

# Alabama Council for Behavioral Healthcare

## *Ethical and Legal Issues in Mental Health Care*

May 2, 2025

Live – Real time – Interactive Webinar

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### **Instructions:**

- ✓ A completed “**CE packet**” is required in order to receive continuing education credit. CE packets are accepted by **MAIL only**. Email/ scan packets will not be accepted.

### **What Does a Complete CE Packet Include ?**

#### *A complete CE Packet includes:*

1. Continuing Education Application Form
2. Completed evaluation form

### **How Do Submit my CE Packet ?**

CE Packets are accepted by MAIL only, and should be postmarked not later than 30-days following the Conference.

Mail completed CE packets to:

*The Institute for Continuing Education*

*P. O. Box 449*

*Montevallo, AL 35115*

### **How Will I receive CE verification ?**

Following receipt of your completed CE packet, *The Institute for Continuing Education* will process your application and will mail you CE verification for the workshop. The mailing address you submit on the CE Application Form is used to mail your CE verification.

The Institute for Continuing Education

Questions: 800-557-1950 / email: [instconted@aol.com](mailto:instconted@aol.com)

## **Continuing Education Offered**

This program is co-sponsored by the Alabama Council for Behavioral Healthcare and *The Institute for Continuing Education*. The workshop offers 6.00 contact hours with full attendance required. There is no additional cost to make application for CE credit.

CE credit is not “academic,” and may not be used toward fulfillment of an academic degree.

**CE Packet:** A complete “CE Packet” should be completed and mailed to *The Institute for Continuing Education* for processing. See information above for submitting completed CE packet for processing. If you have questions regarding the program, continuing education learning objectives, faculty, contact *The Institute* at: 800-557-1950 / email: [instconted@aol.com](mailto:instconted@aol.com)

***NOTE:*** *It is the responsibility of the attendee to determine if CE credit offered by The Institute for Continuing Education meets the regulations of their state licensing/certification board for ethics hours.*

**Psychology:** The Institute for Continuing Education is approved by the American Psychological Association to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content.

**Counseling / MFT:** The Institute for Continuing Education and the Alabama Council Community for Behavioral Healthcare are co-sponsors of this event. This co-sponsorship has been approved by NBCC. The Institute for Continuing Education is an NBCC approved continuing education provider, ACEP 5643. The Institute for Continuing Education is solely responsible for this program, including the awarding of NBCC credit.

**Social Work:** The Institute for Continuing Education is an approved continuing education provider by the Alabama State Board of Social Worker Examiners, Provider No. 0171, expiration 06/30/2026.

**Nursing:** The Institute for Continuing Education is an approved provider of continuing education in nursing by the Alabama Board of Nursing, Provider 1124, expiration 3/08/2026.

**Skills Level:** Beginning, Intermediate, Advanced

**Instructional Methodology:** May include lecture, demonstration, audio/visual, experiential practice of techniques

# *Application Form*

## **Continuing Education Credit**

**Alabama Council for Behavioral Healthcare**

**May 2, 2025**

**Joanne Terrell, MSW, LICSW-S**

**Processing Fee: \$ NONE**

**Please Print Your:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **email:** \_\_\_\_\_

### **Request for Continuing Education Credit**

**I request continuing education credit verification in the professional discipline(s) of:**

\_\_\_\_ **Psychology**

\_\_\_\_ **Social Work**

\_\_\_\_ **Counseling**

\_\_\_\_ **Marr/Family Therapy**

\_\_\_\_ **Nursing**

**State(s) in which you are licensed:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

I hereby make application for continuing education credit. I understand that to be eligible for continuing education credit, I must complete and return a CE Packet. By signing this Application Form, I am certifying that I attended this workshop in its entirety. I also understand that it is my responsibility to determine if CE credit offered by The Institute for Continuing Education meets the regulations of my licensing/certification board.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The Institute for Continuing Education**  
**P. O. Box 449, Montevallo, AL 35115**  
**800-557-1950 / e-mail: instconted@aol.com**

May 2, 2025

Program Evaluation

**Ethical and Legal Issues in Mental Health Care**  
**Joanne Terrell, MSW, LICSW-S**

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 ( low ) through 5 ( high )

	HIGH		Neutral		LOW
<b>I. Content / Relevancy/ Teaching Methods:</b>					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

<b>II. Learning Objectives:</b> Learning Objectives were met:					
1. Differentiate ethics morals and the law	5	4	3	2	1
2. Identify the professional values and boundaries required in an ethical mental health practice	5	4	3	2	1
3. Identify updates in the ACA Code of ethics	5	4	3	2	1
4. Describe strategies to prioritize conflicting ethical principles when faced with ethical dilemmas	5	4	3	2	1
5. Explain the application of an ethical hierarchy to case scenarios	5	4	3	2	1
6. Describe the ambiguity of an ethical mental health practice	5	4	3	2	1
7. Explain ethical documentation and interpersonal requirements of a professional therapeutic relationship	5	4	3	2	1
8. Identify ethical implications associated with technology and social media	5	4	3	2	1

	HIGH		NEUTRAL		LOW
<b>III. Faculty:</b> <i>Joanne Terrell, MSW, LICSW-S</i>					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

<b>IV. Overall Rating:</b>					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

<b>V. Logistics / Technology / Administration:</b>					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1

**VI. Comments About This Training:** \_\_\_\_\_

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