



Please join us on Friday, December 9, 2016 (1p.m. – 4p.m.)
Mental Health America of Greater Tarrant County

“Practical Strategies and Ethics for Working with Family Court-Involved Families”

Dr. Jane Phillips

Therapists need special skills to work with individuals involved in the family court system. This seminar will provide practical interventions for working with these family members as well providing participants with an understanding of the family court system in Texas.

Dr. Phillips has extensive experience in counseling children, teens, adults and senior adults. Dr. Phillips earned her MS in Evaluation Research at TCU and her MSSW and PhD in Social Work from the University of Texas at Arlington. Although Dr. Phillips sees individuals with a variety of counseling needs, most of her clients are those affected by family court litigation. She has a particular interest in helping families repair parent-child relationships that have been hurt by separation or divorce.

Learning Objectives:

1. Therapists will learn techniques to engage effectively with high-conflict families
2. Therapists will learn strategies to help children develop resiliency to negative family dynamics
3. Therapists will learn how the Texas Family Code affects the way they practice with individuals involved in family court

Registration, CE Credits and Certificates (with 3 hours):

The fee for this **3-hour CEU seminar** is \$50 for non-MHA members, \$40 for MHA members and \$20 for students. Registration deadline (online/by mail) **must be received** by December 8, 2016

1) Mail check to MHA at 3136 W. 4th Street, Ft. Worth, TX, 76107; fax number: 817-810-3230

2) Online at www.Eventbrite.com

MHA is an approved provider of continuing education in Texas for LPC with approval #1099, Social Workers #5467, and LMFT #419.

For additional information, please contact Jennifer Golden at 817-569-5116 / Jennifer.Golden@mhmrtc.org or Deannah Rowell at 817-569-5780 / Deannah.Rowell@mhmrtc.org

Registration by Mail (print off and send with check or credit card payment to MHA)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HM/CELL PHONE: _____ WK PHONE: _____

E-MAIL: _____

PAYMENT METHOD ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER ☐ CHECK ENCLOSED

CREDIT CARD NUMBER _____ EXP. DATE _____

SECURITY CODE: _____ TOTAL AMOUNT ENCLOSED: \$ _____