

TRANSFORMING CARE CONFERENCE: EVIDENCE-BASED MEDICINE AND THE FUTURE OF BEHAVIORAL HEALTH AND INTELLECTUAL DEVELOPMENTAL DISABILITIES CARE

RESCHEDULED to OCTOBER 27-28, 2015 • ASHEVILLE NC

Provided by



In collaboration
with



With the support of



**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

Time: Registration: 8:00 am - 8:30 am each day
Program: 8:30 am - 4:45 pm each day

Place: MAHEC Mary C. Nesbitt Biltmore Campus
121 Hendersonville Rd.
Asheville, NC, 28803

Early Registration Fee through October 20th:
\$125 per person for both days
\$75 per person for Day 2 only

\$80 for Supporters*/Peer Support/ Students
for both days

Group Rate:

\$110 per person for both days when 5 or more
from the same agency register at the same time

* See Supporter/Exhibitor Form on last page for details.

OBJECTIVES

Upon completion of this program, the participant will be able to:

- Identify current innovative evidence based practices for treatment of children and adults with mental illness, substance abuse, and intellectual and developmental disabilities and how providers can implement with expertise and a patient centered, collaborative approach
- Engage participants in the collaborative transformation of health care in the region to embrace a Whole Person Care approach
- Describe trauma-informed approaches to treatment and service delivery across disabilities and identify "next steps" in becoming a trauma-informed provider
- Implement Evidence Based Medicine to meet the Triple Aim of improving patient care and outcomes while reducing cost of care

DESCRIPTION

Practicing evidence-based medicine (EBM) incorporates provider expertise, clinical evidence and the values, culture and needs of the person receiving care. To help build strong and healthy communities all three components of EBM are needed to effectively support people with mental illnesses, substance use disorders and/or Intellectual Developmental Disabilities (I/DD).

The aim of the Transforming Care Conference is to increase participants' competence in delivering truly patient-centered, collaborative care while implementing evidence based treatment in a way that improves care and outcomes for individuals and reduces the per capita costs of care. The conference will highlight how team-based, whole-person and trauma informed care can transform healthcare. Introductory and advanced level sessions on evidence based models like CBT, DBT, Seeking Safety, Motivational Interviewing, Prolonged Exposure Therapy, Trauma Focused CBT and Ethical Issues in I/DD treatment will build provider knowledge, skills and competency to provide effective whole person collaborative care.

AUDIENCE

Mental health professionals including substance abuse counselors, social workers, psychologists, marriage and family therapists, school counselors, I/DD professionals and others interested in this subject.

SCHEDULE AT A GLANCE

Tuesday, October 27, 2015

Registration 8:00 - 8:30 am

Plenary and Breakout Sessions 8:30 am - 4:45 pm

Wednesday, October 28, 2015

Registration 8:00 - 8:30 am

Plenary and Breakout Sessions 8:30 am - 4:45 pm

Light continental breakfast provided both mornings.

Lunch is on your own. Try one of the food trucks that will be open for lunch in the MAHEC parking lot!

TUESDAY, OCTOBER 27TH 8:40–10:10

Integrating Medical and Behavioral Healthcare: Vermont Experiences

Donna Izor will discuss her experience co-locating a behavioral health provider into a primary care practice and her work on a HRSA grant funded program co-locating a FQHC primary care provider into a community mental health center.

Donna Izor, MS, FACMPE has more than 25 years of experience as a medical practice executive working with academic and community hospitals, private practices, and local and state organizations. As the VP for Physician Services for Central Vermont Medical Center, she oversaw primary care and specialty practices, the Emergency Department and Inpatient Psychiatry physicians and the hospitalist program. She has also worked extensively with behavioral health/primary care integration, working with leaders of the Vermont Department of Mental Health, Vermont Program on Quality, several hospitals, several Community Mental Health Centers and the Behavioral Health Network of Vermont. She is the founder and Sr. Management and operations consultant of West Pinnacle Consulting, LLC. Donna began her career as an LPN, and then obtained a BS in Business Management and MS in Business Administration. She is a Fellow in the American College of Medical Practice Executives.



WEDNESDAY, OCTOBER 28TH 8:30–10:00

Trauma-Informed Behavioral Health Care

Cheryl Sharp, Senior Advisor for Trauma-Informed Services with the National Council will share her journey and recovery, highlighting her connections with the region, her lived experience and her thorough understanding of peer support, its benefits and how to integrate this model into an organization. She will also speak about the fundamental necessity to engage peers in a trauma-informed workforce.

Trauma-informed approaches suggests clinicians, organizations and whole systems of care are in an active and reflective process of engaging consumers with histories of trauma and implies individual and collective systems recognize that trauma can have broad and penetrating effects on a client's personhood.

Cheryl Sharp holds the unique perspective of a person who has recovered from significant mental health challenges, a trauma survivor, a family member of a loved one who died as a result of mental illness, and a provider of substance abuse and mental health services. Sharp has worked with adult trauma survivors for over 28 years and trains and speaks nationally on trauma-informed care. She is a Master WRAP Trainer, Mental Health First Aid USA instructor, and trainer of Intentional Peer Support. Sharp is also an ordained minister. She has worked as a hospice/medical social worker and as a director of social services for a skilled nursing facility. She received the Lou Ann Townsend Courage Award for her contributions to persons with psychiatric disabilities. As the leader of the National Council's Trauma-Informed Care Learning Communities, Sharp has led many behavioral health organizations in preparing to offer trauma-informed care.

WEDNESDAY, OCTOBER 28TH 3:30–4:45

Let's Get Ready for Integrated Care

Courtney M. Cantrell, PhD

The state and the nation are ready for integrated care. Although we may not have all of the system-level policies in place to fully support it, there is a great deal providers of all types can do now to ensure they're providing quality, whole-person, person-centered care. On-going efforts at the state level to prepare for primary care integration as well as efforts to develop the specialty mental health workforce will be discussed. "Integration" is a broad term and every provider has a responsibility to ensure that the care they provide is an integrated part of an individual's overall treatment and supportive of whole-person wellness.

Courtney Cantrell, PhD is Director for the Division of Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services, is a Clinical Psychologist and has her Doctorate from Florida State University. The majority of Dr. Cantrell's work has centered around promoting the integration of mental health, substance abuse and other medical/health services, especially in vulnerable populations. Following graduate research in health psychology and experiences in state psychiatric facilities and community hospitals, her career truly began in the US Air Force as a Captain and an Air Force psychologist. She then moved to North Carolina to continue her career in integrated care as the Lead Behavioral Health Coordinator at AccessCare, a CCNC network, where she traveled frequently across 26 counties, from Macon to Onslow County. She facilitated integrated care partnerships between the CCNC network and nine LME-MCOs. To further affect integration, Dr. Cantrell then moved to the NC DHHS Division of Medical Assistance (Medicaid), first as a Behavioral Health Policy Manager and shortly thereafter as Assistant Director for Behavioral Health where she furthered her knowledge of Medicaid regulations and supports and services for individuals with Intellectual and Developmental Disabilities (I/DD). Dr. Cantrell was tapped to focus on the Partnership for a Healthy North Carolina in order to both ensure that Medicaid reform emphasized whole-person care and to further behavioral health and I/DD system improvements.

Dr. Cantrell possesses a unique perspective, as a veteran, through her experience on the ground in rural counties from the West to the East, and in her knowledge of both state-funded and Medicaid-funded supports and integrated health services for individuals with mental health, substance use disorders, and intellectual/developmental disabilities.

AGENDA

DAY ONE: TUESDAY OCTOBER 27TH

Sessions marked with * have a Part 1 and Part 2. You must attend both parts to complete the session and receive credit.

8:30–8:40 Welcome & Introductions

8:40–10:10 Plenary: Integrating Medical and Behavioral Healthcare: Vermont Experiences | Donna Izor, MS, FACMPE

10:10–10:30 Break

10:30–12:00 Breakout 1 (Choose one)

1A. Evidence Based Approaches to Capacity Building and Community Engagement | Genny Pugh, MA, HSP-PA, moderator

If you choose 1B * then choose 2B
*1B. A Practical Guide to Acceptance and Commitment Therapy (Part 1 of 2) | Linda Hamilton, ACT Trainer, CSAC, CAMS
This is a two-part session; you must also attend 2B to complete the session and receive credit.

1C. Seeking Safety and Trauma-Informed Care | Brenda Underhill, MS

1D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice Session One: OARS + Agenda Mapping
Annie Fahey, RN, LCSW (Limit: 15 participants. Register for one or all MI sessions.)

1E. Keys to Whole Person Care & I/DD | Rhonda Cox, HSP-PA (repeated as 3E)

1F. Neuropsychological Education and the 12 Steps: Reclaiming a Viable Recovery Option for Adolescents | Daniel Fishburn, LCSW;
Cameron Allen, Neurofeedback and qEEG Specialist (repeated as 2F)

12:00–1:15 Lunch on your own / Food Trucks open in MAHEC parking lot

1:15–3:15 Breakout 2 (Choose one)

If you choose 2A * then choose 3A
*2A. Managing the Pain: An Overview of Treating Trauma in Children through Trauma-Focused Cognitive Behavioral Therapy (Part 1 of 2)
Becca E. Edwards-Powell, MSW, LCSW
This is a two-part session; you must also attend 3A to complete the session and receive credit.

If you choose 1B * then choose 2B
*2B. A Practical Guide to Acceptance and Commitment Therapy (Part 2 of 2) | Linda Hamilton, ACT Trainer, CSAC, CAMS
This is a two-part session so participants must have also attended 1B to complete the session and receive credit.

If you choose 2C * then choose 3C
*2C. Champions, Supervisors, Mentors, and Clinicians—Advanced Work in Implementing Seeking Safety (Part 1 of 2) | Brenda Underhill, MS
This is a two-part session; you must also attend 3C to complete the session and receive credit.

2D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice Session Two: EARS + SMART PLANNING
Annie Fahy, RN, LCSW (Limit: 15 participants. Register for one or all MI sessions.)

2E. An Overview of Prolonged Exposure Therapy for PTSD (Part 1 of 2) | John Bigger, MS, LPC

This is a two-part session; you must also attend 3E to complete the session and receive credit.

*2F. Neuropsychological Education and the 12 Steps: Reclaiming a Viable Recovery Option for Adolescents (repeat of 1F)

3:15–3:30 Break

3:30–4:45 Breakout 3 (Choose one)

If you choose 2A * then choose 3A
*3A. Managing the Pain: An Overview of Treating Trauma in Children through Trauma-Focused Cognitive Behavioral Therapy (Part 2 of 2)
This is a two-part session so participants must have also attended 2A to complete the session and receive credit.

3B. Down and Dirty with the DSM 5 | Martha Teater MA, LMFT, LPC, LCAS

If you choose 2C * then choose 3C
*3C. Champions, Supervisors, Mentors, and Clinicians—Advanced Work in Implementing Seeking Safety (Part 2 of 2)
This is a two-part session so participants must have also attended 2C to complete the session and receive credit.

3D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice Session Three: TAPING for Proficiency
Annie Fahy, RN, LCSW (Limit: 15 participants. Register for one or all MI sessions.)

3E. An Overview of Prolonged Exposure Therapy for PTSD (Part 2 of 2) | John Bigger, MS, LPC

This is a two-part session so participants must have also attended 2E to complete the session and receive credit.

3F. Keys to Whole Person Care & I/DD | Rhonda Cox, HSP-PA (repeat of 1E)

4:45 Adjourn

DAY TWO: WEDNESDAY OCTOBER 28TH

8:30–10:00 Plenary: Trauma-Informed Behavioral Health Care | Cheryl Sharp, MSW, ALWF

10:00–10:20 Break

10:20–11:50 Breakout 4 (*Choose one*)

- 4A. Kids on Meds: Navigating Psychiatric Medication Use in Children | Heather Cree, PharmD
- 4B. Mindfulness-Based Stress Reduction (MBSR): From Hype to Evidence to Practice | Scott MacGregor, MS, LPCA, CFLE
- 4C. North Carolina's Path Toward Medical Health Homes for People with Developmental Disabilities: What We Have Learned is Need to Transform Care | Karen Luken, MSRA
This is a two-part session so participants must also attend 5C to complete the session and receive credit.
- 4D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills: Tape Review and Coaching for Proficiencies
Annie Fahy RN, LCSW (*Limit 8*) See 1D for details.
- 4E. Dialectical Behavior Therapy for Borderline Personality Disorder and Co-occurring Substance Use Disorders **(Part 1 of 2)**
Zac Rosenthal, PhD
This is a two part session so participants must also attend 5E to complete the session and receive credit.
- 4F. Implementaion of Trauma-Informed Care | Cheryl Sharp, MSW, ALWF

If you choose 4E *
then choose 5E

11:50–1:15 Lunch *on your own / Food Trucks open in MAHEC parking lot*

1:15PM–3:15 Breakout 5 (*Choose one*)

- 5A. Demystifying Ethical Issues in Integrated Collaborative Care | Cathy Hudgins, PhD, LPC, LMFT
- 5B. Evidence Based Approaches to Capacity Building and Community Engagement | Genny Pugh, MA, HSP-PA, moderator
(*repeat of 1A*)
- 5C. The Critical Role of Community Providers and Partners in Providing Patient-Centered, Collaborative Care | Karen Luken, MSRA
- 5D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills: Tape Review and Coaching for Proficiencies
Annie Fahy RN, LCSW (*Limit 8*) See 1D for details.
- 5E. Dialectical Behavior Therapy for Borderline Personality Disorder and Co-occurring Substance Use Disorders **(Part 2 of 2)**
Zac Rosenthal, PhD
This is a two-part session so participants must have also attended 4E to complete the session and receive credit.

If you choose 4E *
then choose 5E

3:15–3:30 Break

3:30–4:45 Closing Plenary: Let's Get Ready for Integrated Care | Courtney M. Cantrell, PhD

4:45 Evaluation and Adjourn

BREAKOUT SESSION DESCRIPTIONS

BREAKOUT 1: October 27TH 10:30am - 12:00pm

1A. Evidence Based Approaches to Capacity Building and Community Engagement

Panel presentation featuring development of Behavioral Health Competencies in a Community Paramedic Program, Community Integration Focused Approach to the Transition to the Community Living Initiative, Segmented Approach to Crisis Intervention Team Training in Rural Settings, and a Community Education Program delivering evidence based programs to local communities with emphasis on resiliency.

1B. A Practical Guide to Acceptance and Commitment Therapy

Participants will gain an understanding the six Core Processes of ACT. ACT is an evidence-based approach that integrates mindfulness processes and acceptance processes with intent to bring about behavioral change through commitment to the alleviation of psychological distress. This workshop will be lecture based with participants practicing exercises to get an experiential sense for the work.

1C. Seeking Safety and Trauma-Informed Care

This presentation explores general principles of treating traumatized clients in a variety of contexts (e.g., substance abuse, mental health, medical, etc). Basic information on trauma, posttraumatic stress disorder (PTSD) and co-occurring disorders will be provided, such as definitions, rates, and clinical presentation. In addition key themes relevant for this population will be discussed, including dissociation, self-injury, reenactments, stage-based models of treatment, emotional responses by staff, staff self-care, and diversity issues. Trauma-informed versus trauma-specific treatment will also be highlighted, with the idea that all staff can become trauma-informed, and a smaller number may be providing actual trauma counseling. The workshop will be highly clinically-oriented and offer opportunity to role-play client scenarios. Real-world challenges are emphasized, including power struggles, threatened harm self or others, reenactment of classic trauma roles, etc. Assessment and resources will also be provided.

1D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice: OARS + Agenda Mapping

Working issues of a behavior or lifestyle change with patients takes flexibility and innovation as well as solid skills in Motivational Interviewing (MI) and health coaching. This workshop will offer skills and practice opportunities to think and speak Motivational Interviewing. Using practice opportunities to work through difficult presentations and stuck places that patients operate from, improves skills and resiliencies in the worker. Additionally observed practice, coaching with feedback is recognized in research as the best practice method for creating full implementation culture change to MI as well as a higher level of confidence in the skills (Miller, W. R., et al., 2004 Fixsen, D.L., et al., 2009). This is an advanced session and requires completion of a "MI basics" two day or five part series workshop. Supervisors using and developing MI protocols will gain many great ideas for implementing MI culture in a variety of health care settings. Incorporating MI into practice and work settings provides professionals with ways to address behavior change in a "patient/client centered" way.

Participants can attend one or all MI sessions.

MI activities and practice will address issues such as,

- Smoking cessation
- Medication adherence
- Job and lifestyle skills
- Safer sex practices
- Chronic health diseases like asthma, diabetes and heart problems
- Abuse and Addiction
- Organizational Change

1E. Keys to Whole Person Care & I/DD

Individuals with an intellectual and or developmental disability are

underrepresented in preventative medical and behavioral health care as well as the clinical treatment continuum across the health care system This session will discuss associated co-morbid health conditions impacting individuals with an intellectual and or developmental disability; review common co-occurring mental health treatment needs associated with an IDD diagnosis and identify methods to improve the development of integrated person- centered care plans in the context of medical health homes and other health home models.

1F. Neuropsychological Education and the 12 Steps: Reclaiming a Viable Recovery Option for Adolescents

Twelve-step recovery is often seen by treatment providers as inaccessible to teens and young adults who struggle with problematic substance use. Some believe they have not progressed far enough into addiction to benefit from this approach, while others believe adolescents resist The Steps fundamentally because of where they are developmentally. We will explore some of the roots of this thinking, while reinforcing the tremendous resource 12-Step recovery can be for this population when presented effectively. Additionally, we will identify neurodevelopmental stages of adolescence and how to use experiential neuropsychological education to improve self-awareness and engagement in the 12 step process.

BREAKOUT 2: October 27TH 1:15pm - 3:15pm

2A. Managing the Pain: An Overview of Treating Trauma in Children through Trauma-Focused Cognitive Behavioral Therapy (Part 1 of 2)

Treating trauma and traumatic-grief in children can be a complex task. Effective treatment requires the use of an approach that is supported by research such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Providers and caregivers often wonder what is involved in TF-CBT and how does it differ from "traditional" CBT? What children and caregivers are appropriate for this model? This program will answer those questions as well as covering recommended assessments, goals of treatment, and information about how to become trained. The second half of the program will provide direct and specific strategies for assisting children and their parents with managing the symptoms related to PTSD. This will include cognitive, emotional, and behavioral approaches. This is a two part session so participants must also attend 2A to complete the session and receive credit.

2B. A Practical Guide to Acceptance and Commitment Therapy: Mindful Changes and Practices (Part 2 of 2)

This session will include skills training in each of the 6 core processes. We will explore use of metaphors, jingles, values clarification along with actions necessary to predict a more vital life. It is recommended that participants have previous ACT training or attend Session 1B.

2C. Champions, Supervisors, Mentors, and Clinicians—Advanced Work in Implementing Seeking Safety

Seeking Safety is a 25-topic integrated psychotherapy for substance abuse and /or trauma. It is an evidence-based model that is present-focused and coping skills oriented. In this advanced training, we providing a brief refresher; explore how Seeking Safety is going for attendees (successes and obstacles, clinical dilemmas, case examples); do a role-play conducted by an attendee with feedback based on the Seeking Safety Adherence fidelity scale; and other advanced topics. To help participants make the most of the follow-up training it is suggested, but not required, to bring (1) A list of any clinical dilemmas, case scenarios, and positive/negative feedback about how their work using Seeking Safety thus far. (2) The Seeking Safety feedback form, filled out (from the last chapter of the book). The training is highly clinically-oriented and offers opportunities to role-play client scenarios and discuss implementation issues that have arisen in using the model. It is assumed that participants have already attended a prior initial training on Seeking Safety and/or implemented it in their practice. This is a two part session so participants must also attend 3C

to complete the session and receive credit.

2D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice Session Two: EARS + SMART PLANNING

See Session 1D for details.

2E. An Overview of Prolonged Exposure Therapy for PTSD (Part 1 of 2)

This workshop will provide a brief overview of the Prolonged Exposure (PE) Therapy model for the use in the treatment of Post-Traumatic Stress Disorder. The program will include a review of effective treatments of PTSD, and the advantages of using Prolonged Exposure Therapy. There will be a description of the components of the PE Therapy model including Breathing Retraining, In Vivo Exposure, Imaginal Exposure, and Education about Trauma Reactions. In addition, class exercises will occur for participants to conduct exposure hierarchies and other techniques associated with PE Therapy. This is a two part session that requires participants to sign up for both. This is a two part session so participants must also attend 3E to complete the session and receive credit.

2F. Neuropsychological Education and the 12 Steps: Reclaiming a Viable Recovery Option for Adolescents

Repeat. See 1F for details.

BREAKOUT 3: October 27TH 3:30pm - 4:15pm

3A. Managing the Pain: An Overview of Treating Trauma in Children through Trauma-Focused Cognitive Behavioral Therapy (Part 2 of 2)

Continuation. See 2A for details. This is a two part session so participants must have also attended 2A to complete the session and receive credit.

3B. Down and Dirty with the DSM 5

The DSM-5 was launched amid controversy and confusion. Implementation is upon us, yet few clinicians feel confident in using the manual. Love it or hate it, it's here to stay and we need to become familiar with it and use it well.

Come to this session and get updated on what's new and different and what corrections you need to know about. We'll cover controversial changes, mistakes, and what diagnosis will look like under this new and dramatically different diagnostic system.

3C. Champions, Supervisors, Mentors, and Clinicians—Advanced Work in Implementing Seeking Safety Part 2 of 2.

Continuation. See 2C for details. This is a two part session so participants must have also attended 2C to complete the session and receive credit.

3D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice Session Three: TAPING for Proficiency

See Session 1D for details.

3E. An Overview of Prolonged Exposure Therapy for PTSD (Part 2 of 2)

Continuation. See 2E for details. This is a two part session so participants must have also attended 2E to complete the session and receive credit.

BREAKOUT 4: October 28TH 10:20am -11:50am

4A. Kids on Meds: Navigating Psychiatric Medication Use in Children

In this session we will discuss relevant issues that occur when navigating use of psychiatric medications in the pediatric population. We will cover appropriate pre-treatment "rule outs", when pharmacologic intervention is indicated, general considerations for pediatric psychotropic dosing and side effects, long term effects of psychotropic use, when to start asking questions about psychotropics and how best to organize and use the answers.

4B. Mindfulness-Based Stress Reduction (MBSR): From Hype to Evidence to Practice

Mindfulness appears to be every place these days: business, education, media, sports, and healthcare. The popular hype makes Mindfulness-Based Interventions (MBIs) sound like a quick fix to nearly any mental or physical health challenge, and an easy pathway to flourishing. This presentation will explore some of the large body of scientific evidence supporting MBSR/MBIs, and offer pragmatic insights on the role of mindfulness in medicine and behavioral health..

4C. North Carolina's Path Toward Medical Health Homes for People with Developmental Disabilities: What We Have Learned is Need to Transform Care

What does data tell us about the health of children and adults with I/DD and how can this point us towards new paths of care? This session will also offer an overview of a NC initiative supporting the development of Medical Health Homes for People with I/DD.

4D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills: Tape Review and Coaching for Proficiencies

See Session 1D for details.

4E. Dialectical Behavior Therapy for Borderline Personality Disorder and Co-occurring Substance Use Disorders (Part 1 of 2)

The overarching purpose of this training is to discuss issues related to the assessment and treatment of adults who are multi-diagnostic and meet criteria for substance use disorders (SUDs). Men and women with complex presentations often meet diagnostic criteria for borderline personality disorder (BPD), and can be extraordinarily difficult to treat given the range of treatment targets and the emotional, interpersonal, cognitive and behavioral problems that may occur during sessions. This training will focus on one treatment, Dialectical Behavior Therapy for Substance Abuse Disorders (DBT-SUD), as a comprehensive approach to treating adults with BPD and co-occurring SUDs. The theory, philosophy, structure, process and modes of DBT-SUD will be introduced. To facilitate learning, the training will include experiential exercises designed to help highlight the specifics of DBT-SUD skills, including mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness skills. This is not a comprehensive and intensive DBT-SUD training but is instead a general introduction to this treatment approach. This is a two part session so participants must attend 5E to complete the session and receive credit.

4F. Implementation of Trauma-Informed Care

Cheryl Sharp, Senior Policy Advisor for Trauma-Informed Care, will share the National Council's Seven Domains of Trauma-Informed Care and how over 300 organizations have implemented the National Council model.

5A. Demystifying Ethical Issues in Integrated Collaborative Care

Navigating ethical quandaries that emerge in team-based, multidisciplinary Integrated Care systems can be confusing and even contentious. Policies and best practices are evolving so that providers can collaborate with each other to meet the comprehensive needs of their patients. This presentation will provide current state and national guidance along with strategies developed by Integrated Care experts for making ethical decisions when the path is not clear.

5B. Evidence Based Approaches to Capacity Building and Community Engagement

Repeat. See 1A for details.

5C. The Critical Role of Community Providers and Partners in Providing Patient-Centered, Collaborative Care

What are the critical knowledge, skills and attitudes necessary to provide whole person care for people with I/DD? How can patient centered collaborative care support the values, culture, and needs of the individual, family, and community? This session will provide an overview of national models and best practices so we can learn from others as we take action to transform our systems of care.

5D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills: Tape Review and Coaching for Proficiencies

See Session 1D for details.

5E. Dialectical Behavior Therapy for Borderline Personality Disorder and Co-occurring Substance Use Disorders (Part 2 of 2)

Continuation. See 4E for details. This is a two part session so participants must have also attended 4E to complete the session and receive credit.

Cameron Allen, Neurofeedback & qEEG Specialist has 10 years of experience in the study of neuroimaging and the practice of neurofeedback and has worked as both a research assistant and lead researcher in several studies evaluating brain-based interventions for addictions. His work has been published in the Journal of Post Graduate Medicine and other trade journals. Currently, Cameron is a neurofeedback and qEEG specialist with a private practice in Asheville NC. Cameron also works with SUWS of the Carolinas Phoenix Program in Old Fort, NC providing neuroimaging and neuro-cognitive interventions for adolescents in the substance abuse population. Cameron is passionate about integrating neuropsychology with brain based interventions and mindfulness to help individuals understand their motivations, behavior, and capacity for self-efficacy.

John Bigger, MS, LPC, received his undergraduate degree in psychology from the University of Alabama and his Master's in Clinical Psychology in 1985. He has worked in a variety of clinical settings ranging from an outpatient state mental health program to a private in-patient treatment center. John's specialty areas include the treatment of chemical dependency, identification and treatment of eating disorders, and crises intervention. He is also a Licensed Professional Counselor. John is currently the Administrative Director of Outpatient Behavioral Health for Cape Fear Valley Health Care System in Fayetteville, where he supervises and coordinates the functions and activities of Clinical Services of the psychiatric services line and Sleep Center. He is responsible for overall management of the clinical services including fiscal resource management and quality of services. He is also the president of the Behavioral Health Professionals Association of Cumberland County. He received training in Prolonged Exposure Therapy from the Center for the Treatment of and Study of Anxiety at the University of Pennsylvania.

Rhonda Cox, HSP-PA, is the Senior Director of Care Coordination for Smoky Mountain Center, a position she has held since June 2008. Rhonda has 17 years of experience in the mental health, substance abuse and intellectual/developmental disabilities services in a variety of settings. After graduating UNC-Chapel Hill with a BS in Biology and Psychology, she provided personal care, worked as a rehabilitation therapist and an adult basic education instructor to individuals residing in John Umstead Hospital and compensatory education instructor for individuals residing in the Murdoch Center. Upon graduation from Appalachian State University in 1998 with a Master's in Clinical Psychology, she worked for six years as a staff psychologist in multiple youth and adult prison units across western NC working with individuals with mental health, substance abuse and intellectual disabilities. She also ran the sex offender treatment programs. Rhonda joined SMC in 2004 as a care manager and then went on to develop the Care Coordination Department. Currently, she oversees the Mental Health/Substance Abuse and Intellectual and/or Developmental Disabilities Care Coordination Teams in 23 counties. Rhonda also works closely with stakeholders and providers to develop continuums of care for specialty populations; reduce gaps and improve service integration; and develop and implement strategies for disease and risk management for high risk populations.

Dr. Heather Cree, PharmD, received her doctor of pharmacy degree from The University of Tennessee College of Pharmacy, Memphis and completed a post-doctoral Psychiatric Pharmacy Practice residency with the University of Tennessee at Memphis Mental Health Institute. She has worked as a clinical pharmacist at Broughton Hospital state psychiatric facility in Morganton, North Carolina and as a consultant clinical pharmacist providing services to retirement communities and skilled nursing facilities in the Asheville area. Heather is currently with Community Care of Western North Carolina and contracted with Smoky Mountain LME/MCO, providing clinical services including medication reviews and recommendations for patients transitioning to and from the hospital.

Becca E. Edwards-Powell, MSW, LCSW, is currently the Training Director and DBT Program at Carolina Outreach, LLC., where she trains and supervises clinical staff in CBT and DBT, provides case consultation, and clinical quality management. She is intensively trained in DBT through the Behavioral Tech and participates in an ongoing Intensive team. She oversees all DBT services, consultation teams, and development for 40 therapists and over 100 clients participating in DBT. She is also nationally certified in Trauma-Focused Cognitive Behavioral Therapy. Previously, she worked as an intensive in-home specialist, client services director at the Orange County Rape Crisis Center, and support group coordinator at the Family Violence Prevention Center.

Annie Fahy, RN, LCSW, works as a behavior change specialist with expertise in substance abuse, high-risk lifestyle behaviors, harm reduction, trauma, compassion fatigue, and mind body disorders. Annie offers training and professional skills development translating and implementing evidence-based practices into real life practice. She currently runs her consulting and training business out of her home in Asheville, NC and offers training and consultation to health and behavioral healthcare entities that want to create client centered practice. Some of her recent clients are Community Care Partners of Greater Mecklenburg, The Asheville VA, Housing First programs in Asheville and Charlotte.

Daniel Fishburn, LCSW, serves as Clinical Director for the variety of programs at SUWS of the Carolinas & Phoenix Outdoor. Over the past 25 years, he has worked extensively in a wide variety of settings in mental health, social services, and public health. He began with a summer as a therapeutic summer camp counselor with Wediko Family Services in New Hampshire. Along the way, he joined Dallas County Child Protective Services, served homeless teens in Dallas and Houston, and directed a nationwide crisis intervention program for employers. After several years working as an outpatient therapist, Daniel focused on residential substance abuse treatment, assisting in opening two treatment programs in Texas. Before landing at SUWS/PO, he served as Clinical Director for programs serving young adults. A common element throughout his career has been the assessment and treatment of substance use disorders, and he is passionately committed to addressing the needs of families confronted with this challenge. Daniel completed his Master of Social Work at the University of Houston in 1999. He is currently licensed as a Clinical Social Worker in North Carolina and Colorado.

Linda Hamilton, ACT Trainer, CSAC, CAMS, is the director and founder of the Beyond Addiction, a substance abuse agency. She specializes in delivering and disseminating Clinical Behavior Analytic approaches such as Acceptance and Commitment Therapy (ACT) and Mindful Compassionate Training, having studied personally with Steven Hayes, Kelly Wilson, and Kirk Strosahl, the founders of ACT. She works with clients presenting with Anxiety, Mood (anger management) and Substance Use Disorders. She has particular interest in ambivalence and relapse prevention. She is a Strategic Life Coach working with individuals who are interested in changing their lifestyles. She maintains professional membership in the Association for Contextual and Behavioral Science. She has presented ACT for the NCSAPPB, Swain Recovery Center and other conferences throughout North Carolina.

Dr. Cathy Hudgins PhD, LPC, LMFT, is the Director of the Center of Excellence for Integrated Care under the North Carolina Foundation for Advanced Health Programs. Dr. Hudgins has experience in Integrated Care practice, management, and development; as well as crisis assessment and intervention, community-based and college-based outpatient counseling, in-patient assessment and intervention, and community mental health consulting. She received her doctorate in Marriage and Family Therapy from Virginia Tech and has practiced in community mental health agencies, hospital and healthcare settings, and in private practice. She has also held a variety of posts

in higher education administration and student affairs. Dr. Hudgins is a co-founder and prior Director of the Radford University Center for Integrated Care Training and Research. Through this post, she trained and developed integrated systems and participated in research and grant writing initiatives. Her research interests and publications include Integrated Care policy, ethics, workforce development, and evidence-based practice models. Dr. Hudgins is the Chair of the NC Integrated Care Steering Committee and is an active member of the Collaborative Family Health Association.

Karen Luken, MSRA, has more than 35 years of experience in disability and health, recreational therapy, and grants management. Karen is the project director for the "Medical Health Homes for People with Developmental Disabilities" initiative. From 2002 through 2013, Karen was with the North Carolina Office on Disability and Health and managed projects funded by the NC Governor's Crime Commission, Susan G. Komen for the Cure, and the National Institute of Disability Rehabilitation and Research. Prior to her work in public health she was the Associate Director of the Center for Recreation and Disability Studies at UNC-CH. Karen has worked as a recreational therapist in community mental health, in-patient and out-patient psychiatry, and long-term medical rehabilitation. She has published articles on cancer screening for women with developmental disabilities, cardiovascular disease and adult with disabilities, community design and active living, retirement options for adults with developmental disability, and creating inclusive environments for people with disabilities. She is a board member of First in Families NC. Karen received her bachelor's degree in therapeutic recreation from the University of Illinois-Urbana, and her graduate degree in Recreation and Leisure Studies and a certificate in public health from UNC-Chapel Hill.

Scott MacGregor, MS, LPCA, CFLE, teaches Mindfulness-Based Stress Reduction (MBSR) at Mission Health Systems, and retirement communities in Asheville. Additionally, he teaches mindfulness at the VA's Veterans Integrative Pain Management Clinic, to the Asheville Fire Department, businesses, churches, schools, and universities. He received his training at the UMASS Medical's Center for Mindfulness. He has worked as a behavioral health clinician in primary care, as a substance abuse counselor, and as a hospice therapist. He lives in Asheville, is married, and has three teenage daughters.

Genny Pugh, MA, HSP-PA, served on the faculty at the Medical University of SC, was Director of the Black Mountain Neuro Medical Center, held leadership roles in community based and residential treatment programs, served as CEO of a statewide I/DD provider organization, and is currently Senior Director of Community Collaboration at Smoky Mountain Center. Genny is a past national board member of the American Association of Intellectual and Developmental Disabilities and is an AAIDD Fellow.

M. Zachary Rosenthal, PhD, is an Associate Professor with a joint appointment in the Duke University Medical Center Department of Psychiatry and Behavioral Sciences and the Duke University Department of Psychology and Neuroscience. He is Director of the Duke Cognitive Behavioral Research and Treatment Program (CBRTP) and Vice Chair for Clinical Services within the Department of Psychiatry & Behavioral Sciences. Dr. Rosenthal's line of research has focused on characterizing problems with emotional functioning and emotion regulation in borderline personality disorder (BPD). Over the past few years, his research has expanded to the development of novel computer-based interventions for treatment-resistant populations. He has been the PI on recently completed clinical trials funded by NIH and DoD and currently is the PI on a clinical trial funded by NIMH examining the generalization of emotion regulation from the clinic into the natural environment using conditioned reminders of learning. Dr. Rosenthal is a licensed clinical psychologist in North Carolina who is trained in cognitive behavioral therapy (CBT) and is an expert in the treatment of BPD and other difficult-to-treat populations using dialectical behavior therapy (DBT). He is a faculty member in the Duke medical psychology internship program, training and supervising medical psychology interns in CBT. In addition, Dr.

Rosenthal provides educational trainings to community mental health and substance abuse professionals through a partnership between Duke University and the North Carolina Evidence-Based Practices Center. He can be reached at rosen025@mc.duke.edu or (919) 684-6702.

Martha Teater, MA, LMFT, LPC, LCAS, is a licensed marriage and family therapist, a licensed professional counselor, and a licensed clinical addictions specialist. She has maintained a private practice in Waynesville, NC, since 1990. Martha was a collaborating clinical investigator during the field trials of the DSM-5 and has trained thousands of clinicians across the U.S. and internationally in its use. She has published over 175 articles in a variety of newspapers and magazines including Psychotherapy Networker and Family Therapy Magazine. She is coauthor of *Overcoming Compassion Fatigue: A Practical Resilience Workbook* (2014).

Brenda L. Underhill, MS, has been a professional in the substance abuse field for over 35 years, and has worked with Treatment Innovations since 2011. As a policy advisor for the state of California and for the federal government she advocated for the expansion and funding of services for women. She has been an organizational consultant in management, planning, training, supervision and program design for trauma-informed and trauma specific substance abuse treatment services. In the 1990's Ms. Underhill evaluated over 70 innovative federally funded comprehensive treatment programs for women and children sponsored by CSAT. Further she served as Recovery Consultant for the Substance Abuse and Mental Health Services Administration's (SAMHSA) initiative, Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study (WCDVS). She continues as a consultant, evaluator and grant reviewer for the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition, she was a consensus panel member and work group leader for Treatment Improvement Protocol (TIP) Series 51, Substance abuse treatment: Addressing the specific needs of women. She is the recipient of the National Association of State Alcohol and Drug Abuse Directors Career Achievement Award and has authored and edited numerous publications on substance abuse treatment for women including, *Chemical dependency: Women at risk*. She is based in San Rafael, CA.

CREDIT

NAADAC: MAHEC is a Provider approved by NAADAC Approved Education Provider Program. Provider #647. Full attendance is required to receive credit from NAADAC. 12.5 hours for both days. 6.25 hours for Day Two only.

NBCC: Mountain Area Health Education Center (MAHEC) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5514. Programs that do not qualify for NBCC credit are clearly identified. MAHEC is solely responsible for all aspects of the programs.
12.5 hours for both days. 6.25 hours for Day Two only.



NCSAPPB: Application has been made for a combination of "General Skill Building" and "Substance Abuse Specific" credit from the North Carolina Substance Abuse Professional Practice Board. 12.5 hours for both days. 6.25 hours for Day Two only.

Psychologists: MAHEC is recognized by the North Carolina Psychology Board as an approved provider of Category A Continuing Education for North Carolina Licensed Psychologists. Full attendance at each part is required to receive credit from the NC Psychology Board. 12.5 hours for both days. 6.25 hours for Day Two only.

CEU: MAHEC designates this continuing education activity as meeting the criteria for CEUs as established by the National Task Force on the Continuing Education Unit. 1.3 CEUs for both days. 0.6 CEUs for Day Two only.

LODGING

Ask for the Smoky Mountain EBP Conference to receive the special rate at:

DoubleTree 828-274-1800

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Take a virtual tour of these facilities at BiltmoreFarmsHotels.com.

REGISTRATION

Early registration deadline: October 20, 2015

After the deadline, the total fee will be the registration fee + \$15.00.

Registration fee includes sessions and breakfast.

Cancellations received at least two weeks in advance of the program date will receive a full refund unless otherwise noted. Cancellations received between two weeks and up to 48 hours prior to the program date will receive a 70% refund. No refunds will be given for cancellations received less than 48 hours prior to the program date. Substitutes are welcome but please notify us in advance of the program. All cancellations must be made in writing (fax, mail, or email).

Full payment must accompany all registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

Directions will be included with your confirmation letter.

Want to register?

Online Registration: www.mahec.net

Or use the registration form at right and return by fax or mail:

Fax Registration: 828-257-4768

Mail: MAHEC Registration
121 Hendersonville Rd., Asheville, NC 28803

Have a question?

Elizabeth Flemming, MA, LPC
CE Planner 828-257-4466
elizabeth.flemming@mahec.net

Registration Information: 828-257-4475

Special Services: 828-257-4481



TRANSFORMING CARE CONFERENCE OCTOBER 27-28, 2015

Updated contact info

Name _____

Credentials _____

Social Security #XXX-XX-____ (last 4 digits required)

Occupation _____

E-mail Address _____

Home Address _____

City _____ State _____ Zip _____

Home County _____

Home # _____ Work # _____

Employer _____

Department _____

Employer's Address _____

City _____ State _____ Zip _____

Work County _____

Program announcements will be sent to your email unless you opt out from receiving emails from MAHEC. We never share our mailing lists.

Please remove my name from the MAHEC mailing list.

Vegetarian meal requested. Gluten-free fare requested.

BREAKOUT SESSION SELECTIONS

Breakout 1 (Choose one)

- 1A. Evidence Based Approaches to Capacity Building and Community Engagement
- 1B. A Practical Guide to Acceptance and Commitment Therapy (Part 1 of 2) choose session 2B below
- 1C. Seeking Safety and Trauma-Informed Care
- 1D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice Session One
- 1E. Keys to Whole Person Care & I/DD
- 1F. Neuropsychological Education and the 12 Steps: Reclaiming a Viable Recovery Option for Adolescents

Breakout 2 (Choose one)

- 2A. Managing the Pain: An Overview of Treating Trauma in Children through Trauma-Focused Cognitive Behavioral Therapy (Part 1 of 2) choose session 3A
- 2B. A Practical Guide to Acceptance and Commitment Therapy (Part 2 of 2)
- 2C. Champions, Supervisors, Mentors, and Clinicians—Advanced Work in Implementing Seeking Safety (Part 1 of 2) choose session 3C below
- 2D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills Practice Session Two
- 2E. An Overview of Prolonged Exposure Therapy for PTSD (Part 1 of 2) choose session 3E below
- 2F. Neuropsychological Education and the 12 Steps: Reclaiming a Viable Recovery Option for Adolescents (repeat of 1F)

Breakout 3 (Choose one)

- 3A. Managing the Pain (Part 2 of 2)
- 3B. Down and Dirty with the DSM 5
- 3C. Champions, Supervisors, Mentors, and Clinicians (Part 2 of 2)
- 3D. An Overview of Prolonged Exposure Therapy for PTSD (Part 2 of 2)
- 3E. Keys to Whole Person Care & I/DD (repeat of 1E)

Breakout 4 (Choose one)

- 4A. Kids on Meds: Navigating Psychiatric Medication Use in Children
- 4B. Mindfulness-Based Stress Reduction (MBSR): From Hype to Evidence to Practice
- 4C. NC's Path Toward Medical Health Homes for People with Developmental Disabilities: What We Have Learned is Need to Transform Care
- 4D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills: Tape Review and Coaching for Proficiencies
- 4E. Dialectical Behavior Therapy for Borderline Personality Disorder and Co-occurring Substance Use Disorders (Part 1 of 2) choose session 5E below
- 4F. Implementaion of Trauma-Informed Care

Breakout 5 (Choose one)

- 5A. Demystifying Ethical Issues in Integrated Collaborative Care
- 5B. Evidence Based Approaches to Capacity Building and Community Engagement (repeat of 1A)
- 5C. The Critical Role of Community Providers and Partners in Providing Patient-Centered, Collaborative Care
- 5D. Mad MI Skills Lab: Advanced Motivational Interviewing Intensive Skills: Tape Review and Coaching for Proficiencies
- 5E. Dialectical Behavior Therapy for Borderline Personality Disorder and Co-occurring Substance Use Disorders (Part 2 of 2)

EARLY REGISTRATION FEES thru Oct. 20, 2015:

\$125 per person for both days

\$75 per person for Day 2 only

\$80 for Supporters/Peer Support/ Students for both days

Group Rate: \$110 per person for both days when 5 or more from the same agency register at the same time

FEES after Oct. 20, 2015:

\$140 per person for both days

\$90 per person for Day 2 only

\$95 for Supporters*/Peer Support/ Students for both days

Group Rate: \$125 per person for both days when 5 or more from the same agency register at the same time

* See Supporter/Exhibitor Form on next page for details

PAYMENT

Check is enclosed Credit card info provided

Account # _____

Exp ____ / ____ Code on back of card _____

Name on Card _____

Signature _____

Send completed registration form to:

MAHEC Registration

121 Hendersonville Rd., Asheville, NC 28803

Fax to 828-257-4768

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EVIDENCE-BASED MEDICINE AND THE FUTURE OF BEHAVIORAL HEALTH
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Level of Support:

- \$6000 Platinum
- \$3000 Gold
- \$2000 Silver
- \$500 Exhibitor

A 50% deposit is needed to guarantee space. Sorry, no refunds for cancellations or no shows after September 29th.

Contact Person: _____

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If paying by check please make payable to: MAHEC Regional Services.

To pay by credit card and for more information contact Karen Lambert (828) 257-4481.

Forms can be sent to MAHEC Regional Services
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Fax: (828) 257-4768
Karen.lambert@mahec.net