



Relational Psychoanalytic Perspective on Development and It's Clinical Application

March 7, 2014

Hayden H. Donahue Seminar Series



12PM to 2PM
Lunch is Provided
Presentation with
Q&A to Follow



PRESENTER:
Pat Pantone, Ph.D.



Oklahoma Department of Mental Health
and Substance Abuse Services



JD McCarty Center
2002 E. Robinson St.
Norman, OK

Description

The focus of this seminar is to provide education about working with families from a psychodynamic perspective.

Learning Objectives

At the end of the seminar participants will be able to apply treatment strategies for families from a psychodynamic perspective.

Date

This seminar will be held on March 7, 2014.

Location

This event will be held at the JD McCarty Center located at 2002 E. Robinson Street, Norman, OK 73071. For your convenience, this event will also be available as a webinar. (Please see further instructions for webinar below.)

Agenda

11:30-12:00 Lunch and Registration

12:00-2:00 Presentation by Dr. Pat Pantone

Featured Speaker

Dr. Pasqual (Pat) J. Pantone, Ph.D.

Dr. Pasqual (Pat) J. Pantone is the Director of Clinical Education and also serves as the Training and Supervising Analyst for the Psychoanalytic Division of the William Alanson White Institute. He is the co-founder of the William Alanson White Institute Child and Adolescent Psychotherapy Training Program.

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.

Webinar Instructions

This event will also be available as a webinar. After registering for the Webinar, you will receive a confirmation email containing information about joining the Webinar.

System Requirements

PC-based attendees

Required: Windows® 8, 7, Vista, XP or 2003 Server

Mac®-based attendees

Required: Mac OS® X 10.6 or newer

Mobile attendees

Required: iPhone®, iPad®, Android™ phone or Android tablet

Registration and Fees

Please submit your registration by March 5th. Registration fees for the live presentation are \$45. Registration fees for the webinar presentations are \$30. Checks and purchase orders should be made payable to: **ODMHSAS, FEI #73-6017987**. Current ODMHSAS employees are admitted at no charge.

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.

Registration Form

Hayden H. Donahue Seminar Series:

Relational Psychoanalytic Perspective on Development and It's Clinical Application

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	LIVE PRESENTATION RATE	WEBINAR RATE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$30
<input type="checkbox"/> Purchase Order # _____		<input type="checkbox"/> \$45	<input type="checkbox"/> \$30
<input type="checkbox"/> Credit Card (circle one): Visa MasterCard		<input type="checkbox"/> \$45	<input type="checkbox"/> \$30
Credit card # _____	Expiration Date: _____	Cardholder signature: _____	

ACCREDITATION STATEMENT

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