

Lunch



Learn

Wednesday, July 12, 2017

Documenting the Outcomes of Therapy

Donald E. Wiger, Ph.D., LP

Check-In:*	11:30 – 11:45 a.m.	Location:	MPA Office (<i>IntrinXec Management, Inc.</i>)
Program:	11:45 a.m. – 12:45 p.m.		Large conference room
CE certificate distribution:	12:45 – 1:00 p.m.		5353 Wayzata Blvd., Suite 350 Minneapolis, MN 55416

About the Program:

This program qualifies for 1.0 continuing education credit.

Each of us, as a therapist, wants to help our clients. Some clients say that counseling is helpful because they have someone to talk to, or they feel good after a session. But, is there evidence that their lives or emotional state is improving beyond the session?

In the past, little or no documented evidence of the effects of psychotherapy was required. This has often led to clients receiving services that might not be necessary. Those days are over! In today's environment of clinical accountability, evidence of medical necessity of therapy, and documented, empirical evidence that therapy has been helpful in alleviating functional impairments, is not optional, but is required.

Participants will be taught how to document clinical outcomes of mental health treatment. Besides complying with third party guidelines and regulations, this evidence is especially helpful and motivating by sharing the progress of treatment with the client when reviewing the course of treatment and planning future sessions.

Participants will be able to:

1. Explain the documentation of clinical outcomes of mental health treatment.

About the Presenter:

Donald E. Wiger, Ph.D., LP, is a licensed psychologist with a private practice in St. Paul. He has conducted seminars and consultations in documentation since the 1990s. He has written several books on topics such as clinical documentation, practice management, clinical interviewing, and record keeping. Dr. Wiger earned his Ph.D. in 1989 from Fordham University in New York City from the Department of Psychology, specializing in psychometrics. He has an M.A. (1986) in experimental psychology/psychometrics from Fordham University and an M.S. (Ed.) (1984) degree in counselor education from the State University of New York.

About Lunch & Learns:

Lunch & Learns are informal programs for psychologists and other mental health professionals and are at the intermediate level. The program is intended to be a dialogue between the presenter and the registrants.

**REGISTRATION: There is no early bird rate for registration.*

MPA Members = \$25, Non-members = \$30, Students = \$25.

Registration fee includes box lunch and CE certificate (1 credit).

Participants are limited to the first 17 registrants. There is no on-site registration.

CONFIRMATION/CANCELLATION: Registrations are confirmed by receipt of forms on a first-come, first-served basis. You will not receive a written confirmation of your registration. You will be notified by mail, e-mail or telephone only if your selection is filled or cancelled.

ACCESSIBILITY ACCOMMODATIONS: If you need disability related accommodations to make this event accessible, please contact Rhea Sullivan, MPA Administrative Director, at 952-564-3048 or info@mnppsych.org.

REFUND POLICY: A 100% refund will be made if the event is cancelled. Refunds, less a \$5 handling fee, will be given if a written cancellation is received at least two working days before the scheduled program begins. Transfer of fee to another program is granted if written cancellation notice is received at least one day before the program. No refund or transfer is given the day of the program.

Please note: You must attend the full 1-hour program to receive continuing education credit for this event.

Lunch & Learn

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Name: _____ Degree: _____ Licensure: _____

Institution/Agency: _____

Address: _____ City/State/Zip: _____

Please check: Home Work

E-mail: _____ Phone: _____ Fax: _____

Please check: Home Work

Registration Fee: MPA member: **\$25** Non-member: **\$30** Student: **\$25**

Your registration fee includes a box lunch and 1 continuing education credit. Box lunch includes sandwich, kettle chips, baby carrots and dessert.

Please indicate your sandwich preference: Turkey Breast Honey Ham Tuna Salad Veggie Avocado Roast Beef

Total Amount Enclosed: \$ _____

Check (made payable to MPA) Visa MC American Express

All credit card fields are required

Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder Name (print): _____ Cardholder Signature: _____

Credit card billing address: Same as above

Address: _____ City/State/Zip: _____

Please do not email credit card information. Fax or mail your registration form to protect this information.

Return To:

Minnesota Psychological Association

5353 Wayzata Blvd. Suite 350

Minneapolis, MN 55416

P: 952.564.3048 • F: 952.252.8096



The Minnesota Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The Minnesota Psychological Association maintains responsibility for this program and its content.

LOCATION: Minnesota Psychological Association Office | 5353 Wayzata Blvd., Suite 350, Minneapolis, MN 55416

