

# Recovery 360 Schedule and Agenda

## Pre-Conference Activities – Monday, July 22

**4:00pm-6:00pm** *Hotel Conference Hall*

Exhibitor registration and set up (set up may continue after 7pm)

**6:00pm-7:00pm**

Welcome reception for exhibitors

## Day 1 – Tuesday, July 23

**7:00am-7:45am**

Workout with Phoenix Recovery

**7:15am-8:15am**

Breakfast and Registration

**8:15am-8:30am**

Opening Remarks

**8:30am – 10:00am**

**Keynote Speaker**

*Motivation and Recovery: The Role of Hope, Meaning, Empowerment, and the Therapeutic Relationship, Scott Glassman, PsyD*

*A recovery orientation focuses on process over symptom-based outcomes and emphasizes an individual's subjective experience of positive change when living with co-occurring mental and substance use challenges. It is critical for providers to understand the unique role of hope, meaning, and self-efficacy in fueling an individual's recovery efforts. A therapeutic relationship rooted in unconditional positive regard that pays close attention to these concepts can help spark and sustain motivation for positive change.*

*Motivational Interviewing is a conversational style well-suited to supporting this kind of recovery-oriented approach to care. This way of being directly impacts a sense of autonomy, effectiveness, optimism, and purpose in life— all important dimensions of life satisfaction and well-being, especially for those who have had difficulties accessing these states. At the end of the session, attendees will be able to:*

- **List** 3 ways MI spirit aligns with recovery-oriented care
- **Describe** 3 strategies clinicians can use to increase hope, meaning, and empowerment
- **Define and Compare** the 7 varieties of client language that predict positive change and describe how to increase them

**10:00am-10:30am**

Break/exhibit hall open

## **10:30am – 12:00pm**

### **Session A - Spirituality in Addiction and Trauma Treatment: Experiential Group Therapy, Sociometry, & Psychodrama, Scott Giacomucci, MSS, LCSW, CTTS, CET III, CP, PAT - Darrell Briggs, BS, CADC**

*This interactive workshop will provide participants with an opportunity to network while using sociometry tools to explore unseen connections within the group. The presentation will be from a strengths-based perspective grounded in interpersonal neurobiology, spirituality, and practical applications of experiential group tools in the treatment of addiction. The cyclical relationship between addiction and trauma will be highlighted with research and case vignettes from the presenters clinical experiences at Mirmont Treatment Center. Spirituality will be presented as a common clinical theme in the process of both addiction and trauma recovery.*

*Sociometric processes will be demonstrated with emphasis on their capacity for group assessment, creating group cohesion, and strengthening group dynamics. Safety structures from the Therapeutic Spiral Model, a clinically-modified psychodrama approach for working safely with trauma and addiction, will be taught with an emphasis on safety and post-traumatic growth. Creative examples of how to adapt these tools for any group, population, and various clinical issues will be provided.*

*A short, contained psychodramatic vignette focused on spirituality will be offered as an introduction to the power of psychodrama. The clinical theory, research, and history behind experiential therapy, sociometry, psychodrama, and group therapy will be outlined including role theory, action theory, and spontaneity-creativity theory. Societry, the mystical tradition from which sociometry and psychodrama developed, will be introduced in the context of group therapy and spirituality. At the end of this session, attendees will be able to:*

- **Analyze** the cyclical relationship between addiction and trauma
- **Demonstrate** the importance of safety, strengths, and spirituality in work with trauma and addiction
- **Apply** the process of using at least one experiential sociometric tool with clients

### **Session B - Mindful Leadership, Ricardo Horn, LMSW, Nicole Zmuda, MSW, M.Ed., LCSW and Winnie Ann Nagle, LPC, PhD**

*Healthcare administrators and leaders are faced with myriad challenges in the workplace. Employee satisfaction, client satisfaction, and operational effectiveness are but a few of these challenges. What works in one organization may not work in another; however there are fundamental theories and styles of leadership that are generalizable across settings.*

*This session will begin with a review of foundational theories of leadership, and challenges to healthcare leaders and administrators. Participants will then be introduced to the concept of mindfulness. The role of mindfulness in clinical and health settings has been examined since the mid-1970s (Langer, 1989; Kabat-Zinn, 1990). Most recently, however, mindfulness has been adopted to the fields of leadership and management (Kernochan et al., 2007). Mindful leadership has recently been featured in popular publications like TIME, Forbes, Harvard Business Review, and The New York Times, highlighting the fervent interest in mindfulness principles. Research on mindfulness in the workplace reveals increased productivity, creativity, attention, memory, positive affect and health, and decreased burnout (e.g. Lomas, Medina, Ivztan, Rupprecht, & Eiroa-Orosa, 2018).*

*To foster experiential learning, presenters will lead the audience in a mindfulness exercise to demonstrate how to cultivate mindfulness in the workplace. Attendees will self-assess qualities of mindfulness at the beginning of the presentation using a composite scale. At the end of the presentation, participants will receive specific suggestions – based upon their scores – to further integrate mindfulness practices into their natural leadership styles. At the end of this presentation, attendees will be able to:*

- **Compare** specific leadership styles in the healthcare industry.
- **Explain** core concepts of mindfulness.
- **Implement** mindfulness concepts to establish a dynamic leadership role within the healthcare industry.

### **Session C - Gaming Addiction, Mary Kate Harty, LPC**

*Internet Gaming Disorder is a topic that has been identified as needing further study in the DSM-V. Video games play a key role in the current culture of children and adolescents but how do you know the difference between a recreational hobby and the beginnings of a behavioral addiction? This presentation will explore the current impact of video games on functioning and identify the pros and cons of game use. The presentation will also discuss ways for professionals to identify if a patient is displaying problematic game use and explore the most recent treatment options. At the end of this presentation, attendees will be able to:*

- *To be able to **discuss** both the positive and negative impacts of video games on ability to function*
- *To accurately and confidently **cite** warning signs of behavioral addiction in relation to video games*
- *To **discuss and critique** emerging treatment options for Internet Gaming Disorder*

## **12:00pm-1:00pm Lunch**

### **1:00pm– 2:30pm**

#### **Session A - The Teenage Brain, Kai-Ping Wang, MD**

*This course describes the dramatic changes occurring in the brain during adolescence. The uneven processes of synaptic proliferation, pruning, and myelination fuel the increased behavioral disturbances and emotional turmoil that can affect so many of our teenagers. At the end of this session participants will be able to:*

- ***State** the general changes that occur during adolescents in specific structures of the brain.*
- ***Describe** the increased vulnerabilities to toxins, addiction, and other injuries due to these brain changes.*
- ***Discuss** strategies to treat adolescents that are neurodevelopmentally informed.*

#### **Session B - Methamphetamine Use: Tailoring Programs to Meet the Needs of this Rapidly Growing Population, Crystal Parish, MS, LPC**

*This session will focus on the growing crises of methamphetamine use including a review of the history of this drug, the current demographic trends as well as a review of the challenges in treating this highly addictive substance. There will be a focus on the identification and implementation of evidence based interventions that have been found to be effective with this specific substance and treatment population.*

- ***Recite** a historical context of methamphetamine use and abuse.*
- ***Compile** specific demographic trends related to methamphetamine use.*
- ***Identify** specific evidence- based interventions effective for the treatment of methamphetamine use.*

#### **Session C - Beyond Postpartum Depression: Treating the Complex Issues throughout the Pregnancy Process, Julia Hodgson, PsyD, M.Ed., BCB**

*The entire process of pregnancy— trying to conceive, pregnancy, and early parenting— is rife with emotional, social, physical, and identity-related challenges that can overwhelm even the healthiest pregnant person. This interactive workshop will increase empathy and understanding of the complexities of the pregnancy process as well as provide concrete interventions for supporting individuals.*

- ***Explain** the psychological, emotional, social, and identity-related challenges of the pregnancy process.*
- ***Design** more nuanced and complex interventions for pregnant people.*
- ***Implement and apply** integrated and supportive approaches to caring for the entire pregnancy process.*

### **3:00pm – 4:30pm**

#### **Session A - The Challenge of Co-Occurring Disorders, Johnny Williamson, MD and Brooke Mathewes, M.Ed., LCPC**

*Co-Occurring disorders present specific challenges in the diagnosis, referral and treatment for these complex cases. This session will explore the relationship between trauma, eating disorders and substance abuse including reviewing the bio-psychosocial effects of trauma and the potential impact on eating disorders and substance abuse. Through the analysis of a case study, this session will highlight the challenges, contra-indications as well as treatment recommendations for a residential client struggling with these co-occurring disorders.*

- ***Cite** key factors in treating co-occurring trauma, eating disorder, and substance issues*
- ***Identify** the bio-psychosocial effects of trauma and how it relates to eating disorders and substance abuse*
- ***Examine and analyze** a case study that highlights the challenges, contra-indications, and indications of a residential client with these co-occurring disorders*

**Session B - Strengthening Attachment in the Family System during Residential Treatment, Paul Weaver, MS, LPCS, LCAS, CSI, CTT-2 and Lynn Wadsworth, MS, LPC, LCAS**

*Drawing on extensive experience in the residential treatment of adolescents, young adults, and adults, Lynn Wadsworth and Paul Weaver offer an examination of the critical nature of an attachment focus for the family system work during the residential treatment process. Particular attention will be paid to the re-enactment of family systems within the container of the residential milieu, as well as the unique experience of residential treatment and the rich therapeutic opportunities offered by this.*

*Participants will be asked to discuss and examine aspects of their own family systems and how that has informed their development and their work, as well as an examination of attachment styles and how awareness of their function enrich the connective work of the family therapy process. Participants will be taken through specific exercises that can be implemented with clients as well as families. At the end of the session, attendees will be able to:*

- **Describe** the various attachment styles and how the development of the individual within the family context leads to the development of attachment styles,
- **Explain** ways in which secure attachment can be fostered within the residential treatment container through the use of specific demonstrated exercises and tools
- **Examine** the way in which unmet attachment needs perpetuate rupture and dysfunction within family systems.

**Session C - Taming the Chaos of Emotional Dysregulation – Improving Symptoms with DBT, Janette Patterson, MSW, LCMFT**

*In this presentation, mental health practitioners, coaches, teachers and other professionals who work with emotion dysregulation symptomatic individuals will learn about research findings of psychosocial treatment outcomes of CBT and DBT on their clients. The session will cover the theory and practice of improving client functioning in the social, emotional and organizational arenas via the five modules of DBT: mindfulness, distress tolerance, emotional regulation, walking the middle path and interpersonal effectiveness. This presentation will give an overview of all five modules and offer examples and strategies that participants can use with their clients.*

*At the end of this session, attendees will be able to:*

- **List** research outcomes of effectiveness of CBT and DBT
- **Discuss** implications of comprehensive treatment modalities like DBT
- **Recite** five modules of DBT strategies
- **Apply** these four modules of DBT strategies
- **Design** treatment plan incorporating DBT strategies with clients

## **Day 2 – Wednesday, July 24**

### **7:00am-7:45am**

Guided yoga with Transformation Yoga

### **7:15am-8:15am**

Breakfast and Registration

### **8:15am-8:30am**

Opening Remarks

## **8:30am – 10:00am**

### **Keynote Speaker**

*Exploring the Intersection of Addiction and Trauma in Youth, Kerry King, PsyD, MBA*

*The treatment of addiction in adolescents is a complex and difficult modality. Research has shown that the earlier individuals begin to use substances, the larger the impact upon the brain and future development. Therefore, getting a good understanding of the risk factors for addiction in youth is crucial to developing an effective treatment model. One of the identified risk factors is trauma, and for providers to effectively treat addiction, it is important that they accurately assess, understand and address the impact of trauma on youth. This intersection requires specific skills, knowledge and interventions to effectively serve this difficult to treat population. At the end of this session, attendees will be able to:*

- **Describe** typical brain and social development in youth
- **Assess** risk factors for addiction in youth
- **Cite and identify** the etiology of trauma in youth
- **Critique** necessary considerations in the treatment of youth impacted by trauma and addiction

## **10:30am – 12:00pm**

### **Session A - Eating Disorder Crisis and Suicide Assessment and Stabilization – Crystal Vatz, MCCC, LPC, NCC, DCC**

*With people dying by suicide every nine minutes, and Eating Disorders having the highest mortality rate of all psychiatric disorders, it is frightening that suicidality and crisis resolution is commonly unspoken in the treatment world. This course encompasses an overview of Eating Disorders per the DSM 5 along with the medical and psychiatric risk factors associated with crisis and suicidality. The course will examine formal and informal assessment skills and tools while evaluating and practicing de-escalation and stabilization skills and techniques. At the conclusion of this presentation, participants will be able to:*

- **Recite** crisis and suicidal risk factors in individuals with Eating Disorders
- **List and compare** three formal assessment tools for crisis and suicidality
- **Demonstrate or identify** three de-escalation techniques for crisis and suicidality

### **Session B - Creativity and the Adolescent Brain: An Experiential Workshop Using Creativity to Foster Authentic Connections within Schools, Kristin Wilson, MA, LPC**

*During this session, we will explore new research on the adolescent brain, the development of the prefrontal cortex and the importance of increasing creative expression during adolescence. We will look at the role school based services can have on facilitating classroom cultures and relationships that promote creativity and thus support an adolescent's "job" of finding their identity, establishing their beliefs and questioning authority. At the end of this session, attendees will be able to:*

- **Assess** brain development and the impact it has on creative expression during adolescence
- To **discuss** the "jobs" of teenagers based on play and creativity models
- To **design** classroom based activities that can help promote an environment of creativity and tap into strengths, passions and expertise of students

### **Session C - Introduction to Schema Therapy, David Crone, PsyD**

*Schema Therapy (or more properly, Schema-Focused Cognitive Therapy) is an integrative approach to treatment that combines the best aspects of cognitive-behavioral, experiential, interpersonal and psychoanalytic therapies into one unified model. Schema-Focused Therapy has shown remarkable results in helping people to change negative ("maladaptive") patterns which they have lived with for a long time, even when other methods and efforts they have tried before have been largely unsuccessful. This session will educate regarding the definition of schemas, discuss how schemas develop and be able to understand why they persist and how to use schemas to better understand clients and use the understanding of schemas to assist them in treatment. At the end of this session, participants will be able to;*

- **Cite** the definition of schemas
- **Discuss** how schemas develop –
- Attendees will **list** and **explain** reasons why schemas persist

**12:00pm-1:00pm**

Lunch

**1:00pm – 2:30 pm**

### **Session A - Addiction as a Family Disease: How to Help Family Members Stop Enabling and Start Healing, Elizabeth Williamson, LCSW, LCADC**

*Addiction is a challenge to treat, and research has shown that treatment is most effective when it involves not only the addicted individual, but also their family. This session will review the family disease concept of addiction and will explore how the family dynamics contribute to the addiction through such behaviors as enabling and codependency. The focus will be on learning how to effectively incorporate family members into the treatment process through the development of specific skills designed to reduce enabling and codependent behaviors and to enhance his/her limit and boundary setting skills. At the end of this session, attendees will be able to:*

- **Recite** the family disease concept of addiction.
- **Define** enabling, codependency, limits and boundaries.
- **Select** specific skills to be **utilized** with families in order to assist them with reducing enabling and codependent behaviors and enhance limit and boundary setting
- **Assess** the availability of community resources for families in need of support

### **Session B - Integration of Peer and Trauma Supports in Residential Treatment, Elizabeth Lehnart-Cooksey, LCSW-C, LCADC and Kori Olzsewski, LCSW-C**

*This presentation features explication, discussion and hands-on planning of the integration of peer specialists and community-based trauma recovery supports in inpatient and residential treatment settings. Presented by Betsy Lehnart-Cooksey, Clinical Services Director, and Kori Olzsewski, Residential Director, the workshop describes how and why Walden's inpatient and residential programs have interwoven clinical, recovery peer support services and trauma-informed interventions from community-based programs into the treatment experience for clients. As part of the workshop, participants will also have the opportunity to engage with a hands-on written integration inventory tool and in a subsequent supportive discussion about the practical potential of selecting a similar integration strategy in their own settings. At the end of the session, attendees will be able to:*

- **Explain** peer support and community-based trauma recovery supports by type and real-life examples
- **Compile** a menu of integration activities that have worked at Walden, why they were selected, and how they are beneficial to clients
- **Discuss** ways to encourage participants to begin planning similar integration activities in their own communities by inventorying interests and identifying potential resources along with steps to get started

### **Session C - Psychological Assessment of the Patient Undergoing Bariatric Surgery, Jeanine Miles, MS, LPC, AABC**

*This session will discuss the behavioral evaluation of patients who seek bariatric surgery and the psychosocial complications most frequently observed in these individuals. The effects of such complications on surgical outcome are briefly examined, as is the challenge of predicting therapeutic response on the basis of preoperative variables. The presentation concludes with a description of the goals and methods of a behavioral assessment. This evaluation includes the use of the Weight and Lifestyle Inventory, a questionnaire that guides the interview with patients. At the end of this session, attendees will be able to:*

- *Assess the purpose of a behavioral assessment for patients seeking bariatric surgery.*
- *Discuss the emotional consequences of the prejudice and discrimination towards obese individuals.*
- *Utilize skills and knowledge of Bariatric Surgery Process both pre and post operatively to support patients.*

### **3:00pm – 4:30pm**

#### **Session A - Young Adults and MAT: Evolving Best Practices for our Highest Risk Clients, Crystal Parish, LPC**

*This program, Young Adults and MAT: Evolving Best Practices for our Highest Risk Clients, highlights the devastating impact of the Opioid Epidemic in the United States. The program contains data from recent reports and research that was conducted by government administration organizations such as SAMHSA, NIDA, and the CDC. Also, the content is primarily based off of research that was conducted in the past 5 years as well as historical studies that have been done on the effectiveness, as well as the barriers, for both abstinence-based treatment and medication assisted treatment for opioid use disorders in adolescents and young adults.*

*Despite research demonstrating MAT's effectiveness as an evidence-based practice, such treatment remains underutilized. For example, less than one-half of the 2.5 million Americans aged 12 or older who abused or were dependent on opioids in 2013 received MAT (Volkow, Frieden, Hyde, & Cha, 2014). There are many barriers as to why medication assisted treatment is not utilized more frequently, more specifically with young adults who are developmentally more high risk for overdose deaths. However MAT use in addiction treatment programs will likely increase as more professionals become aware of it and accept it as an evidence-based practice. Social Workers are at the forefront of the change that needs to occur with the treatment of opioid use disorders. Social Workers have an ethical obligation to provide care based off of best practice, evidenced based guidelines. At the end of this session, attendees will be able to:*

- *List potential benefits of MAT as evidenced by recent research*
- *Analyze and discuss the current barriers resulting in the underuse of MAT*
- *Recognize and identify patients who would benefit from MAT and available resources for them*

#### **Session B - Breaking through the Red and Blue: Understanding and Treating our First Responders, Amanda Jernigan, LCSW**

*In this training we will explore the First Responder Culture and gain a better understanding of the lifestyle people who hold these jobs have. We will explore cultural considerations for the population to ensure they are getting what they need out of treatment. Further we will discuss potential barriers to treatment and some possible solutions to working First Responders through these barriers during the treatment experience. Finally, we will discuss the continuum of care that First Responders need. At the end of the session, attendees will be able to:*

- *To assess the challenges of the First Responder Culture*
- *To utilize insight into the common barriers for working with the First Responder population*
- *To discuss and apply the specific continuum of care that is necessary for successful treatment outcomes of First Responder*

### **Session C - Cultural Competence, Vanina Hochman, LMFT**

*Developing cultural competence is a process, not an endpoint. The following checklist outlines the features of a culturally competent health practitioner. A practitioner is culturally competent when they:*

- *Understand the concept of culture and how it can influence human influences, including emotions generated by intercultural interactions*
- *Demonstrate a willingness to explore the above from the perspective of people from culturally and Linguistically Diverse (CALD) backgrounds.*
- *Demonstrate the ability to identify culturally appropriate strategies for working with people from CALD backgrounds.*

*This session will explore what makes a culturally competent therapist and how to ensure that attendees are treating patients in a culturally competent manner. At the end of this session, attendees will be able to:*

- ***Discuss and site*** *benefits of Patient Centered Philosophy and Individualized Care*
- ***Analyze and assess*** *considerations in relation to cultural diversity and cultural competency affecting health care and substance abuse treatment*
- ***Demonstrate*** *insight into the aspects of cultural competency that impact patient care*