

Instructor: Charles Thiessen, LADC, LMHP
Topher Hansen, JD

Professional Ethics and Issues



Lincoln

LMEP
4600 Valley Road
Lincoln, NE

Entrance 1
Classroom 1

November 4-5, 2010

Registration: 7:30 AM

Class: 8:00 AM—5:00 PM

Credit Hours: 15
Approval # 10.058

Cost: \$115.00

This workshop is designed for the participants to strengthen ethical reasoning skills to reduce the likelihood to cause harm while increasing the likelihood of helping clients.

Objectives

- ◆ Distinguish between “ethics” and “morality”
- ◆ Identify stages of ethical reasoning
- ◆ Become better able to assess the quality of your ethical reasoning
- ◆ Clarify the relationship between ethical reasoning and ethical conduct
- ◆ Understand the value, and limitations, of professional codes of ethics
- ◆ Identify general ethical principles which may guide the practice of counseling.
- ◆ Clarify the relationship between ethics and law
- ◆ Become more familiar with applicable state and federal laws.

About the Instructors

◆ **Charles Thiessen** is an independent trainer for the state of Nebraska since 1996. He has been a LADC for over 25 years and he was a member of the Alcohol/Drug Abuse Certification Advisory Board. Charles also teaches the Multicultural Counseling course for the TAP Program.

◆ **Topher Hansen** is the Executive Director at CenterPointe in Lincoln. He is the co-author of “Professional Ethics and Issues” 2nd edition in 1996. Topher has instructed many conference and seminars on the Law and Ethics, and Charles and he have been teaching this course since it began in 1999.

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Cancellation/Refund Policy

1. Notice of cancellation must be submitted in writing.
2. Cancellations received will be subject to a \$50.00 cancellation charge.
3. No refunds will be given after October 26, 2010.
4. Registrations are transferable with a fee depending on availability.

REGISTRATION FEE INCLUDES:

Workshop instruction, book, materials, handouts, continental breakfast, afternoon snack, and CEU's approved for Nebraska Alcohol & Drug Counselor Continuing Education by the Department of Health and Human Services Regulation and Licensure Credentialing Division.

Name (please print)

Title

Company

Mailing Address/City/ State/Zip

Daytime Telephone

Birthday (month/day/year)

E-mail Address

PAYMENT TYPE

Check enclosed, made payable to TAP, for the amount of \$_____

Or please charge my: MasterCard Visa Discover

Card # _____ Expiration Date _____ Three -digit security code on back _____

Cardholder Name _____ Signature _____

Please Print or Type

HOTEL ACCOMMODATIONS: A special rate of \$49.00 was designed for participants at New Victorian Inn, 216 N 48th St, 402-464-4400. Tell them you are registering for a workshop with the TAP Program.

Fax this form to: 402-483-2882 **or Mail it to:** TAP Program, 4600 Valley Rd., NE 68510

Call TAP at 402-483-4581 ext. 328 or ext. 282 for any questions you may have.

I have read and accepted all the terms and conditions in the TAP Program Policies, which represents the entire understanding between myself (the participant) and the TAP Program and supersedes any prior statements or representation. By sending in this registration, I agree to the rules and regulations of the TAP Program.