Last Chance!

Ethical Dilemmas

December 2, 2013

2013 Ethical Dilemmas When Meeting Mental Health Care Needs

This presentation will provide an overview of boundary and other ethical issues encountered when delivering mental health services, as well as guidelines for solutions. The focus is on ethical issues encountered in a variety of clinical situations, including psychotherapeutic relationships, confidentiality, and financial conflicts of interest. The class includes a variety of actual case examples.

Learning Objectives

- Recognize ethical problems at an improved level, when counseling substance abuse clients.
- Anticipate and avoid ethical dilemmas before they occur.
- Respond to problem situations with ethically appropriate decisions.
- Understand and respond more proactively to legal aspects of ethical issues.

Choose a session:

9:00—12:00
1:00—4:00

$45.00

Presenter: Allen Shaffer, Ph.D., J.D.

Earn Three Hours Continuing Education Credits

ODMHSAS Training Institute
2401 NW 23rd St., Suite 1F (2nd Floor—North End—Shepherd Mall)
Oklahoma City, OK 73107-2431
405.522.8300

www.odmhsas.org

Registration Form
2013 Ethical Dilemmas When Meeting Mental Health Care Needs
December 2, 2013

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: _____

Occupation or 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:

_____

_____

PLEASE SELECT A SESSION

☐ **9:00 – 12:00**

☐ **1:00 – 4:00**

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	REGULAR RATE
☐ Check or Money Order	☐	☐ **$45**
☐ Purchase Order #_____		☐ **$45**
☐ Credit Card (circle one): Visa MasterCard		☐ **$45**

Credit card #_____ Expiration Date: _____ Cardholder signature:_____

CONTINUING EDUCATION CREDIT REQUESTED

☐ LPC ☐ LMFT ☐ Psychologist ☐ LADC ☐ Under Supervision
☐ PRSS ☐ CADC ☐ LADC ☐ LCSW ☐ CM ☐ Other_____

For information, call Human Resources Development at 405-522-8300.