Cape Cod Symposium on Addictive Disorders

CCSAD is going virtual for 2020!

This year's event will be offered in an exciting new virtual format on a fully interactive platform. C4 understands that the COVID-19 outbreak has affected people from around the world in different ways, which is why we have structured the attendee registration to reflect an even greater flexibility and value. In addition to up to 17 hours of Live Stream sessions attendees can chose from packages that range from an additional 12 up to 51 CE/CMEs at exceptional pricing. To accommodate schedules and provide flexibility, these can be viewed at any time up to 45 days post-event.

Virtual Symposium Attendee Fees

Thursday – Friday

Registration Type	Cost
Live Stream 2 Day (max of 17 hrs of live CE/CME)	$295
Live Stream 2 Day + 12 hrs of on-demand (max of 29 CE/CME)	$395
Live Stream 2 Day + 24 hrs of on-demand (max of 41 CE/CME)	$445
Live Stream 2 Day + 36 hrs of On-Demand (max of 53 CE/CME)	$495
Live Stream 2 Day + Unlimited On-Demand (max of 65 CE/CME)	$525

Please visit CCSAD.com to register for the virtual event, or to find more information.

Thursday, 9/10/2020

Thursday Morning Workshops: 9:00 AM - 10:30 AM

100. When Philosophy Falls Short: Utilizing Attachment Theory and Experiential Therapies to Create Lasting Change (1.5 CE/CME)

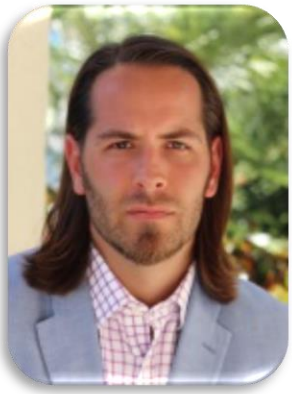
Brad Kennedy, MRC, CRC

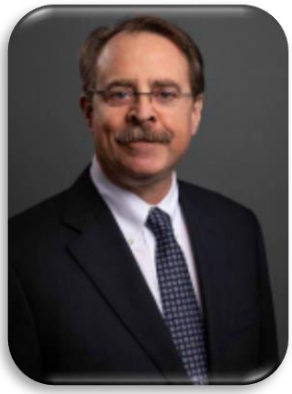
Supported by: Driftwood Recovery

Level of Instruction: Intermediate/Advanced

Clinicians and programs often choose an approach based on thinking that conventional intellectual concepts and philosophical frameworks are the primary tools needed to inspire and create lasting change in the lives of our patients and their communities. This practice assumes intellectual transference of these concepts is all that is required - ultimate adoption and implementation remain subject to myriad variables within the patient, often beyond the control, direction, and support of the clinician. This session utilizes research and case studies to illustrate the efficacy of experiential attachment therapies such as role-play, shared decision making, and psychodrama to challenge the conventional philosophical approach and encourage modern practitioners to focus more heavily upon the work and not the words. Tools for analysis include the co-creation of a shared narrative and treatment plan, a formulation letter, and autobiography with a co-created action plan will provide specific recommendations about program design and community integration.

101. Care Coordination for Substance Use Disorder Post-Detoxification (1.5 CE/CME)





Steven Proctor, PhD ***John Newcomer, MD***

Supported by: Thriving Mind South Florida

Level of Instruction: Introductory/Intermediate

Detoxification often represents the initial episode of care for people with severe substance use disorder (SUD), but few patients receive continued services/contact post-discharge. Detoxification alone has been linked to poor outcomes (e.g., relapse, re-admission) and repeat episodes pose substantial economic burden on payers, patients, and families. Care coordination involves organizing activities among different services and providers as well as across facilities to achieve integrated care. Preliminary results are presented from a naturalistic study examining the impact of care coordination on 30-, 60-, and 90-day re-admission rates among a sample of uninsured/underinsured patients discharged from detoxification. All patients were "high-utilizers" (3+ detox episodes in 6 months or 16+ days in an episode) and received detoxification from a large state-funded network. Patients receiving care coordination were compared to patients matched on clinical severity who did not receive care coordination. Characteristics associated with outcome, in addition to economic and clinical practice implications, will be discussed.

102. Understanding Clinical Bias and Cultural Norms in Clinical Treatment (1.5 CE/CME)

Vanina Hochman, MA, LMFT

Supported by: Retreat Behavioral Health

Level of Instruction: All

Cultural competency is now a core requirement for mental health professionals working with culturally diverse patient groups. Cultural competency training may improve the quality of mental health care for ethnic and all groups. This workshop will compare and contrast cultural norms among different populations in behavioral health treatment. Clinicians will gain tools, techniques, and strategies to use when treating a diverse population. Clinicians will also discuss how to assess and gain awareness of personal biases in behavioral health treatment.

103. Food for Recovery: Exploring "Diet Culture" Messaging and How It Interferes with Physical Healing and Sobriety (1.5 CE/CME)

Megan Kniskern, MS, RD, LD/N, CEDRD-S

Supported by: ViaMar Health

Level of Instruction: Intermediate

It is estimated that 1/3 of SUD care facilities offer some form of nutrition education with RTC levels of care offering it most often and OP much less often. Less than 10% of the nutrition education comes from a Registered Dietitian Nutritionist. This is of great concern seeing that it is almost impossible to make it through a day without seeing messages such as: "start this cleanse to detox your body" and "eat these clean foods daily." These messages are tempting when a person feels physical/emotional pain and discomfort, and/or a focus on health may not have been a priority in the past. This presentation will review key malnutrition and gut concerns that require immediate attention during early sobriety, further supporting both the physical and mental challenges of treatment, along with evaluating the dangers of FAD diets and excessive exercise in early recovery.

104. The ABCs of Resilience: Building a Practical Toolbox for Adolescents, Young Adults, and Their Families (1.5 CE/CME)

Gale Saler, LCPC, CRC-MAC, CIP, CAI

Supported by: Newport Academy & ARISE Network

Level of Instruction: Intermediate

This workshop intends to move our conversation about youth from problem based to strength based and future focused. It aims at broadening the clinician's skills and expanding the comfort level to draw on a broad range of disciplines and community resources beyond the immediate practice (or program). We will interweave knowledge from multiple related fields to help young people take long-term control of their recovery. Knowledge will be drawn from evidence-based and promising practices including, but not limited to, individual/family therapies; rehabilitation counseling; expressive therapies (e.g. music, art, recreation, dance); life coaching; creating connection; and communication. Guiding youth toward self-reliance and self-efficacy requires that clinician and family be prepared to support them through exploration an experimentation, to determine the treatments, knowledge, activities, and supports that work best for them. If well done, they will move forward successfully with a "toolbox"

that balances belief, agency, and communion with appropriate timing people and places.

Thursday Mid-Morning Plenary: 11:00 AM - 12:30 PM

110. Internet and Video Game Addiction: Impacts on Attachment and Child Development (1.5 CE/CME)

Hilarie Cash, PhD, LMHC, CSAT

Supported by: reSTART Life, PLLC

Level of Instruction: Intermediate/Advanced

The presenter will review the evidence that led the WHO to include Gaming Disorder in the ICD 11 and will focus on child development, with particular attention to attachment failure as a result of early screen use in both children and parents. Mental health problems (as well as physical problems) which tend to co-occur with this addiction will be discussed. These include ADHD, ASD, Depression, and Social Anxiety, along with a frequent combination of Personality Disorder Traits. The presenter will discuss treatment approaches for both residential and outpatient settings. In the residential setting: improving physical health (sleep, diet and exercise), social health (social and communication skills), life-skills, skills for emotional regulation, and skills to improve executive functioning, and family and individual psychotherapy to promote insight and system change. The outpatient setting is for milder cases, requiring a strong commitment that aims to build similar skills and insight.

111. A Multi-Generational, Cross-Cultural, Ethical Approach to Trauma, Resilience, and Healing (1.5 CE/CME)

Judith Landau, MD, DPM, LMFT, CFLE, CIP, CAI, CRS

Supported by: ARISE Network

Level of Instruction: All

We are facing opiate and other drug pandemics along with risking loss of a generation to suicide. Dr. Landau's research focuses on prevention, treatment and long-term healing from trauma, chronic and life-threatening illnesses including addiction and mental health challenges. Evidence-based methods help families and communities access resilience to prevent long-term consequences of adverse experiences. Attendees will learn and practice methods for understanding the origin of current challenges and building positive attachment by drawing on intergenerational strengths and resilience. Methods include genograms, family life spirals, positive and negative timelines, transitional field maps, transitional checkerboards, family and community social mapping, and individual, family, and community intervention. Assessment of available resources, vulnerabilities, and protective factors help define clear goals enabling us to facilitate access to resilience rather than perpetuating pathology. Collaboration across natural and ancillary support systems enables effective and sustainable change by working through natural change agents as family and community links.

Thursday Luncheon Plenary: 12:45 PM - 1:45 PM

125. Suicide, Depression, and Addiction - It's a Complicated Relationship (1.0 CE/CME)

Jaime Vinck, MC, NCC, LPC, CEIP ***Tena Moyer, MD***

Supported by: Sierra Tucson

Level of Instruction: Intermediate

We are in the midst of a global suicide phenomenon. The rise of suicide turns a dark mirror on modern culture and our mental health system. The desperation of so many individuals of all demographics can be hidden behind smiling social media photos and cute emoticons. How do so many who seemingly "have it all" die by suicide? Suicide, depression, and addiction have a very close an interconnected relationship impacting professionals, veterans, musicians, and a myriad of other individuals. Utilizing film and video, we will explore causes, theories, and treatment approaches for those who struggle with suicidal ideations and their family members.

Thursday Early Afternoon Workshops: 2:00 PM - 3:30 PM

150. Integrating Effective Trauma Care into Primary Addiction Treatment (1.5 CE/CME)

Stefan Bate, MA, LAC, CCTP

Supported by: Jaywalker Lodge

Level of Instruction: Intermediate/Advanced

Despite the high prevalence of trauma and PTSD in people suffering with substance use disorders, trauma therapies and addiction treatment have historically been viewed as separate issues that require distinct and separate treatments. We believe this philosophy is inherently flawed and propose that effective trauma treatment needs to be delivered as a fully integrated, seamless part of primary addiction treatment. This talk will outline effective strategies and programming that successfully link traditional addiction treatment with contemporary trauma protocols. Case studies, outcome measures, and relevant research will be presented offering validity for a new "Trauma Integrated Model." This presentation will focus on how already established best-practice techniques can be better interwoven into a primary addiction program to maximize effectiveness.

151. Growing Up: Long Term Care and Long-Term Recovery (1.5 CE/CME)

Cardwell Nuckols, PhD

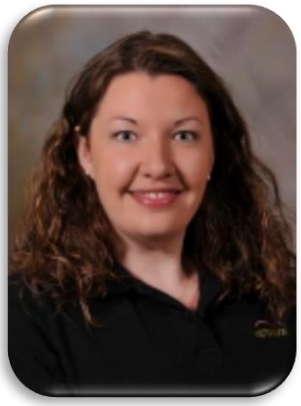
Supported by: Alina Lodge

Level of Instruction: All

Generally speaking, longer-term treatment and support are positively correlated with recovery from Substance Use Disorder (SUD). However, not everyone requires such aggressive treatment. For many, longer-term treatment and support matches the client's developmental needs especially where there is a nonenriched environmental background.
This skills development training will assist participants in the understanding of the difference between those in need of habilitation and longer length of stay as opposed to those in need of rehabilitation. The habilitative process can promote positive gains in relationships, affective control, and development of cognitive abilities (executive function). Treatment approaches that assist in this development will be discussed.

152. Building Family Supports in Treatment: A Family to Family Approach (1.5 CE/CME)

Robin Pinard, LCMHC



Stacie Lucius, MS, LCMHC, MLADC

Supported by: WestBridge

Level of Instruction: Intermediate/Advanced

Having a loved one with co-occurring disorders can be overwhelming for the individual and the family unit. Due to the nature of dual brain diseases, families often find themselves providing crisis intervention and daily support and are left feeling disempowered. Research has shown that the greatest success for healing is fostered when family members are included and incorporated throughout the treatment process. Family education and engagement results in increased connection, improved communication, and healthier family unit. This workshop will explore family-based programming and how peer-to-peer support groups and mentoring programming empowers families with the tools and resources they need to begin their own healing journey. We will discuss the fundamental aspects of developing a mentoring program. This includes types of mentoring groups (mothers, fathers, couples, siblings), recruiting, application process, background checks, screening, training on purpose, procedures, ethics and boundaries, and creating a structure for ongoing supervision and continuing education.

153. Eating Disorders, Attachment, and the Healing Dynamics of Relationship (1.5 CE/CME)

Juliet Caceres, PsyD

Supported by: Timberline Knolls

Level of Instruction: Intermediate

Current research has led to a greater understanding of the connection between unresolved attachment patterns and eating disorders symptoms and behaviors. This presentation will highlight the key areas of attachment ruptures and trauma that are linked with the onset and perpetuation of eating and co-occurring disorders. The presentation will incorporate current developments in polyvagal theory and interpersonal neurobiology pertinent to understanding to areas of attachment functioning most often impaired in those who struggle with eating disorders. Practical application salient to the critical dynamics of therapeutic relationships and key components in the treatment of eating disorders with attachment trauma will be discussed.

154. Therapeutic Hypnosis and Yoga Interventions (1.5 CE/CME)

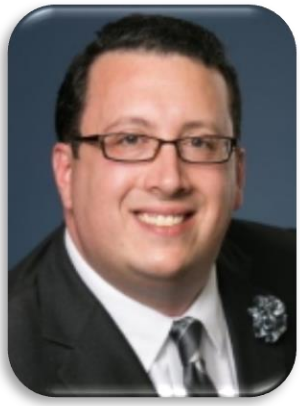
Lenee Braxton, MS, RYT, PhD

Level of Instruction: All

Yoga has been used in indigenous healing rituals around the world for thousands of years. The purpose of this workshop is to educate practitioners on ways that hypnosis and yoga may be used as interventions in clinical practice. Additionally, attendees will participate in experiential learning exercises that can be utilized as performance enhancement tools to improve outcomes for athletes and non-sport performers. Research is based on how hypnosis is utilized in various sport and non-sport performance environments. The presenter combines yoga-based therapy and hypnosis interventions for performance anxiety, injury prevention, recovery, and general wellness for the athlete, educator, coach, counselor, and social work practitioner. The research examines ways stress impacts the physiological and psychological wellbeing of individuals and ways that hypnosis may be used as an intervention and performance enhancement tool to increase focus for athletes and non-sport performers.

Thursday Late Afternoon Workshops: 4:00 PM - 5:30 PM

160. Now What? Integrated Business Management for Behavioral Health: PART ONE (No CE/CME Credit)



Jonathan De Carlo, CAC III ***Christopher Bennett, CADC-II, CIP***

Supported by: C4 Consulting, Inc.

Level of Instruction: Intermediate/Advanced

As the business landscape and market conditions for behavioral health providers continues to settle, how is your business responding, adapting, or struggling to survive? With consumer needs evolving, regulatory and payor requirement rising, and business development trends shifting, what key performance measurements and lead indicators are you utilizing? Through an exploration of financial, leadership, business development, and treatment service segments of an organization, this presentation will open a dialogue to answering the critical question of how to practically integrate these fundamental operations to produce sustainable and long-term success. Participants will discuss balancing act of delivering integrated business-operational-clinical services and explore the hazards of misbalancing mission versus margin. Through an examination of industry trends, practice-based evidence, and evidence-based experience in developing the strategic and tactical plans for attainment, growth, and sustainability, participants will learn pragmatic tools for understanding their organizations current needs and develop actionable plans for enhancing their organizations continued growth.

161. Invisible Loyalties: Uncovering the Transgenerational Impact of Addiction (1.5 CE/CME)

Aaron Olson, CMHC, SUDC

Supported by: Cirque Lodge

Level of Instruction: Introductory/Intermediate

This session will provide clinicians the opportunity to deepen their understanding of the transgenerational transmission of substance use disorders and associated traumas. The various forms of epigenetic, psychological, and spiritual transmission of trauma will be explained to broaden clinicians understanding how these traumas cross generations, impacting individuals and family regulatory behaviors. An interactive demonstration of the use of genograms as a tool for clinicians as they support clients in understanding their families unique experience of substance use and unhealthy coping strategies. The contextual therapy concept of "invisible loyalties" completes the workshop as clinicians demonstrate how unresolved traumas from past generations unconsciously exert influence into the client's world. This understanding will support clients to engage in their treatment in a more compassionate and comprehensive manner, therefore, increasing the likelihood of a more complete treatment experience.

162. How to Treat the Complex Substance Abusing Client Using Motivational Interviewing and the Transdiagnostic Treatment Model (1.5 CE/CME)

Linda Lewaniak LCSW, CAADC

Supported by: Eating Recovery Center

Level of Instruction: Introductory/Intermediate

The substance-abusing person has changed in the last 25 years and they are more complex and complicated. Clients come not only abusing several substances and having addictive behaviors, but they also have Eating Disorders, depression, anxiety, bipolar, etc. Include issues of gender and culture, and there are many factors a therapist needs to address. This presentation will identify current substance abuse trends and the co-occurring comorbidities. It will outline how to use Motivational Interviewing and a transdiagnostic treatment model that will address the substance abuse and the comorbidity that occurs. Specialty populations that will be included are Eating disorders (anorexia, bulimia, binge eating), LGBTQI2, and trauma.

163. Where Do We Go from Here? What Happens When Providers Experience Secondary Traumatic Syndrome, Death, or Relapse (1.5 CE/CME)

Benjamin Seymour, CADC, CIP, CTP ***Leah Bennett, PhD***

Supported by: Southworth Associates & Pine Grove Behavioral Health & Addiction Services

Level of Instruction: Intermediate/Advanced

Attendees will learn to identify burnout, compassion fatigue, and trauma activation symptoms within patient populations, themselves, and colleagues. Attendees will be given information about how to mitigate exposure, manage symptoms, and obtain support in the event they work with traumatized patients or they are traumatized, relapse, or are impaired by grief. Attendees will be taught how to implement these skills for clients and families they work with as well as colleagues. Attendees will be asked to identify their own bias, beliefs, and ideas around colleagues in crisis. Statistical data will be presented within presentation, handouts will be provided, and sources will be sited. Data will include mortality rates amongst SUD and mental health populations, career performance data amongst behavioral healthcare workers, trauma, and relapse data amongst Behavioral Health workers. Outcomes data amongst licensed professionals with SUD and correlations within the behavioral health field will be discussed.

164. Resolving Resistance Through Understanding and Dealing with Ambivalence (1.5 CE/CME)

Linda Buchanan, PhD, Med, CEDSS

Supported by: Walden Behavioral Care

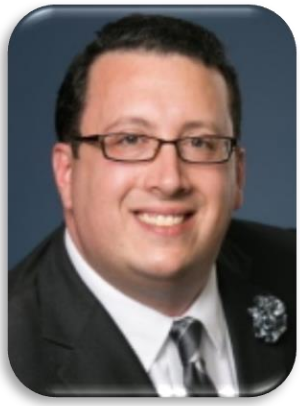
Level of Instruction: Intermediate/Advanced

Resistant, Oppositional, Borderline, Unmotivated. We often use such terms to describe patients who, despite expressing a desire to change, repeatedly reject our help. This workshop offers an alternative interpretation of resistance as Pathological Ambivalence (PA) that is rooted in early experience, biological functioning, and psychological narrative. These factors result in the development of strong but conflicting needs (such as wanting connection and fearing rejection) that can slow down, confuse or even halt the therapeutic process. This workshop will offer specific strategies that enable the patient to resolve the ambivalence from within thus minimizing the likelihood that the therapy will become the target of the ambivalence. These include DBT, CBT, ACT,

Motivational Interviewing, and Narrative Therapy to name a few. Case examples and experiential learning will also be utilized to educate the participants to sidestep power struggles, projections and splitting, and to empower clients to resolve ambivalence from within.

Thursday Early Evening Workshops: 5:45 PM - 7:15 PM

170. Now What? Integrated Business Management for Behavioral Health: PART TWO (No CE/CME Credit)



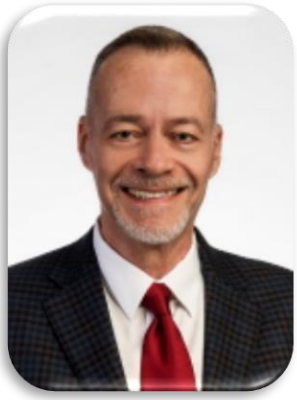
Jonathan De Carlo, CAC III ***Christopher Bennett, CADC-II, CIP***

Supported by: C4 Consulting. Inc.

Level of Instruction: Intermediate/Advanced

This is the continuation of workshop #254. As the business landscape and market conditions for behavioral health providers continues to settle, how is your business responding, adapting, or struggling to survive? With consumer needs evolving, regulatory and payor requirement rising, and business development trends shifting, what key performance measurements and lead indicators are you utilizing? Through an exploration of financial, leadership, business development, and treatment service segments of an organization, this presentation will open a dialogue to answering the critical question of how to practically integrate these fundamental operations to produce sustainable and long-term success. Participants will discuss balancing act of delivering integrated business-operational-clinical services and explore the hazards of misbalancing mission versus margin. Through an examination of industry trends, practice-based evidence, and evidence-based experience in developing the strategic and tactical plans for attainment, growth, and sustainability, participants will learn pragmatic tools for understanding their organizations current needs and develop actionable plans for enhancing their organizations continued growth.

171. Chemsex: Essential Clinical Approaches for Fused Drug Use and Sexual Behavior (1.5 CE/CME)



David Fawcett, PhD, LCSW

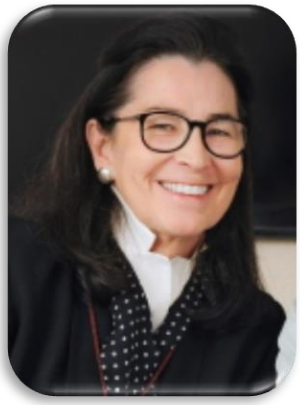
Supported by: Seeking Integrity, LLC

Level of Instruction: Intermediate/Advanced

Chemsex, the pairing of drugs and sex, represents an underrecognized phenomenon requiring distinct clinical approaches. It is often assumed that problematic sexual behavior will resolve once the client is in sobriety, but in fact relapses of both drug use and sex continue. The nature of this fusion and the nature of the drugs themselves (usually including amphetamines) demand an understanding of the unique aspects of this process, including methamphetamine's neurotoxicity and the resulting long-term impact on the reward circuitry, reduced verbal memory impacting the effectiveness of CBT, the hijacking of sexual desire, and the fusion of sexual cues and drug use triggers. This workshop builds on both neurological science and the presenter's two decades of experience to provide an essential overview of these issues and best clinical practices to address them.

172. Who How and When: Coaching vs Therapy for Maximum Outcomes (1.5 CE/CME)

Mike Bayer



Cecelia Mylett, PsyD, LCSW, MSW

Supported by: CAST Centers

Level of Instruction: All

Despite occasional areas of overlap and purpose, the work and processes of therapists and life coaches are distinct. With the increasing and evolving mental health care issues and general wellness, clinicians are referring and incorporating skills from successful coaching models as well as coaches seeing more complex cases. This workshop will explore the differentiation, similarities, and dissimilarities of a therapeutic approach compared to a coaching model, including: when a clinician could benefit from bringing in a coach; why making the wrong choice in a coach can threaten the well-being of a client; what boundaries are needed between clinical work and coaching work; what are the five criteria for selecting a coach; when to refer to a coach; and five screening questions when interviewing a potential coach. In gaining awareness of how we can work together, we will increase partnership and collaboration between therapists and coaches for the best interests and outcomes of our patients and clients we serve.

173. The Neurobiology of Trauma: Including Transgenerational Trauma on the Development of Addictions (1.5 CE/CME)

Carolyn Ross, MD, MPH, CEDS

Level of Instruction: Intermediate/Advanced

Ongoing research has documented the role that trauma plays in the development of addictions. Intergenerational trauma is also being explored in families of survivors of the Holocaust, African Americans post-slavery, and in Native Americans. The passage of trauma from one generation to several generations below them has been documented in animal and human research with its etiology being related to epigenetic changes in DNA expression as a result of the original trauma. An understanding of the impact of trauma, including attachment insecurity on the brain, provides a more comprehensive understanding of addictions and other related disorders and fully seats trauma - acute, chronic, and transgenerational or historic - as being import underlying etiologic factors in addictions. Treatment options must, therefore, not only focus on acute trauma, but provide at least an understanding of how trauma can be passed on to generations to come.

174. Improving Treatment Outcome for Formerly Incarcerated Clients in SUD Treatment (1.5 CE/CME)

Roland Williams, MAC, LAADC, NCACII, SAP, ACRPS

Level of Instruction: Intermediate

The United States incarcerates more people than any country in the world. For decades men and women with Substance Use Disorders have ended up in jails, prisons and other institutions. The impact of spending significant time incarcerated often results in maladaptive personality traits that although necessary to survive in a restricted and often abusive environment become ineffective for those seeking treatment and recovery. Many treatment providers clearly recognize the challenges that this population may present and also are aware that several of the clinical interventions that work with most clients may actually have an adverse response with these formerly incarcerated clients. This population will be presented as a specific culture with unique and recognizable characteristics, and the presentation will stress effective methods for engaging and motivating them. This presentation will allow participants to examine the implications of clinical and cultural considerations in the recovery and treatment process. We will discuss various clinical interventions including but not limited to Cognitive Behavioral Therapy, Motivational Interviewing, Relapse Prevention Counseling and appropriate confrontation that can help achieve positive treatment outcomes and improve client retention. We will examine many of the most common mistakes providers use when working with this population in addition to effective treatment strategies. We will explain the symptoms experienced by formerly incarcerated clients, particularly Post Traumatic Stress Syndrome, Post Incarceration Syndrome, and Institutional Personality Syndrome and how these syndromes can have a significant impact on the treatment process. Participants will have an opportunity to identify their own prejudices and bias as it relates to this population and determine how those bias might affect treatment outcomes. Participants will learn specific cross-cultural counseling techniques that will increase their effectiveness, competence, and confidence. By exploring methods of assisting clients and treatment providers to realign themselves and their practices we will in turn, discuss how to move past the victimization of oppression and into the healing of recovery.

Friday, 9/11/2020

Friday Morning Workshops: 9:00 AM - 10:30 AM

200. Technology Enablement in Behavioral Health and Recovery (1.5 CE/CME)

Janelle Wesloh, MBA, LADC

Supported by: Hazelden Betty Ford Foundation

Level of Instruction: Intermediate/Advanced

The infusion of technology and innovation in behavioral health is everywhere we look. Apps, telehealth, remote monitoring, virtual reality, artificial intelligence, etc., give behavioral health providers new ways to access, treat, and connect with patients in ways we may have never imagined before. This workshop will focus on ways to determine which innovations are best suited to behavioral health, while looking at best practices and available research in technology enablement in our field. The workshop will look at pros and cons of several innovative technologies currently being used in the field and those on the horizon while using real life examples of successful and not so successful implementations.

201. The Pain of Trauma, the Trauma of Pain: The Opioid Crisis is Not What You Think (1.5 CE/CME)

Bennet Davis, MD

Supported by: Sierra Tucson

Level of Instruction: Intermediate

This presentation will provide a neuroscience informed overview of what pain is, from nociceptive pain to neuropathic pain, and to pain for psychological reasons. We'll build on that foundation in a discussion of "How to talk to your patients about pain in a way that engages them in appropriate care". At the end of the session we will take a step back from the addiction narrative, challenge the assumptions that underlie our current approach to the opioid crisis, and build on the first segment of the session to recast the opioid crisis as a trauma crisis, requiring somewhat different resources and a different approach.

202. The Evidence for Evidence-Based Trauma Treatment: Whether and When to Modify Treatment Approaches (1.5 CE/CME)

Jonathan Green, PhD

Level of Instruction: Introductory/Intermediate

Many providers and facilities in our industry conduct a variety of treatments to address trauma and post-traumatic stress disorder (PTSD), from psychodrama to Eye Movement Desensitization and Reprocessing (EMDR) Therapy. While it is important for providers to offer clients treatments that may best fit their particular struggles, problems arise when providers find the need to modify treatment protocols as there is limited guidance and evidence on how best to make these modifications. This presentation will familiarize providers with those treatment protocols that are evidence-based for the treatment of trauma and PTSD and will discuss the common evidence-based principles seen in all effective trauma treatments. Additionally, this session will help providers to better understand how these evidence-based principles can be integrated into their existing practices. Finally, common myths about popular trauma treatment approaches will be discussed.

203. Effective Clinical Interventions for Families Impacted by Substance Use Disorders (1.5 CE/CME)

James DiReda, LICSW, PhD ***Maureen Cavanagh, MPA, Med***

Supported by: Lake Ave Recovery, LLC and Magnolia Recovery and Consulting

Level of Instruction: Intermediate/Advanced

This workshop serves as an opportunity to strengthen skills, techniques, and interventions to effectively intervene with families and individuals who are impacted by substance use disorders. This training provides a review of interventions and models of family interventions used to support families and focuses on current effective family treatment strategies based on evidence-based practices, systemic family interventions theory, including CRAFT and other models, interactive experiences, and real life examples from participants. We will engage in professional dialogue to explore the challenges of working with families impacted by substance use and strategies to support them in the process. This training is designed for experienced practitioners who currently work with families and want to enhance their skills and expertise in assisting families who are struggling with the challenges that these issues present.

204. Understanding Fentanyl (1.5 CE/CME)

Abid Nazeer, MD

Supported by: Symetria Health

Level of Instruction: Intermediate/Advanced

Fentanyl is challenging outpatient treatment of opioid use disorder and greatly impacting the current opioid crisis by "changing the game." This course will dissect the current data trends related to Fentanyl's role in the current epidemic. Fentanyl's impact on the brain and receptors will be described and how this results in more individuals gravitating towards it. Participants will understand the history and origin of the medication, why it is being prescribed, and how it being used illicitly. The course will explore treatment approaches specific for Fentanyl and help participants gain an understanding from a medical provider position.

Friday Mid-Morning Plenary: 11:00 AM - 12:30 PM

210. Chronic Pain & Addiction: How We Missed the Boat (1.5 CE/CME)

Mel Pohl, MD, DFASAM

Level of Instruction: Introductory/Intermediate

Over 47,000 people have died from an overdose of opioids in the United States in 2017. The prescription of, misuse, and addiction to these drugs are decimating a generation of Americans. Heroin use and Fentanyl overdose deaths are on the rise. This epidemic was born in another epidemic: chronic pain. This session will review how we got to this point, the nature of the epidemic, pain treatment and addiction, and solutions for changing course at this crucial time.

211. Can You See Us? Providing Culturally Competent Treatment for Persons of Color (1 CE/CME)

Delvena Thomas, MD, MPH ***Zina Rodriguez, MSW***

Supported by: The Cabin Group

Level of Instruction: Intermediate/Advanced

The term "I don't see color" is often used by individuals to describe their views on diversity but this phrase can be detrimental in therapeutic settings when treating persons of color. The ability for providers to "see color" allows for the development of culturally competent programming and the critical factor of developing a therapeutic alliance. Data shows that racial and ethnic minority groups are likely to experience limited access and poor engagement in substance use disorder treatment. "Seeing color" allows providers to acknowledge and address the complexity of barriers and issues facing individuals and families in need of mental health and substance use disorder treatment. This workshop provides an overview of the prevalent issues impacting substance use disorders among minority communities, presents information to help providers understand cultural issues relevant to treating persons of color, and examines how programs can develop processes to monitor and access efforts to incorporate cultural competency.

Friday Luncheon Plenary: 12:45 PM - 1:45 PM

225. The Loneliest Heart (1 CE/CME)

Judy Crane, LMHC, CAP, ICADC

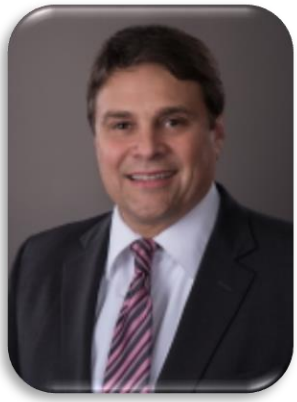
Supported by: The Guest House Ocala

Level of Instruction: Intermediate

There is an epidemic of isolation and loneliness as evidenced by the rising tide of addiction in the US; addiction is one of the coping mechanisms of trauma survivors, particularly process addictions. The incredible anonymity of the Internet and texting shields us from real intimacy and creates an atmosphere which gives the illusion that one has 100s of "friends," most whom we've never met. Add to that mélange, the overwhelming numbers of trauma survivors who are identifying themselves after years of secrets, lies, and isolation as a result of our industry opening the windows and allowing in sweeping changes in treatment through real expertise in trauma resolution, honesty, a real healing, and compassion for the survivor. Clearly, we are seeing an enormous population of lonely, disconnected people who crave connection, intimacy, attachment, love, and acceptance...a belonging to a "tribe." At the core of all of this is the concept of unhealthy or non-existent attachment. This presentation will address all of these issues and discuss concrete interventions for the healing of the Loneliest Heart.

Friday Early Afternoon Workshops: 2:00 PM - 3:30 PM

250. Cognitive Behavioral Therapy: Skills Training: PART ONE (1.5 CE/CME)



David Kahn, PhD, LPC, LPC

Level of Instruction: Intermediate/Advanced

Cognitive behavioral therapy has its roots in behavioral and cognitive psychology. It has been the most studied of therapy models and is considered an evidence-based approach for treating both mental illness and substance use disorders. It has been effective as both a stand-alone treatment and in combination with other models such as motivational interviewing, family systems, and trauma-focused models of treatment. This training will provide an overview and direct hands-on training in a variety of specific techniques (e.g. ABC Triangle, Functional Analysis of Substance Use Behaviors, common cognitive distortions/automatic thoughts of those with SUDs, Socratic Reasoning, Downward Arrow technique, Benefit/Benefit Analysis of substance use behaviors, etc.) which the training participant will be able to easily replicate in their daily substance use treatment program.

251. Smoking and SUD Treatment and Recovery (1.5 CE/CME)

John De Miranda, EdM

Supported by: Peninsula Health Concepts

Level of Instruction: Intermediate/Advanced

This workshop will provide epidemiologic data about the nexus between tobacco addiction and the high rates of mortality and morbidity among persons with substance use disorder. Additionally, it will include national, consumer research information (focus groups and interviews with treatment professionals), and showcase model programs that are successfully adding tobacco addiction components to their traditional service portfolio. This workshop will also challenge historical misinformation that has allowed the treatment and recovery sectors to avoid adopting a robust approach to reducing combustible cigarette use among treatment and recovery populations.

252. The American Paradox: Treating Addiction in Wealthy and Executive Populations (1.5 CE/CME)

Sandra Betancourt, PhD

Supported by: Origins Behavioral HealthCare

Level of Instruction: Introductory

Two, often overlapping, populations in the field of addictions are the executives and wealthy. Some of their characteristics and related ideas to treatment will be discussed in this presentation, including individualism, overemphasis on material things and wealth, a general lack of trust, and a competitive view of the world. Some researches indicate that these characteristics are the same that become barriers to experience a sense of well-being and balance (Luthar, Sexton, 2004). In his book, *The American Paradox*, Myers (2000), talks about this contradiction, stating that the financial and technical advances have allowed people to fulfill many external needs, but paradoxically cannot supply internal needs such as a sense of purpose of meaning. In many instances this population resorts to the abuse of addictive substances. This presentation will mainly identify some of those characteristics and ideas and using theoretical/research based material and anecdotal/experiential information, examine treatment components, and strategies for treatment.

253. Addiction, Shame, and Trauma: Starting from the Bottom Up (1.5 CE/CME)

Sarah Buino, LCSW, CADC, CDWF

Level of Instruction: Intermediate/Advanced

As professionals who work with clients struggling with substance use disorders, we know that shame, addiction, and trauma often come as a package deal. Treating these issues with talk therapy isn't always effective in attending to the deep roots of the problem. In order to properly address addiction (and underlying trauma), we need to engage the limbic system by utilizing somatic and experiential interventions. This seminar is designed to view addiction, shame, and trauma from an attachment trauma perspective and utilize somatic and experiential tools built from the work of Bessel van der Kolk, Pat Ogden (sensorimotor psychotherapy), and Laurence Heller (NARM) to provide symptom relief to patients suffering from substance use disorders. Participants will learn to provide an experience rather than an explanation and take away interventions they can perform with clients in a variety of settings.

254. Treating Tobacco Dependence Within a Motivational Interviewing Framework (1.5 CE/CME)

Therese Shumaker, MA, MS, RDN, NBC-HWC, NCTTP

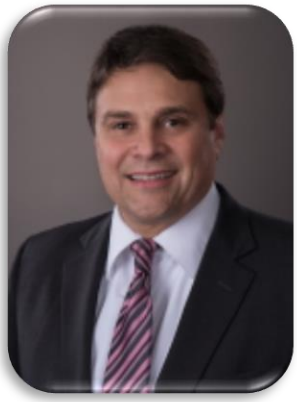
Supported by: Nicotine Dependence Center, Mayo Clinic

Level of Instruction: Intermediate

Tobacco use remains the number one cause of preventable death in the United States, and although smoking rates continue to decline, the use of other novel tobacco products is increasing. This presentation will give an overview of treating tobacco dependence using both pharmacotherapy and behavioral counseling. The neurobiology of tobacco addiction will be presented, along with a discussion of treating both substance use and tobacco concurrently. Motivational interventions to help clients who may be ambivalent about change will be discussed.

Friday Late Afternoon Workshops: 4:00 PM - 5:30 PM

260. Cognitive Behavioral Therapy: Skills Training: PART TWO (1.5 CE/CME)



David Kahn, PhD, LPC, LPC

Level of Instruction: Intermediate/Advanced

Cognitive behavioral therapy has its roots in behavioral and cognitive psychology. It has been the most studied of therapy models and is considered an evidence-based approach for treating both mental illness and substance use disorders. It has been effective as both a stand-alone treatment and in combination with other models such as motivational interviewing, family systems and trauma-focused models of treatment. This training will provide an overview and direct hands-on training in a variety of specific techniques (e.g. ABC Triangle, Functional Analysis of Substance Use Behaviors, common cognitive distortions/automatic thoughts of those with SUDs, Socratic Reasoning, Downward Arrow technique, Benefit/Benefit Analysis of substance use behaviors, etc.) which the training participant will be able to easily replicate in their daily substance use treatment program.

261. The Body as First Responder: Using MindShield (1.5 CE/CME)

Andrew Sidoli, MSW, MBA

Supported by: True North Behavioral Health

Level of instruction: Intermediate

MindShield is an integrated clinical intervention for trauma that is founded on evidence-based modalities such as CBT, MI, Seeking Safety, mindfulness, and in the clinical environment is a set of strategies with a trifold focus on the client, the therapeutic encounter, and the therapist's experience (in and out of sessions). Mindshield sees those as separate and interconnected systems and defines systems as the individual, family, groups and collective environments and within one's biological, mental, emotional, and spiritual experience. In the clinical encounter, Mindshield supports the conditions to eliminate potential treatment barriers and ruptures of the therapeutic relationship by promoting integration within the individual and dyad. In sessions, Mindshield promotes clients' self-actualization, holistic awareness and treatment ownership. Mindshield for clinical settings also seeks to enhance your unique clinical expertise as an adjunct method. It is explicitly designed to help you as a frontline provider. It is what you wish your psychotherapy would have given you to support your human experience.

262. A Trauma-Informed Perspective on Dual Diagnosis (1.5 CE/CME)

Jason Schiffman, MD, MBA, MA

Supported by: The Camden Center

Level of Instruction: Intermediate/Advanced

This course will provide a trauma-informed perspective on dual diagnosis by asserting that trauma is the primary etiology of addictive disorders. There will be a discussion of the empirical, neurologic, and processing definitions of addiction. This course will explore the term "dual diagnosis" through teleological and operant conditioning perspectives. A cross section image of the brain will be used to illustrate the relationship between the reward pathway and its role in addiction and dual diagnosis disorders. There will be a review of proper screening tools for trauma in the initial assessment phase of patients with substance use disorders. Finally, this course will review ways in which to treat PTSD such as pharmacological treatment and evidenced-based psychotherapeutic modalities (e.g., Trauma-Focused CBT [TFCBT], Non-TFCBT and EMDR).

263. Family Engagement in Treatment: A Necessary Trend (1.5 CE/CME)

Diana Clark, JD, MA

Supported by: O'Connor Professional Group

Level of Instruction: All

With emerging adults launching later and the average age of those presenting with acute substance use disorders and other co-occurring disorders declining, parental and other family member involvement in treatment and recovery is a growing and necessary trend. The upside to this devastating disorder is that parents engaged in recovery report that the skills necessary to navigate their child's disorder have benefitted the identified patient and the whole family structure. Indeed, the therapeutic process made them better parents, not just with the loved one struggling with the substance use disorder, but with their other children as well. With the aid of current research reflecting the changes in parenting, launching, and active involvement in treatment, case studies, and worksheets, this workshop explores the concepts of parenting, healthy boundaries, surrender, forgiveness, and other tools available to propel families towards a healthier than norm outcome.

264. Group Cognitive-Behavioral Therapy (CBT) for Diverse Addictive Behaviors (1.5 CE/CME)

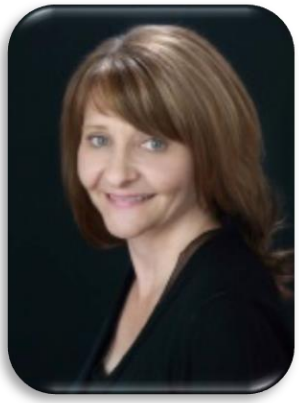
Bruce Liese, PhD, ABPP

Level of instruction: Intermediate

Group therapy continues to be the predominant modality for addressing addictions and many treatment programs offer group therapy as their primary approach. This workshop will present an approach to Group Cognitive-Behavioral Therapy (CBT) for addictions that has been developed over several decades. Important features of this approach are the inclusion of persons with diverse chemical and behavioral addictions; rolling enrollment (members are permitted to come and go as they wish); and the adaptability of each session, depending on problems and concerns presented by members. Group sessions are structured, supportive, and collaborative. Goals of the group include modification of addictive behaviors, development of general coping strategies, and fostering of group support and cohesiveness. This workshop will begin with a brief presentation of Group CBT and then several participants will be invited to volunteer for a group role-play intended to demonstrate the content and process of a typical CBT group.

Friday Early Evening Workshops: 5:45 PM - 7:15 PM

270. Clinical Reflections and Strategic Interventions in the Treatment of Traumatic and Complex Grief (1.5 CE/CME)



Kathleen Parrish, MAMFC, MARE, LPC

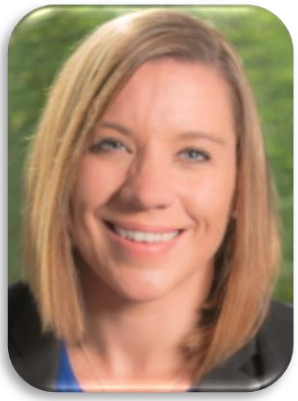
Supported by: Cottonwood Tucson

Level of Instruction: Intermediate/Advanced

We live in an age where complex grief is woven into the tapestry of our lives. Many people are struggling to cope in the aftermath of the shocking and brutal loss. In our world today, people are grieving the death of a child or other loved one through violence, accident, or unpredicted illness. We continue to see a dramatic rise in mass shootings, terror attacks, violent crimes, and drug overdoses that leave behind broken-hearted loved ones. These losses can result in indescribable suffering for those who grieve. As clinicians, we may not always know how to help them recover, and in fact, we may find that we are desensitized to the level of suffering that is on the rise in our world today. This presentation will examine the diagnostic criteria for complex grief, explore clinical considerations, risk assessments, and strategies to help those who are suffering from traumatic and complex grief.

271. Aligning Clinical Best Practices and Documentation with Managed Care Requirements for Improved Client Care (1.5 CE/CME)

David Nefussy



Lisa Blanchard, LMHC

Supported by: Spectrum Health Systems, Inc.

Level of instruction: Introductory/Intermediate

This is a presentation for both NEW and existing behavioral health providers to provide excellent clinical care and ensure appropriate documentation that supports ethical billing and meets medical necessity criteria. Specific assessment, progress note, and treatment plan documentation skills and formats will be reviewed. Clear documentation that supports the charges submitted and the services provided ensure coverage in a managed care environment. The topics included are: medical necessity requirements and diagnostic codes; provider education on documentation and billing appropriate codes; documentation skills for assessment, treatment plans and progress notes to support billing; level of care criteria documentation using ASAM criteria in SUD treatment; and avoiding errors in clinical practice that may put you at risk.

272. Power of Groups Using Motivational Interviewing (1.5 CE/CME)

Stephen Andrew, LCSW, LADC, CCS, CGP

Level of Instruction: Introductory/Intermediate

This training of Power of Group Using Motivational Interviewing will include advanced levels of discussion and practice. It will provide several important steps that help us to understand how to break the isolation often experienced by a patient/client and is important part of the illness. This training will provide information on the issues and treatment for special populations (adolescents, young adults, dual diagnosis, gender, addiction, low-income families, parents, etc.) through the use of support groups in treatment. We will also explore the issues of assessment, interaction, group norms, and various forms of support for the patients/clients. We will also address why the therapeutic support group format is extremely effective. In addition to the role of group leader, the roles of the participants will be discussed and compared in various types of group settings, as well as the importance of therapeutic contracts, goal setting, and group frequency duration, course, and process.

273. Buddhism and Spirituality: Enhancing CBT, ACT, and DBT For Recovery from Addiction (1.5 CE/CME)

Chris McDuffie, MSW, CADC II

Supported by: AToN Center

Level of Instruction: Intermediate/Advanced

In this session, attendees will learn and practice relapse prevention coping skills from the practices of Mindfulness, Meditation, and Buddhism. Attendees will gain the ability to articulate the similarities between CBT, Acceptance Commitment Therapy, DBT, and Mindfulness-Based Relapse Prevention. The enhanced learning from attending this workshop will empower the attendees to more effectively use Motivational Interviewing to help their clients prevent relapsing.

274. Families Can Heal Together: A Look into the Trauma and Resilience of Loving Someone with a Substance Use Disorder (3.5 CE/CME)

Trish Caldwell, MFT, LPC, CCDPD. CAADC, CCTP

Supported by: Recovery Center of America

Level of Instruction: Intermediate/Advanced

This session will discuss the rationale for integrating the family into the treatment process of those with a substance use disorder, including a summary of recent research. Additionally, this session will cover the traumatic responses of the families, concrete interventions that can be used to empower the family, and practical considerations that would be relevant to prescribers, treatment providers, and the clinicians treating substance use disorder. This approach focuses on the significance of education on trauma and its lens to treatment as it pertains to the family and how a traumatic response can present for a family, the exploration of whether a family can experience PTSD, and the development of clinical strategies that are empowering, healing, and explore the importance of understanding the Serenity Prayer and the 9th step in the 12-step program. Instructional content will be supplemented by actual case examples highlighting some of the issues facing families.

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