

Oregon Psychological Association

Continuing Education Workshops

April 21, 2017

ETHICS WITH SOUL: TRADITIONAL THERAPEUTIC BOUNDARIES AND DIGITAL ETHICS IN THE AGE OF GOOGLE AND FACEBOOK

Presented by Ofer Zur, PhD Zur Institute, LLC

OMEF Event Center (Oregon Medical Education Foundation) 11740 SW 68th Parkway • Portland, OR 97223

Registration 8:30 – 9:00 am • Workshop 9:00 am – 4:00 pm With one hour for lunch (provided) • 6 CE hours • CE credit level 2

About the Presenter



Ofer Zur, PhD, is a consultant, licensed psychologist, writer, forensic consultant and lecturer from Sebastopol, CA and a Fellow of APA Division 42. Dr. Zur is the director of the Zur Institute, which

offers over 170 unique and innovative online continuing education courses. He is a pioneer in the development of the ethical and effective managed-carefree psychotherapy practice and is a prolific writer and researcher. Dr. Zur taught at several, Bay Area, CA graduate schools and has trained thousands of psychotherapists in his seminars, lectures and private consultations on Ethics with

Soul, Therapeutic Boundaries, HIPAA, Dual Relationships, Standard of Care, Speed and Technology, Victims, and many more topics. He co-edited the landmark book, Dual Relationships and Psychotherapy, co-authored the useful HIPAA Compliance Kit and The Complete Fee-for-Service Private Practice Handbook and has published dozens of cutting-edge and widely cited articles and book chapters on therapeutic ethics, standard of care, boundaries and dual relationships. His book, Boundaries In Psychotherapy, the most comprehensive book on therapeutic boundaries to date, was published in 2007 by APA Books. His latest book is an edited book Multiple Relationships in Psychotherapy and Counseling: Unavoidable, Common and Mandatory Dual Relations in Therapy will be published in 2017 by Routledge, New York.

Workshop Outline

Boundaries & Dual Relationships in Psychotherapy, Counseling & Psychiatry

- On boundary crossings, boundary violations and dual relationships
- The relationship between boundary crossings and the standard of care
- Boundaries to be discussed:
 - Touch, gifts, self-disclosure, home visits, home office, therapy outside the office, bartering
 - Dual/Multiple relationships
- How the employment of rigid boundaries can harm clients
- APA's Code of Ethics about boundaries and dual relationships
- Ethical decisions regarding boundaries dual relationships

Digital Ethics, TeleMental Health & the Psychology of the Web

- Definition and scope of digital ethics
- The ethical challenges regarding Social Networking
- The Psychology of the web and its effect on the generational digital divide

- · Digital ethics considerations:
 - Clients Googling therapists
 - Responding to clients' negative Yelp reviews
 - Therapists Googling clients: ethical and clinical considerations
 - Crossing state lines: working with clients who reside in different states
 - Texting, Skyping, and emailing with
 - To accept or not to accept: the Facebook dilemma

Ethical Decision Making & Risk Management

- Context in therapy and in ethical decision making
- Process of ethical decision making and its application to everyday practice
- Applying ethical-decision making to boundaries and multiple relationships
- · Standard of care
- The standard of care & ethical risk management

Workshop Description

This is an intermediate-advanced course addressing the complexities of boundary issues in psychotherapy, and the basic ethical issues regarding telemental health. The course will differentiate between boundary crossing and boundary violation and discuss issues, such as self-disclosure, gifts, physical touch, bartering, home visits, home office, therapy outside the office, and multiple relationships. The importance of informed consent will be emphasized. It will also discuss digital ethics concerns, such as practicing across state lines, use of Skype in therapy, responding to negative Yelp reviews, as well as the use of email, texting in therapy, and other issues about telemental health. This unique course will incorporate popular movie clips to highlight context-based applications of therapeutic boundaries. It also emphasizes that flexible therapeutic boundaries and the practice of ethical risk-management can enhance therapeutic alliances and clinical

Workshop Objectives

At the completion of this workshop, participants should be able to:

- Define and differentiate between boundary crossings, boundary violations and dual relationships in psychotherapy.
- Assess the ethical complexities regarding issues, such as gifts, physical touch, self-disclosure, bartering, home visits, therapy outside the office and home office.
- Describe the complexities and types of risk management practices and cite the relationships between risk management and the standard of care.
- Identify the ethical and clinical challenges and complexities that arise from participating in telemental health.
- Identify the concerns around psychotherapy across state lines and the use of Skype in psychotherapy.
- Determine the elements of an ethical telehealth practice.

OPA WORKSHOP REGISTRATION FORM

Registration Information

- ✓ Payment must accompany registration.
- ✓ Registration fees will not be refunded for cancellations as of one week prior to the scheduled event or for noshows at the event. Prior to that, a \$25 cancellation fee will be assessed.
- Space is limited. Early registration is encouraged. In the event that room space becomes filled to capacity, some registrants will not be able to be accommodated.
- ✓ Speaker handouts (if applicable), beverages, and networking lunch (6 hour workshops only), are included in the fee for the workshop.
- ✓ In the event of inadequate registration, weather problems or other events beyond OPA's control, a workshop may be cancelled. Should this occur, an attempt will be made to contact all registrants and fees will be refunded.
- OPA understands that many attendees are allergic or sensitive to chemicals in aftershaves, colognes and perfumes. OPA requests that attendees refrain from wearing artificial scents of any kind when attending an event. Thank you in advance for your understanding and cooperation.
- ✓ There will be no reduction in fees or letters of completion given for partial attendance.
- Mail your registration to: OPA, 147 SE 102nd Ave., Portland, OR 97216 or FAX to 503.253.9172, or register online at www.opa.org. Due to credit card security policies, we cannot accept emailed registrations.
- ✓ Confirmation letters will be sent via email only.
- Questions? Call the OPA office at 503.253.9155 or 800.541.9798, or via e-mail at info@opa.org.

Please complete all information below:

1. SELECT YOUR WORKSHOPS

Check the workshop(s) you wish to register for:

- ☐ **January 27, 2017** (Early Registration Date: January 20) 6 Hour Workshop
 - Psychologists in Individual and Group Practices: Innovative Settings, Models and Contracts for 2017-2020
- April 21, 2017 (Early Registration Date: April 14) 6 Hour Workshop
 - Ethics with Soul: Traditional Therapeutic Boundaries and Digital Ethics in the Age of Google and Facebook
- ☐ June 9, 2017 (Early Registration Date: June 2) 6 Hour Workshop Neuropsychology for the Rest of Us

2. SELECT YOUR REGISTRATION CATEGORIES

Registration includes: Speaker handouts, beverages, and networking lunch (6 hour workshops only.)

6 Hour Workshop Fees

Discounted rates are on or before early registration date (see above for dates). Regular rates are after early registration date (see above for dates).

□ OPA Member Registration
□ Non-Member Registration
□ OPA Service* or Life Member Registration
\$175 early or \$195 regular
\$225 early or \$245 regular
\$125 early or \$145 regular

*Committee and board members currently volunteering service to OPA. Please list the committee or position below.

"I serve OPA as _____

□ OPA Student Member Registration
□ Student Non-Member Registration
\$75 early or \$95 regular
□ \$90 early or \$110 regular

(Proof of full-time enrollment enclosed)

*If you have a group of 5 or more that is employed by the same company, agency or school, please contact the OPA office for information on a group discount

3. REGISTRANT	& PAYMENT INFO		
First Name:	Last Name:	Designations:	
Are you a psychologist?	yes □ no		
Mailing Address:			
City:	State:	Zip:	
Business Phone:	Fax:		
E-mail:(Required)	Special needs:(ie: vege be mad	tarian entree, handicap access, etc. Requests must de a minimum of 72 hours in advance of the event.)	
☐ Enclosed is my check in the amount of \$		made payable to OPA.	
☐ Please charge my ☐ VISA	☐ MasterCard ☐ American Express ☐ Discove	r in the amount of \$	
Card Number:		Expiration Date:	
Name on Card:	Signature:		
Credit Card Billing Address:			
City:	State:	Zip:	
Email Descipt to:			