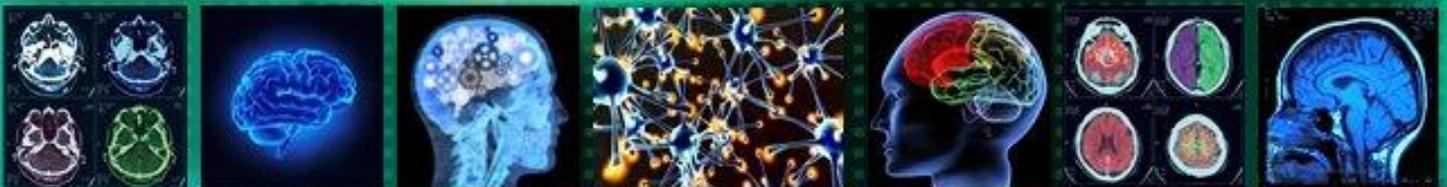
Dr. Lee Rather is a Licensed Psychologist and Psychoanalyst in private practice in San Francisco, and has an extensive history of teaching many levels of therapists. He is a Faculty Member at the San Francisco Center for Psychoanalysis and has long been a Personal and Supervising Analyst for the Psychoanalytic Institute of Northern California.

Everyday Psychotic States in Our Patients and Ourselves: Using Bion to Understand Primitive Mental Functioning

Hayden H. Donahue Seminar Series

12

SEPTEMBER



Sarkey's Foundation
530 East Main Street
Norman, OK 73071

Noon to 2PM
Lunch Provided
Presentation with Questions to Follow
2PM to 3PM
Case Presentation

Continuing Education Units Offered

Questions?

please visit www.odmhsas.org
or call 405.522.8300

Oklahoma Department of Mental Health
and Substance Abuse Services

Description

The focus for this seminar is to use psychoanalytic concepts to understand and treat patients with primitive mental functioning.

Learning Objectives

At the end of the seminar participants will be able to apply concepts of psychoanalysis to understand and treat patients.

Date and Location

This seminar will be held on September 12, 2013 at The Sarkey's Foundation located at 530 East Main Street, Norman, OK 73071

Agenda

- 11:30-12:00 Lunch and Registration
- 12:00-2:00 Presentation by Dr. Lee Rather
- 2:00-3:00 Case Presentation by PGY IV Chris Bayley, M.D.

Featured Speaker

Dr. Lee Rather

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Continuing Education Credits

The Institute for Mental Health and Substance Abuse Education and Training has requested approval for a maximum of 2.00 credit hours through the Oklahoma State Board of Licensed Social Workers, the Oklahoma Board of Examiners of Psychologists, the Licensed Marital and Family Therapist Committee, the Oklahoma Board of Licensed Alcohol and Drug Counselors, and the Licensed Professional Counselors Committee. Continuing education is also approved for Certified Case Managers and Peer Recovery Support Specialists.

Continuing Medical Education

The Institute for Mental Health and Substance Abuse is accredited by the Oklahoma State Medical Association to provide continuing medical education for physicians.

The Institute for Mental Health and Substance Abuse designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

There are no relevant financial relationships to disclose by the presenter or the CME Planning Committee.

How to Receive Your Certificate of Attendance

Certificates of attendance will be distributed at the end of the seminar. Participant evaluation forms must be submitted in order to receive continuing education credit and a certificate of attendance. There is a \$5.00 charge to reissue a certificate.

Registration and Fees

Please note that space is limited. Preference will be given to the first 65 registered individuals. Please submit your registration by September 10th. The early-bird rate for this seminar is \$35 if registration is postmarked on or before September 10th. Fees for registrations after September 10th or on-site registrations are \$45. Checks and purchase orders should be made payable to: **ODMHSAS, FEI #73-6017987.**

By Mail: Mail the registration form to: ODMHSAS, 2401 NW 23rd St., Suite 1F, Oklahoma City, OK 73107.

By Fax: Faxed registrations are accepted at (405) 522-8320.

Cancellation Policy: The registration fee will be returned only if notice of cancellation is provided in writing and postmarked no later than September 10, 2013. For more information, contact ODMHSAS at (405) 522-8300.

Registration Form
Hayden H. Donahue Seminar Series:
Everyday Psychotic States in Our Patients and Ourselves

By Mail:

ODMHSAS, Human Resources Development
 2401 NW 23rd Street, Suite 1F
 Oklahoma City, OK 73107

By Fax: Faxed registrations are accepted at 405-522-8320

REGISTRATION INFORMATION:

Name: _____
Home Phone Number: _____
Job Title: _____
Place of Employment: _____
Address: _____
City, State, ZIP: _____
Daytime Phone: _____
E-Mail Address: _____

****Note:** If an e-mail address is included, a confirmation that your registration has been received will be e-mailed to you one week before the training.

I require special accommodations as follows:

PAYMENT

Please enclose registration payment. If paying by purchase order (PO), please mail or fax a copy of the purchase order with the name of the attendee(s) included on the PO. If paying by check or money order please make payable to ODMHSAS. Please check all boxes that apply. No Refunds.

FORM OF PAYMENT	ODMHSAS EMPLOYEE	EARLY-BIRD RATE	REGULAR RATE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/>	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
<input type="checkbox"/> Purchase Order # _____		<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Credit card # _____	Expiration Date: _____	Cardholder signature: _____	

ACCREDITATION STATEMENT

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