



Sensitizing Providers to the Effects of Correction Incarceration on Treatment and Risk Management (SPECTRM)

Oklahoma Department of Mental Health
and Substance Abuse Services

Purpose

SPECTRM training focuses on the effects correction incarceration has on the treatment process.

Facilitator Bio

Dr. Merrill Rotter is a forensic psychiatrist at the Albert Einstein College of Medicine of Yeshiva University. He is also the Associate Clinical Professor of Psychiatry and Director of the Division of Law and Psychiatry for the College's Department of Psychiatry. In 2009, Dr. Rotter received the Award for Outstanding Teacher in a Forensic Fellowship Program from the American Academy of Psychiatry and the Law. Dr. Rotter leads a program of teaching, research and clinical service for the Albert Einstein College as well as the New York State Office of Mental Health. Within the Office of Mental Health, Dr. Rotter is the Director of the Division of Forensic Services at Bronx Psychiatric Center and Senior Consultant to the Division of Forensic Services. In addition, Dr. Rotter is the Medical Director of the clinical arm of the Queens and Bronx Mental Health Courts, as well as the Brooklyn TASC Mental Health Diversion and Reentry Programs. Dr. Rotter is the Project Director of SPECTRM, a nationally-recognized research, training and treatment program aimed at helping to meet the needs of individuals with mental illnesses and have a history of incarceration. Dr. Rotter received his B.A. and M.D. from Boston University's Six-Year Combined Liberal Arts Medical Education Program. He was trained in Clinical Psychiatry at Columbia University and in Forensic Psychiatry at Yale University.

Date and Location

ODMHSAS Training Institute, Oklahoma City – August 21, 2014

ODMHSAS Training Center, Shepherd Mall, Suite 1F, 2401 NW 23rd Street, Oklahoma City, Phone: (405) 522-8300. Shepherd Mall is located at the corner of NW 23rd and Villa. Park and enter through the north end glass doors. Take the elevator to the 2nd floor, exit to the left and follow the hallway to the ODMHSAS Training Center, Suite 1F. **The training will begin at 9:00 am.**

Continuing Education Credits

The Oklahoma Department of Mental Health and Substance Abuse Services, Institute for Mental Health and Substance Abuse Education and Training has requested approval of six (6) credit hours through the Oklahoma State Board of Licensed Social Workers, the Oklahoma Board of Examiners of Psychologists, the Oklahoma Board of Licensed Alcohol and Drug Counselors, the Licensed Professional Counselors Committee, the Licensed Marital and Family Therapist Committee, and the Council on Law Enforcement Education and Training, Continuing Legal Education and Mandatory Judicial Continuing Legal Education. Continuing education hours are also approved for Certified Behavioral Health Case Managers and credentialed Peer Recovery Support Specialists.

How to Receive Your Certificate of Attendance

Certificates of attendance will be distributed at the end of the training. You must complete the entire 1-day training.

Training Fees

Current ODMHSAS employees are admitted at no charge. The fee for this training is \$30. *Payment may be made by check, credit card or money order only. No cash please. **There are no refunds.***

Special Accommodations

Sign interpreters and/or other special accommodations required by disabled participants will be available upon advance request (please allow one week's notice). Please indicate on the registration form the type of special accommodations, if any, you require. For requests, call 405-522-8300.

Please note that no on-site registrations will be accepted.

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REGISTRATION FORM

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(SPECTRM)

August 21, 2014

HOW TO REGISTER

Complete the form below and mail it (with payment, if applicable) to:

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**

Name: _____

Home Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____ **E-Mail Address:** _____

I require special accommodations as follows: _____

PAYMENT

Please enclose registration payment (\$30). 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.**

Total Amount of Payment:\$_____

FORM OF PAYMENT

Check or Money Order Purchase Order # _____ Credit Card (circle one): Visa/ Mastercard
Credit card # _____ Expiration Date: _____ Cardholder signature: _____

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

