



**ccsad**  
Cape Cod Symposium on Addictive Disorders

**GROUP A**  
**SEPTEMBER 8-10**

**GROUP B**  
**SEPTEMBER 10-12**

**HYANNIS, MA**

# ONE COMMUNITY. ONE MISSION. **Better Patient Outcomes.**



**YOUR LEADING SOURCE FOR WORLD-CLASS  
EDUCATION & NETWORKING FOR OVER 30 YEARS**



The Official Meeting of the  
C4 Recovery Foundation

**NACCME**  
AN HMP Global COMPANY

# 30+ YEARS OF IMPROVING PATIENT OUTCOMES

55+

EDUCATIONAL  
SESSIONS

65+

NATIONALLY  
RECOGNIZED  
SPEAKERS

80+

CE/CME CREDITS

2

GROUPS TO  
ENGAGE ON-SITE

The Cape Cod Symposium on Addictive Disorders, the official meeting of the C4 Recovery Foundation, is proud to continue our commitment to providing world-class education and networking opportunities to behavioral health and treatment center professionals.

Through collaboration, conversations, and education, our CCSAD community is leading the charge for improving patient outcomes and setting a higher standard of care.

Part of the  Psychiatry & Behavioral Health  
Learning Network

[psychbehavioral.com](http://psychbehavioral.com)



## WHO SHOULD ATTEND?

COUNSELORS  
THERAPISTS  
INTERVENTIONISTS  
SOCIAL WORKERS  
ADVANCED NURSE  
PRACTITIONERS  
PSYCHIATRISTS

PSYCHOLOGISTS  
PHYSICIAN ASSISTANTS  
TREATMENT CENTER  
EXECUTIVES  
AND MORE, WITH A  
COMMITMENT TO THE  
CAUSE



Immerse yourself in New England tradition—just steps away from seaside escapes, dining fresh from local waters, and the endless greens of the “Golf Coast”.

# RESET, RECHARGE, & RETREAT IN **COASTAL HYANNIS, MA**

**The Resort and Conference  
Center at Hyannis**

35 Scudder Avenue  
Hyannis, MA 02601

CCSAD has reserved  
a limited number of guest  
rooms at a discounted rate.  
Please use group code **CCSAD21**  
when booking your guest room.

GUEST ROOM RATE: \$160 SINGLE OCCUPANCY PLUS TAXES  
DISCOUNT ROOM RATE DEADLINE: AUGUST 11, 2021

## We Work Better Together

**IT'S TIME TO  
RECONNECT IN  
PERSON—AS SAFELY  
AS POSSIBLE.**

To keep our CCSAD community as safe as possible, we have two attendee groups for this year's event. Explore each group's diverse agenda, select the dates that work best for your schedule, and get ready to reconnect with your professional community.

**It doesn't matter which  
group you register for;  
you will have access to  
all sessions on demand  
for 45 days to earn the  
maximum number of  
CE/CME credits.**







**GROUP A**  
**SEPTEMBER 8–10**

**GROUP B**  
**SEPTEMBER 10–12**

Virtual Exhibit Hall will open  
August 9 and close October 28

On-Demand Access  
September 13–October 28

**TWO SCHEDULES  
DESIGNED WITH  
YOU IN MIND**

**(MORE CE/CMES  
THAN EVER BEFORE!)**

## GROUP A KEYNOTE SPEAKERS



**JESSICA  
ISOM**  
MD, MPH



**ZINA  
RODRIGUEZ**  
MSW



**JOSEPH G.  
HOBELMANN**  
MD, MPH



**JOHN DYBEN**  
DHSC, MCAP, CMHP



**JAIME VINCK**  
MC, NCC, LPC, CEIP



**TENA MOYER**  
MD

## GROUP B KEYNOTE SPEAKERS



**JANELLE  
WESLOH**  
MBA, LADC



**CAROLYN  
ROSS**  
MD, MPH, CEDS



**DONNA  
WHITE**  
RN, PHD, CNS, LADC I,  
CADAC II, CCFE,  
CCFT, CARN, CCDN



**CARDWELL  
NUCKOLS**  
PHD

# SEPTEMBER 8

2:00 PM–3:30 PM  
OPENING PLENARY

## 151A. Can You See Us? Providing Culturally Competent Treatment for Persons of Color

JESSICA ISOM, MD, MPH;  
ZINA RODRIGUEZ, MSW

LEVEL: 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 more 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 minoritized communities, present information to help providers to understand cultural issues relevant to treating persons of color and examine how programs can develop processes to monitor and assess efforts to incorporate cultural competency.

4:15 PM–5:45 PM  
WEDNESDAY LATE AFTERNOON  
WORKSHOPS

## 175A. Transitional Family Sculpting: Empower Clients and Families Through Creativity and Action

JUDITH LANDAU, MD, DPM, LMFT,  
CFLE, CIP, CAI, CRS

LEVEL: ALL

Due to the COVID-19 pandemic, the need for services for behavioral health has increased exponentially. There is a desperate need for action and creativity to counter the many months of feeling trapped and stagnant. Now is the time to help our clients and families gain a sense of control of their lives and environment. This experiential workshop offers a technique called Transitional Family Sculpting that incorporates the here-and-now, the larger environment/ecosystem, and intergenerational and past influences of the individual and nuclear family. This method provides the springboard from the intergenerational survival strengths of the past into new times with added vigor, understanding, and resolution.

The technique can be used with couples, nuclear families, and extended families (blood or choice) along with their major support systems. It illustrates periods of successful and challenging transitions along with lessons that can be learned from them. It allows for the resolution of Transitional Conflict.

Supported by Linking Human Systems.

## 176A. Brainspotting for Trauma Treatment and Resolution

DIANNA SANDOVAL, LPC, LAC, MA

LEVEL: INTRODUCTORY/INTERMEDIATE

This workshop will introduce clinicians to a brain-based therapy that focuses on trauma treatment and resolution through the field of vision. The premise behind Brainspotting is that “where you look effects your mood.” In this workshop therapist will explore the discovery and techniques used in Brainspotting. They will learn the theory and development along with the first four basic techniques for practicing. And will learn the difference between Brainspotting and EMDR as brain-based therapy along with how to integrate talk therapy and other techniques used by clinicians. Finally, clinicians will learn how to be trained as a practitioner and what it takes to become fully certified in this technique.

Supported by AspenRidge Recovery.

## 177A. Improving Treatment Outcome for Formerly Incarcerated Clients in SUD Treatment

ROLAND WILLIAMS, MAC, LAADC,  
NCACII, SAP, ACRPS

LEVEL: 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.

## 178A. Aligning Clinical Best Practices and Documentation With Managed Care Requirements for Improved Client Care

DAVID NEFUSSY; LISA BLANCHARD, LMHC

LEVEL: 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.

Supported by Spectrum Health Systems, Inc.

## 179A. Addiction and Trauma Recovery: Through an IPNB Perspective

ANTHONY NAVE, MA, MSW, EMDRIA,  
EMDR CERTIFIED CONSULTANT

LEVEL: INTERMEDIATE

Johann Hari continues to advocate that the opposite of addiction is not sobriety but is connection, like Dr. Philip Flores who views addiction as an attachment disorder. For those who resonate with this viewpoint and work with clients with comorbid disorders, such as substance use disorder and PTSD, how do you use it as part of your clinical practice? Interpersonal Neurobiology (IPNB) is the field of study that can give practitioners the framework to utilize a variety of interventions at the right time in a client’s continuum of care, and the language to help clients find the certainty they can make progress. This workshop will provide an overview of IPNB, how to use the language and ideas to teach clients and families the impact addiction and PTSD have had on the brain, provide treatment teams an understanding of the overlap in treatment, and the appropriate timing of interventions.

Supported by Mountainside Treatment Center.

# SEPTEMBER 9

8:30 AM–10:00 AM  
THURSDAY MORNING PLENARY

## 200A. Comprehensive Pain Recovery

JOSEPH G. HOBELMANN, MD, MPH

LEVEL: INTERMEDIATE

Chronic pain is the leading reason for visits to primary care physicians and is associated with a large individual and societal burden. It not only affects one physically, but also emotionally, cognitively, and spirituality. For those with chronic, debilitating pain, comprehensive pain recovery programs have been shown to be effective in improving function and quality of life, in addition to reducing the perceived severity of the pain.

Supported by Ashley Addiction Treatment.

10:45 AM–12:15 PM  
THURSDAY LATE MORNING  
WORKSHOPS

## 225A. Buprenorphine Maintenance: Is There an End-Point or is It Life-Long?

JAMES BERRY, MD

LEVEL: INTERMEDIATE/ADVANCED

Most patients, and many providers, launch buprenorphine treatment with the idea that buprenorphine can be easily and safely discontinued after a period of stability lasting months to years. In spite of most providers cautioning against a too hastily-thought out discontinuation, every month it seems we are faced with another patient insisting on launching a taper for all kinds of reasons: loss of insurance, other financial pressures, employment issues, pressure from family, side effects, stigma, or simply wanting to make a statement about the progress of their recovery. In this workshop we will review the recommendations and scant literature relating to buprenorphine discontinuation.. We will review steps from induction through ongoing maintenance we can take to ensure realistic expectations for prospects of discontinuation, encourage a risk-vs-benefit discussion, and most importantly, remove barriers to remaining on buprenorphine. Finally, we will discuss specific steps for conducting a successful taper.

## 226A. Cognitive Behavioral Therapy: Skills Training: Part One

DAVID KAHN, PHD, LPC

LEVEL: 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 (eg, 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.

## 227A. Healing Families Impacted By Substance Use: The Importance of Education, Support, and Connection

JAMES DIREDA, LICSW, PHD;  
MAUREEN CAVANAGH, MED, MPA

LEVEL: INTRODUCTORY/INTERMEDIATE

This workshop serves as an opportunity to gain skills, techniques, and interventions to effectively intervene with families and individuals who are impacted by substance use disorders. This training will provide an in-depth view of substance use disorders, using evidence based practices, systemic family interventions theory, including the CRAFT model as well as 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. 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.

## 228A. Breaking the Cycle: First Responders and Trauma

ANNA LISA DE LIMA, PHD, LHMC, NCC

LEVEL: INTERMEDIATE/ADVANCED

The hazards of the first responder’s job include exposure to trauma resulting in mental health issues such as PTSD, as well as substance use disorders. First responder wellness can have implications for patients, crews, families, and the community at large. Therefore, it is a social problem. This presenter will explore the realities of trauma exposure among first responders, the challenges of accepting treatment, and the concurrent treatment of co-occurring trauma, mental health, and SUDs. This presenter will also consider how COVID-19 impacted first responder wellness. This presenter will share research inspired by her work with the Palm Beach County Firefighters Union. In this role, she witnessed the impact of on the job trauma exposure on firefighters and gained a unique perspective of their culture. She will describe protocols to mitigate the negative outcomes of trauma, promote growth, and increase resilience in first responders.

Supported by Origins Behavioral Healthcare.



## 229A. Advancing Treatment of the Suicidal Patient: Integrative Approaches

MICHAEL GROAT, MS, PHD

LEVEL: INTERMEDIATE/ADVANCED

This workshop will outline the evolution of thinking about suicidality and the research that has been conducted on understanding the suicidal patient (Nock, Joiner, Jobes, Van Orden, Bryan, Linehan, etc.) We will review integrative approach using CAMS (Collaborative Assessment and Management of Suicidality) as a platform to talk about working with suicidality in an integrative, non-theory (ie, psychodynamic, CBT, etc.) specific way. There will be an introduction to phased work on how we can work with the suicidal patient in ways that both acknowledge and respond to internal conflict (wishes to die vs wishes to live) and deficit (lack of adequate coping responses, or, ego deficits). Discussing how the building of long-term resilience requires the integration of multi-modal approaches, often including family work, community support, individual therapy, and group work.

Supported by Silver Hill Hospital.

12:15 PM–1:45 PM

THURSDAY LUNCH PLENARY

## 250A. If You Want Your Patients to Get Better...: Nutritional Psychology in Behavioral Healthcare

JOHN DYBEN, DHSC, MCAP, CMHP

LEVEL: ALL

Mental health professionals are keenly aware that there are many factors and domains that influence psychological wellness. We often specialize in one or a few domains and leave the other areas to “specialists...” One area where this is often true is the area of nutrition. Some may feel that nutrition is outside of the mental health therapist’s scope and should only be addressed by a nutritionist. This workshop will not be a replacement for a trained nutritionist. It will provide a basic program of education and intervention that any mental health professional can provide to their patients to improve brain health through “macronutrient remediation.” Participants will be presented with a set of tools that they can provide to patients that will empower them to improve their patient’s brain health through nutritional intentionality.

Supported by Origins Behavioral Healthcare.

2:00 PM–3:30 PM

THURSDAY EARLY AFTERNOON WORKSHOPS

## 251A. Behavioral Health Conditions Among Local Jail Populations

NORMAN HOFFMANN, PHD

LEVEL: ALL

Recent arrestees housed in local jails constitute a population with one of the highest rates of substance use and mental health disorders. Some of the more prevalent conditions are associated with criminal recidivism and violence. This presentation will address how prevalence information can be gathered, strategies for addressing the conditions, and how officials can use the data to inform local policies and initiatives. We will discuss the cooperation between law enforcement and treatment providers to meet the objectives of public safety and public health.

Supported by Evince Diagnostics, LLC.

## 252A. Cognitive Behavioral Therapy: Skills Training: Part Two

DAVID KAHN, PHD, LPC

LEVEL: 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 standalone 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 (eg, 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.

## 253A. Invisible Loyalties: Uncovering the Transgenerational Impact of Addiction

AARON OLSON, CMHC, SUDC

LEVEL: 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 clients 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.

Supported by Cirque Lodge.

## 254A. 2020 Workplace Adaptations Having a Long-Term Impact

LINDA FENSLER, MS, CEAP

LEVEL: ADVANCED

We are in the middle of a National Health Crisis that has demanded we minimize face-to-face contact. Necessity breeds innovation, so clinicians and providers are turning to online connections and digital aids to treat individuals with drug and alcohol use disorders.

The presenter will share outcome data, testimonials and recent findings regarding the effectiveness of treatment innovations and recently developed educational tools.

Fensler will analyze digital and online connections and testimonials, to measure effectiveness and ease of use. By reviewing the experiences of patients, treatment centers and interventionists we will measure outcomes, to see how they compare with face-to-face interaction. This presentation will provide a forum to discuss the effectiveness of digital innovations and online methods in the treatment and aftercare of people with substance use disorders.

## 255A. Families, Trauma, and Addiction: Insights from Medical Family Therapy and Treatment of Chronic Disease

MICHAEL BARNES, PHD, MAC, LPC

LEVEL: ALL

What would happen to our treatment outcomes if we were to really treat addiction like the chronic disease that we say it is? This presentation will apply lessons learned from how chronic disease is treated in integrated medical environments, through the lens of medical family therapy, and through the lens of transgenerational and family system trauma theory. The goal will be for attendees to consider the need for a paradigm shift in how families are incorporated into the addiction treatment process. Attendees will learn about the phases of the chronic disease process and the developmental tasks for families in each phase. Dr. Barnes will discuss clinical implications and briefly introduce a family system, family-centered clinical program for treating families who are struggling to deal with addiction. The ultimate goal of this model will be to include the client in family services in order to create family healing.

Supported by Foundry Treatment Center – Steamboat.

4:15 PM–5:45 PM

THURSDAY LATE AFTERNOON WORKSHOPS

## 275A. Reconceptualizing Internet Gaming Disorder and Gaming Disorder Through Motivation and Cognitive-Behavioral Factors

EZRA LOCKHART, PHD, ABD, MLTHSC (DD), CAS, CDCS, CAC II

LEVEL: INTERMEDIATE/ADVANCED

Strong academic debate calls into question the clinical validity of problematic online gaming behaviors given the APA’s proposed Internet gaming disorder and the WHO official gaming disorder. It is postulated that clinical validity is confounded by (a) varied terminology for problematic online gaming behaviors; (b) theoretical underpinnings; (c) misclassification of symptomology; (d) misidentification of predictors; (e) low cross-cultural generalizability, validity, and reliability; (f) multiple non-standard assessment tools; (g) lack of diagnostic relevance; and (h) potential erroneous pathologizing of normal behaviors. Multiple authors have commented on the broader medical, public-health, societal, and rights-based ramifications for not addressing this issue of confounded clinical validity.

This presentation is predicated on the integration of the Online Gameplay Motivations Theory and the Cognitive-Behavioral Model of Pathological Internet Use to describe and explicate the complexity by capturing the motivation, maladaptive cognitions, behavioral symptoms, life stressors, exposure to technology, and situations cues that contribute to this phenomenon.

## 276A. The Evidence for Evidence-Based Trauma Treatment: Whether and When to Modify Treatment Approaches

JONATHAN GREEN, PHD

LEVEL: 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.

## 277A. Integrating Substance Use Disorder and Eating Disorder Treatment

MARY ANNE ROY, PSYD, CCS

LEVEL: INTERMEDIATE

This workshop will provide participants with knowledge to integrate addiction and eating disorder treatment through a trauma responsive lens. When these disorders co-occur, it is not uncommon when receiving treatment for one disorder for symptoms of the other disorder to increase. The Substance Abuse and Mental Health Services Administration has noted that as eating disorder symptoms increase in severity, so do the number of substances used. Research indicates that 35-40% of clients with a substance use disorder also have a co-occurring eating disorder and 50% of clients with an eating disorder misuse alcohol and illicit drugs. Due to the high rate of commonalities between symptomatology, family systems, trauma and treatment approaches, it is important for healthcare providers to work collaboratively to ensure treatment is integrated. Participants will learn to assess substance use disorders when a co-occurring eating disorder is present, determine appropriate level of care and apply evidenced based interventions.

Supported by Crossroads.

## 278A. Improving Successful Outcomes Through Implementing Measurement-Based Care

ANTOINETTE GIEDZINSKA, PHD

LEVEL: INTERMEDIATE/ADVANCED

Measurement-based care (MBC) continues to gain traction in the behavioral health care industry necessitating therapeutic practices to use objective patient data to track the impact of care and treatment progress. Progress and outcomes data derived through standardized instruments informs treatment goals and objectives, monitors individual progress, and informs decision-making related to individual treatment plans. Such data are also used innovatively to add personalized meaning to patient insight, improvement, and strengthen therapeutic alliance. MBC is key to reducing treatment failure by identifying patients who are not progressing. At the organizational level, aggregated data can provide a repository of progress and outcomes data to further support quality assurance, fidelity management, and practice outreach. This presentation will explore measurement-based care from the theoretical, individual, and systemic perspective, and provide basic how-to steps for successful implementation.

Supported by Sierra Tucson.

## 279A. Resolving Resistance Through Understanding and Dealing With Ambivalence

LINDA BUCHANAN, PHD, MED, CEDSS

LEVEL: 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.

Supported by Walden Behavioral Care.

# MAXIMUM ACCESS RATES

MAXIMUM ACCESS UNLOCKS THE OPPORTUNITY TO ATTEND BOTH GROUP A AND GROUP B IN PERSON. JOIN US ON-SITE FROM SEPTEMBER 8–12.

## SEPTEMBER 10

### 8:30 AM–10:00 AM FRIDAY MORNING PLENARY

#### 300A. Suicide, Depression, and Addiction: It's a Complicated Relationship

JAIME VINCK, MC, NCC, LPC, CEIP;  
TENA MOYER, MD

LEVEL: 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.

*Supported by Recovery Ways & Sabino Recovery.*

### 10:45 AM–12:15 PM FRIDAY LATE MORNING WORKSHOPS

#### 325A. Program-Level Barriers to Addiction Treatment Initiation and Engagement: Cutting the Red Tape and Rolling Out the Red Carpet

STEVEN PROCTOR, PHD

LEVEL: INTERMEDIATE

Despite increased rates of substance use and overdose deaths, only 10% of Americans with a substance use disorder (SUD) receive appropriate treatment. According to the latest National Survey on Drug Use and Health (SAMHSA, 2020), 40% of people with SUD who do not receive treatment report that they are "not ready to stop using" and another 42% do not receive treatment due to stigma, which underscores the need for greater adoption of harm reduction approaches. Among patients who access care, few remain in treatment for the recommended duration. Strategies to enhance treatment initiation and engagement have traditionally focused on patient-level factors (eg, interventions designed to "motivate" the patient), and often neglect the critical role that treatment programs and their philosophies play. The extant research literature will be reviewed with a particular focus on programmatic, structural, cultural, and other program-level barriers. Implications for program policies and routine practice will be discussed.

#### 326A. Demographics, Trends, and Assessment of the LGBTQ+ Population

TODD CONNAUGHTY, MA, LPCC, LADC

LEVEL: INTERMEDIATE

The session will begin with an overview of the APA Standards of Care to include current acceptable practice of LGBTQ+ terminology and language to build the foundation in learning to provide culturally competent care. This will move the attendees into education and explanation of the minority stress model and the intersectionality's of LGBTQ+ identities. Minority stress and other marginalized identities often lead to higher rates of substance use, mental health disorders, and trauma within the LGBTQ+ community. Statistics to support the higher rates of co-occurring disorders will be supported by presentation of SAMHSA's 2015 National Study, "Sexual Orientation and Estimates of Adult Substance Use and Mental Health." The current demographics and trends of LGBTQ+ individuals seeking treatment will be reviewed and studied as well as attendees will receive education on the use of a culturally competent assessment specifically created and formed to assess the needs of the LGBTQ+ identified individual.

*Supported by Pride Institute.*

#### 327A. Disappointment and the Fear of Hope: From Theory to Research

ROSS ELLENHORN, PHD, LICSW

LEVEL: INTERMEDIATE

We live in a dangerous age for therapies, in which what was once a form of care that depended on the insight and contemplation of the clinician, has become a set of practices, learned from books. This talk returns us to where the best training happens: shifting the way clinicians think about their clients away from a cluster of symptoms to be fixed by techniques, but as meaning-making animals (which they are). Fear of hope, which has now been scientifically validated, gives clinicians insight into symptoms often categorized as "depression," "anxiety," "fear of failure," and even "attachment disordered." It offers science in service of contemplation, helping clinicians see differently regarding their clients, in a more human-based, rather than pathology-oriented way. This approach to learning and training is invaluable in a world in which clinicians are increasingly treated as mechanics, with set skills aimed to fix particular illnesses. Most specifically, it helps clinicians identify a particular meaning-making process in individuals that appear as lacking motivation or refusing help, and it does so without linking these processes to pathology.

*Supported by Ellenhorn.*

#### 328A. Multiple Pathways to Recovery

JONATHAN DE CARLO, CAS;

IAN GERSHMAN, MBA, MA, CHC, CADC

LEVEL: INTRODUCTORY/INTERMEDIATE

Recovery is an evolving and individualized journey. For each person, there is a different definition to recovery. Multiple pathways exist, whether we recognize them or not. The term harm reduction denotes the vestige of approaches to recovery other than traditional abstinence-based models. This presentation will focus on discussing progressive and modern approaches to developing recovery from multiple pathways (not just harm reduction). We will present historical definitions to recovery, wherein participants will collaborate to produce a sufficient contemporary definition to recovery. Participants will explore the history of addiction and treatment perspectives on the evolution of multiple pathway practices. Participants will discuss standards of treatment for multiple pathways of recovery and explore how to integrate a multiple pathways perspective into all continuums of care. Considerations from agency level to individualized practice will be addressed to integrate multiple pathways for sustainable recovery.

*Supported by C4 Consulting.*

#### 329A. Medications for Opioid Use Disorder: Benefits, Challenges, and Public Health

JAKE NICHOLS, PHARM, MBA

LEVEL: ALL

This workshop will identify the clinically relevant pharmacological characteristics of specific medications utilized in the treatment of patients with substance abuse. In addition, the clinical use of buprenorphine and methadone in outpatient treatment of opioid dependence will be discussed. Recent developments of research and Harm Reduction approaches in the use of Naloxone will be examined. The related topic of pain management in patients receiving buprenorphine, buprenorphine/naloxone, methadone and Vivitrol will also be presented.

*Supported by Evolve Recovery.*

## SEPTEMBER 10

### 2:00 AM–3:30 PM OPENING PLENARY

#### 351B. Technology Enablement in Behavioral Health and Recovery

JANELLE WESLOH, MBA, LADC

LEVEL: 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.

*Supported by Hazelden Betty Ford Foundation.*

### 4:15 PM–5:45 PM FRIDAY LATE AFTERNOON WORKSHOPS

#### 375B. Trauma, Attachment, and Recovery

DAVID CATO, LCSW, TCT, SEP

LEVEL: ALL

This workshop is designed to educate about different attachment styles and how they impact the nervous system. Relational systems are so important in our everyday lives that we may not realize there are disruptions that can be caused by trauma. In this discussion, we will examine how to begin to heal these attachment wounds and have more functional relationships.

*Supported by Sierra Tucson.*

#### 376B. Stages of Change for Co-Occurring Mental Health and Substance Use Conditions

DEBORAH KUZMIN, MSW, LCSW

LEVEL: INTERMEDIATE

Can Individuals be treated successfully for co-occurring disorders and substance use disorders when they present to treatment but do so unwillingly or without commitment? Here we explore the possibilities, myths and stages of change, and successful techniques of meaningful engagement, communication and collaboration with the patient. Participants will discover through small groups and their own interactions in proposed case studies, Motivational Interviewing techniques and the clinician's own style and practice of empathy and listening. Learn how the vital communications link between clinician and patient is forged in initial meetings. Participants will learn the efficacy of collaborative planning in individual treatment and recovery planning. We examine quadrants of co-occurring disorders, reoccurrence of substance use, cyclical learning and hope, and the role of holistic therapies and spirituality in treatment. The successful navigation of the stages of change are presented in individualized treatment and the realization of an individual's authentic goals.

*Supported by Origins Behavioral HealthCare.*

#### 377B. Universal Mechanisms of Change in Psychotherapy: What Works and How to Measure It

ANDREW GERBER, MD, PHD

LEVEL: INTERMEDIATE/ADVANCED

Dr. Gerber will describe a framework for understanding the full range of mechanisms by which psychotherapy works in a range of situations, including psychiatric illness and addictions. He will present data from psychotherapy research and from Magnetic Resonance Imaging (MRI) studies to support this framework. A program of research will be suggested for moving away from the "horse race" mentality of studies that attempt to show one type of psychotherapy is better than another, towards a future where practitioners can prescribe individual techniques that target the unique set of difficulties with which a patient presents.

*Supported by Silver Hill Hospital.*

#### 378B. Experiential Techniques in Therapy for Patients Impacted By the COVID-19 Pandemic

JACK SODAK, LPC, MS, CAADC, CCS; LIZA PIEKARSKY, LMHC, CAP, NCC

LEVEL: INTERMEDIATE/ADVANCED

COVID-19 took and shook the lives of many. With social isolation, shelter in place orders, and other unexpected measures taken to combat this vicious disease, we are seeing a significant increase in mental health symptoms among patients. Did you know that people seeking treatment for mental health symptoms is up approximately 80% since March 2020? Therapists are working tirelessly to develop treatment plans consistent with the pandemic. This workshop will explore the benefits of experiential techniques and participants will have the opportunity to engage in experiential role plays, as they relate to working with their clients during the pandemic. Clinicians will gain tools, techniques, and strategies to utilize when working with clients during a global pandemic.

*Supported by Retreat Behavioral Health.*

#### 379B. Maternal Functioning Among Mothers in Recovery Support Treatment for OUD

JULIANNE MAZZAWI, PHD, RN

LEVEL: ALL

This workshop will present the latest research on the issue of primigravida and multigravida post partum women who are dealing with the stigma and social support to support their recovery from SUDs. This will be presented as the root of the dynamic between mother and infant. This presentation will also discuss the social determinants of a recovery oriented framework with a review of the literature. Discussion will be focused on mothers with SUDs who are working with HCP providers to engage support for the mother. Thereby ensuring a healthy Mother/baby relationship. Illumination of the existing gaps in practice, policy, education and research will be given in an overview.

*Supported by American Society of Addiction Nursing.*



8:30 AM–10:00 AM  
SATURDAY MORNING PLENARY

400B. Stories of Our Ancestors:  
Understanding the Impact of Culture,  
Race, and Trauma on Addictions

CAROLYN ROSS, MD, MPH, CEDS

LEVEL: INTRODUCTORY/INTERMEDIATE

Research dating back generations has explored the impact of the trauma of war, genocide, class struggles and race on families and offspring. People in the helping professions—psychologists, therapists, and other health care provider—have rarely been educated in treating trauma that is not solely individual and are particularly uneducated in treating trauma based on cultural identity or race. Statistics show that racism and intersectionality can be a form of adversity that can have an impact on brain development and that these effects can define and limit a person from childhood through adulthood, affecting their performance in school, work, and having an impact on their mental and physical health. Cultural competence and cultural humility and an understanding of the social and local contexts of trauma can enrich a clinician's ability to improve outcomes for clients with addictions. This presentation will offer specific ways in which clinicians can ask hard questions from the standpoint of cultural humility to gain necessary competence in working with individual with historical and intergenerational trauma. This includes providing a basic understanding of why detecting this type of trauma is important and how this type of systemic cultural trauma presents in clinical practice in individuals with substance use disorders. The presentation will include case examples that demonstrate historical trauma/intergenerational and racial trauma and how that impacts the mental health especially of BIPOC communities. This presentation will explore how subjugation, humiliation and shame of survivors of trauma has an impact on mental health and risk for SUD and will distinguish historical/intergenerational and racial trauma differs from the effects of trauma that is not racialized or visited only on specific populations, ie, in that it involves ongoing abuses, triggering due to the systemic nature of this type of trauma. In the presentation, clinicians will be given a template of strategies that come from the perspective of cultural humility, an understanding of cultural identity and the necessity to recognize bias and stereotyping that can unconsciously occur. The presentation will offer strategies for clinicians to help clients with historical/intergenerational/racial trauma build resilience while understanding the impact of their trauma in the genesis of their SUD.

10:45 AM–12:15 PM  
SATURDAY LATE MORNING  
WORKSHOPS

425B. Unspoken Loyalty: Exploring the  
Impact of Trauma and Substance Use in  
Young Adult Families

TRISH CALDWELL, MFT, LPC,  
CAADC, CCDP-D, CCTP

LEVEL: INTERMEDIATE/ADVANCED

Research continues to identify that one of the most critical elements of successful treatment is family involvement (SAMSHA). Research also reveals that as recovery capital increases and problem severity decreases recovery rates increase (White & Cloud, 2008). Notably, the research highlights the need for providers to fully integrate all external resources, including the family. As we see younger populations impacted by the disease, we must explore new avenues to meet their needs. Effective treatment practices, such as MAT should be explored and expanded so that evidence-based substance use treatment specifically targets our youth and young adults. Involving the family to educate on the role of MAT and to explore how their traumatic experiences in relation to their child's SUD has impacted their parenting is an essential component to recovery. The unspoken loyalties to family could undermine recovery. When placed in a triangle, young adults often choose family over recovery.

Supported by Recovery Center of America.

426B. Trauma-Based Challenges  
in LGBTQ Treatment

JOHN SOVEC, LMFT

LEVEL: INTERMEDIATE/ADVANCED

The hetero-normative model of treatment has been the standard of care with little respect or validation of the unique needs of LGBTQ patients. Studies reveal that LGBTQ people take more risks to use substance and that this need is often driven by developmental trauma closely related to their LGBTQ identity. As treatment professionals, an understanding of hetero-normative privilege, LGBTQ developmental phases and how these constructs influence LGBTQ treatment is vital. This workshop will identify issues that impact mental and physical health of sexual minorities. We will explore the alienation of LGBTQ clients from their family of origin, understand substance use as a coping mechanism in LGBTQ identity development, and how by reaffirming the coming out process in a supportive environment, clients can regain their sense of identity. Issues of sobriety, sexuality, gender, and family dynamics will be explored in this interactive workshop with tools shared to address these challenging issues.

427B. Group Cognitive-Behavioral Therapy  
(CBT) for Diverse Addictive Behaviors

BRUCE LIESE, PHD, ABPP

LEVEL: 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.

428B. Complex Cases Challenging  
Drug Courts

BRIAN MEYER, PHD, LCP; TINA NADEAU, JD

LEVEL: INTRODUCTORY/INTERMEDIATE

During this session, the panel will discuss several actual cases from New England Drug Court Programs involving participants who have struggled with drug court program requirements and whose behavior has been especially challenging for the drug court team to manage and address successfully. During this session we will ask the experts for recommendations on whether sanctions were appropriate, whether the team was considering all treatment options, and whether termination was appropriate.

429B. No More Rock Bottom: Compassion-  
Focused Therapy in the Treatment of  
Eating Disorders and Related Conditions

NICOLE SIEGFRIED, PHD, CEDS-S

LEVEL: INTERMEDIATE/ADVANCED

Eating disorders (EDs) are complex disorders associated with emotion dysregulation, internalized shame, and self-criticism. Research has shown that individuals with shame and self-criticism may not respond as well to traditional evidence-based treatments. Compassion-Focused Therapy (CFT) was developed as an enhancement to traditional psychotherapies to specifically target symptoms of shame and self-criticism. CFT is an integrated, multimodal approach that draws on evolutionary, social, developmental psychology, and neuroscience to promote inner warmth, safety and soothing through compassion and self-compassion. There is increasing evidence for the effectiveness of CFT with various mental health disorders, including EDs and addictive disorders. Participants in this workshop will be equipped with an understanding of the philosophy of CFT, practical tools to address the underlying neurobiology of emotion dysregulation, and effective interventions to foster self-compassion. Attendees will leave this presentation with improved competence and renewed hope in treating EDs and other disorders rooted in shame and self-criticism.

12:15 PM–1:45 PM  
SATURDAY LUNCH PLENARY

450B. Current Drugs of Abuse: Recovery  
Strategies and Innovative Treatment

DONNA WHITE, RN, PHD, CNS, LADC I, CADAC II,  
CCFE, CCFT, CARN, CCDN

LEVEL: ALL

The purpose of this workshop is to provide a synthesis between the healthcare provider and the individual who continues to use a substance that is causing extreme health related issues. Terminology and medical terms have been shown to often be a barrier in the treatment of SUDs. Clients refer to a drug of choice with a recognizable basis of knowledge gleaned from personal and collegial use. Without knowledge of the related terminology, healthcare providers are often unable to recognize detrimental effects the client describes. And without recognition, the opportunity to create a therapeutic relationship can be lost or misguided. Utilizing a unique approach of drug recognition and street terminology, an opportunity for health education can be created at the specific junction early in the relationship. Offering hope to the client and simultaneously expanding the knowledge of the provider.

Supported by American Society of Addiction Nursing.

2:00 PM–3:30 PM  
THURSDAY EARLY AFTERNOON  
WORKSHOPS

451B. The Opposite of Addiction  
is Connection: The Intersection of  
Attachment Theory, Nervous System  
Regulation, and Emotional Sobriety

ANDREW SUSSKIND, MSW, LCSW, SEP, CGP

LEVEL: INTERMEDIATE/ADVANCED

Based on the theory that addiction stems from attachment ruptures, this workshop will explore the reparative factors of the multi-faceted psychotherapeutic relationship. Relational attunement and neurobiological attunement work together to regulate the nervous system and in turn decrease the vulnerability to relapse. Such themes as somatic awareness, entrenched shame and emotional sobriety will be explored. Addictive, compulsive behaviors cross all sexual and gender orientations as well as SES and cultural/ethnic backgrounds.

452B. A New First Response: Examining  
the Paradigm Shift in How Communities  
Manage 9-1-1 Mental Health Emergencies

AMANDA FIALK, PHD, LCSW, LICSW;  
SARAH HARTE, LICSW

LEVEL: INTERMEDIATE

In this presentation on A New First Response; how Communities respond to 9-1-1 Mental Health Emergencies, we will be examining three core areas. First, the current state of intersection between law enforcement and individuals with mental illness, with historic and contemporary data that indicates how a lack of training and qualified response to a behavioral mental health crisis can and has ended in tragedy and why a paradigm shift in first response is necessary. Second, we will share industry best practices for responding to a psychiatric emergency; highlighting the necessity for trained mental health professionals to be part of any new first response solution. Third and finally, we will highlight several initiatives being launched nationally in response to widespread calls for change including New York's "health-centered pilot program" launching in February 2021 that will make new mental health teams the default responders to mental health emergencies in two communities.

Supported by The Dorm.

453B. Family-Focused Addiction Support  
Training: Working With Families Impacted  
By Substance Use Disorder

MAUREEN CAVANAGH, MED, MPA

LEVEL: INTRODUCTORY/INTERMEDIATE

A healthy and supportive family, or lack thereof, is one of the strongest determinants of mental and physical well-being throughout life. The need for that connection doesn't end at childhood and the lack of family support can impact in many ways. Addiction, often called a family disease, requires treatment that includes the person affected as well as their support system, primarily the family.

What is the current attitude toward providing family support and education? How can treatment outcomes be improved by educating and supporting both the patient and their family? In this workshop we will explore how addiction impacts the family and what families need to know and how they need to hear that information using MI, CRAFT and intervention techniques, how we can help families develop their own family working agreement that takes the individual, unique family system into consideration, and how to encourage self-care techniques that benefit all.

454B. Clinical Reflections and Strategic  
Interventions in the Treatment of Traumatic  
and Complex Grief

KATHLEEN PARRISH, MAMFC, MARE, LPC

LEVEL: 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, 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.

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## 455B. Understanding Fentanyl

ABID NAZEER, MD

LEVEL: 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.

*Supported by Symetria Health.*

## 4:15 PM–5:45 PM

### SATURDAY LATE AFTERNOON WORKSHOPS

## 475B. Buddhist Psychology: Enhancing DBT, ACT, and MBRP for Relapse Prevention

CHRIS MCDUFFIE, MSW, MA, CADC-II

LEVEL: ALL

Attendees will learn the essential teaching of Buddhism, to help inform their understanding and expertise of DBT, ACT, and MBRP. Treating clients with co-occurring disorders during the COVID-19 pandemic has increased the risk of release for our clients. Evidenced-based, western modalities of DBT, ACT, and MBRP are best approached with a comprehensive understanding of the essential teachings of Mindfulness and Meditation.

*Supported by ATon Center.*

## 476B. Engaging the Complex Family System: Identifying Family Values Protective or Harmful to Attachment Individuation

HEATHER HAYES, MED, LPC;

ANDREW SIDOLI, MSW, LCSW, CADAC

LEVEL: INTERMEDIATE/ADVANCED

Engaging in complex family systems is incredibly taxing and requires the ability to both assess individuals and the family as a unit: the triangular nature of creating attachment to both the family and the Identified patient requires juggling competing values that clash when the Identified patient in an attempt to individuate writes a different script for themselves. Family systems often promote compliance and dependency in an attempt for homeostasis within a rigid, restrictive system and present a binary paradigm of either dependence/dependency or rejection of independence efforts.

As clinicians how do we help family systems in terms of moving from avoidance to curiosity, condemned isolation to self compassion and promoting authentic connection by accepting differences and accept a state of interdependence and self care.

## 477B. Practicing Alcohol Moderation: A Harm Reduction Alternative to the Abstinence-Only Model

CYNDI TURNER, LCSW, LSATP, MAC;

CRAIG JAMES, LCSW, LSATP, MAC

LEVEL: INTERMEDIATE/ADVANCED

Over 90 million people in the United States struggle with their alcohol use but are not physically dependent. Traditional treatment is designed for the severe alcohol user, encompassing about 19 million individuals, leaving the majority experiencing problems without appropriate services. With the DSM-5 now viewing alcohol use disorders on a spectrum, behavioral healthcare providers need to have treatments that are appropriate for all levels of alcohol use. There is over 50 years of research that supports the harm reduction strategy of alcohol moderation as an effective treatment option. Upon completion of the presentation, attendees will be able to: describe why harm reduction is an effective treatment option for the majority of alcohol users, predict who is a candidate for alcohol moderation using the Alcohol Moderation Assessment, develop and monitor an Alcohol Moderation Plan, and utilize alcohol moderation tools.

*Supported by Insight Into Action Therapy and Insight Recovery Centers.*

## 478B. The Sexual Development of Gamers

HILARIE CASH, PHD, LMHC, CSAT, WSGC

LEVEL: INTERMEDIATE/ADVANCED

Young adults with Gaming Disorder (ICD-11) have usually grown up with a heavy dose of porn accompanying their even heavier use of video games. The result is often what we refer to as an “intimacy disorder.” This workshop seeks to educate clinicians in the meaning of this terminology and show how intimacy disorder develops in the majority of hard-core gamers. Because gaming starts at an early age and porn use, on average, begins in males around the age of 9, child development is sharply impacted, specifically, the brain’s wiring for sexual arousal and for building and maintaining relationships. Social anxiety and avoidance follow, leading to a vicious cycle of social avoidance, depression, anxiety and escape into gaming and other online distractions. Understanding all of this will help clinicians ask the right questions and address the right problems.

## 479B. When Philosophy Falls Short: Utilizing Attachment Theory and Experiential Therapies to Create Lasting Change

BRAD KENNEDY, MRC, CRC

LEVEL: 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.

*Supported by Driftwood Recovery.*

# SEPTEMBER 12

## 8:30 AM–10:00 AM

### SUNDAY MORNING PLENARY

## 500B. Loneliness: Clinical Observations and Therapeutic Approaches

CARDWELL NUCKOLS, PHD

LEVEL: INTERMEDIATE/ADVANCED

Loneliness is not the same as depression. Loneliness is not the same as being a “private” person. Some people both desire, need and enjoy a lot of alone time. For others, loneliness is an emotionally painful experience. This practical clinical presentation will review the research and look at various clinical scenarios where isolation and loneliness are examined. Over 40% of adults experience profound loneliness (the percentage is much greater due to pandemic) and it is an emerging issue that is under addressed. Loneliness causes physiological changes that both generate and complicate medical and psychiatric disease and disorders. This “skills training” event will take a close look at exactly what we mean by “lonely,” as well as the various causes, health consequences, symptoms and potential evidence-based treatments for loneliness. The goal is the improvement in quality of life and reduction of loneliness-related symptoms while managing other (psychosocial, psychological and medical) complications.

## 525B. A Multi-Faceted Approach to Cravings Management

DOUGLASS PAUL, LMHC, QS, LPC

LEVEL: INTERMEDIATE/ADVANCED

The DSM 5 added “cravings” to the criteria for substance use disorders in October, 2015, while noting that cravings may persist well past the period of post-acute withdrawal. Just as addiction can impact every area of life, so too must the approach for cravings management. The goals for this workshop will be to review the literature on cravings management techniques, describe in detail four craving types and elicit a discussion of multi-faceted approaches to use in a variety of treatment settings to assist clients in cravings management. This dynamic presentation is both experiential and educational with the use of mixed-media and pop-culture references.

## 526B. What is Your Idea of Success?

MICHAEL WALSH, MS, MCAP, CIP

LEVEL: ALL

No matter what level of care or clinical specialty you practice in, the overall health and wellness of the individual clients directly impacts your ability to help in the healing process. Understanding the challenges which affect our clients along their path to our offices is part of that process. Our understanding of this process and our ability to address any concerns can positively impact their outcomes/success. We will be discussing how to manage clients to are unable or unwilling to engage in current level of care safely and successfully and when, why, and how to refer out to higher levels of care. When referring out to a higher level of care what steps can be taken to build a referral network of reputable individuals and facilities to minimize risk and provide quality clinical care. Referring to appropriately trained and experienced therapists should be a priority for programs. How do I continue to remain current and available in this evolving industry? We will address these challenges and give suggestions on how we can proactively impact the communities in which we practice offering more individuals and families a better chance of successful outcomes.

*Supported by Landmark Recovery, Crisis Case Management.*

## 527B. Spiritual Disconnect: The Original Identity vs. the Addictive Personality

MUKTA KHALSA, PHD, LADAC, LPMHC

LEVEL: ALL

We are born highly intelligent and intuitively sensitive. Our original identity vibrates connection to spirituality. In childhood a belief system gets formulated about our self and our environment. If the sensitive child grows in harsh environment, we tend to de-value ourselves with low self-esteem and confidence. The once spiritual connection to our True Self begins to diminish—evenually disappearing. People with addictions find themselves in similar situations with deep emotional pain. Through yoga, meditation, sound healing, breathe work we restore our self-worth and spiritual connection with hope and inner strength.

*Supported by SuperHealth, Inc.*

## 528B. Emergency Preparedness for Behavioral Healthcare Professionals: Lessons Learned from the COVID Pandemic

LEE NEAGLE, LPC

LEVEL: INTRODUCTORY/INTERMEDIATE

While all healthcare providers should be versed in emergency preparedness, daily demands can distract from planning for emergencies that may feel unlikely or far-off. As the COVID-19 pandemic has shown us, extraordinary events can arise with little warning. These events significantly impact the delivery of care, especially if we are not prepared. Throughout this presentation we will review the responsibility of behavioral health outpatient, day treatment, and residential care providers for emergency preparedness, including planning for infection control and prevention. We will also review how to create and maintain an emergency preparedness plan and how to monitor the ever-changing regulatory environment.

*Supported by Certa Scientia Consulting.*

## 529B. Multiple Pathways to Recovery

JONATHAN DE CARLO, CAS;

IAN GERSHMAN, MBA, MA, CHC, CADC

LEVEL: INTRODUCTORY/INTERMEDIATE

Recovery is an evolving and individualized journey. For each person, there is a different definition to recovery. Multiple pathways exist, whether we recognize them or not. The term harm reduction denotes the vestige of approaches to recovery other than traditional abstinence-based models. This presentation will focus on discussing progressive and modern approaches to developing recovery from multiple pathways (not just harm reduction). We will present historical definitions to recovery, wherein participants will collaborate to produce a sufficient contemporary definition to recovery. Participants will explore the history of addiction and treatment perspectives on the evolution of multiple pathway practices. Participants will discuss standards of treatment for multiple pathways of recovery and explore how to integrate a multiple pathways perspective into all continuums of care. Considerations from agency level to individualized practice will be addressed to integrate multiple pathways for sustainable recovery.

*Supported by C4 Consulting, Inc.*

# EXPLORE THE EXHIBIT HALL

## EXHIBIT HALL HOURS

SEPTEMBER 8 12:30 PM–6:00 PM  
SEPTEMBER 9 7:30 AM–6:00 PM  
SEPTEMBER 10 7:30 AM–6:00 PM  
SEPTEMBER 11 7:30 AM–6:00 PM  
SEPTEMBER 12 7:30 AM–10:45 AM

VIRTUAL EXHIBIT HALL  
AUGUST 9–OCTOBER 28

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# REGISTRATION

Registration for in-person attendance includes access to on-site programming for the following dates dependent on group selection:

**Group A: September 8–10 | Group B: September 10–12**

IN-PERSON REGISTRATION OPTIONS	SUPER SAVER Rate Ends 8.6.21	LAST CHANCE Rate Ends 9.3.21	ON-SITE Begins 9.4.21
CE/CME Attendee	\$499	\$525	\$599
Industry Pass	\$599	\$599	\$599
CE/CME Group of 3 or More	\$449	\$475	\$549
Student	\$199	\$199	\$199
Maximum Access	\$599	\$625	\$699

In-person rates include on-demand access to all sessions for BOTH groups for 45 days following the conclusion of the conference.

Cautious about traveling this year? No worries. Register for On-Demand Only access to enjoy all of the great content for 45 days following the conference.

**On-Demand Access: September 13–October 28**

ON-DEMAND ONLY REGISTRATION	SUPER SAVER Rate Ends 8.6.21	LAST CHANCE Rate Ends 9.3.21	ON-SITE Begins 9.4.21
Single	\$425	\$425	\$449
Group of 3 or More	\$399	\$399	\$425

## Continuing Education Information

### Activity Overview

The Cape Cod Symposium on Addiction Disorders (CCSAD) will occur as a live experience from September 8–12, 2021 followed by a virtual experience from September 13–October 28, 2021.

To be eligible for documentation of credit, participants must attend the full activity and submit a completed evaluation form. Participants who complete the evaluation online within 1 year the virtual conference will receive immediate documentation of credit.

For questions regarding this educational activity, please call 609.371.1137. See the registration rates section of the website for fee information.

### Learning Objectives

- After attending CCSAD, participants should be able to:
- Apply clinical skills from a broad range of professional core functions including assessment and therapeutic approaches
  - Cite advances in the field resulting from research and practice innovations
  - Discuss ways to build a collaborative culture within the allied health professions
  - Proactively address the challenges, risks and opportunities presented by a changing competitive environment

### Intended Learners

This activity is designed for all behavioral or allied health professionals, CEOs, presidents and vice presidents, directors, other C-suite executives, physicians, psychologists, social workers, marriage and family therapists, alcohol and drug counselors, mental health counselors, collegiate recovery and professional monitoring organizations, EAPs, nurses, nurse practitioners, physician assistants, peer support, recovery coaches, sober living operators and staff.

### Joint Accreditation Statement

In support of improving patient care, North American Center for Continuing Medical Education (NACCME) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

### PHYSICIANS

**Live:** NACCME designates this live activity for a maximum of 26.0 AMA PRA Category 1 Credits™ (13.0 credits per group). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**On Demand:** NACCME designates this internet enduring activity for a maximum of 84.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### PHYSICIAN ASSISTANTS

**Live:** NACCME has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with the AAPA CME Criteria. This live activity is designated for 26.00 AAPA Category 1 credits (13.0 credits per group). PAs should only claim credit commensurate with the extent of their participation.

**On Demand:** NACCME has been authorized by the American Academy of PAs (AAPA) to award AAPA Category

1 CME credit for activities planned in accordance with the AAPA CME Criteria. This internet enduring activity is designated for 84.5 AAPA Category 1 credits. PAs should only claim credit commensurate with the extent of their participation.

### NURSES

**Live:** This continuing nursing education live activity awards 26.00 contact hours (13.0 contact hours per group).

Provider approved by the California Board of Registered Nursing, Provider #13255 for 26.00 contact hours (13.0 contact hours per group).

**On Demand:** This continuing nursing education internet enduring activity awards 84.5 contact hours.

Provider approved by the California Board of Registered Nursing, Provider #13255 for 84.5 contact hours.

### NURSE PRACTITIONERS

American Academy of Nurse Practitioners National Certification Program accepts AMA PRA Category 1 Credit™ from organizations accredited by the ACCME.

### PSYCHOLOGISTS

**Live:** As a Jointly Accredited Organization, North American Center for Continuing Medical Education, LLC (NACCME) is approved by the American Psychological Association to sponsor continuing education for psychologists. NACCME maintains responsibility for this program and its content. Variable credit for partial attendance may not be awarded. Full attendance is required for all CE activities.

Instructional Level: Advanced

This live activity will award 26.00 continuing education credits (13.0 credits per group).

**On Demand:** As a Jointly Accredited Organization, North American Center for Continuing Medical Education, LLC (NACCME) is approved by the American Psychological Association to sponsor continuing education for psychologists. NACCME maintains responsibility for this program and its content. Variable credit for partial attendance may not be awarded. Full attendance is required for all CE activities.

Instructional Level: Advanced

This internet enduring activity will award 84.5 continuing education credits.

### SOCIAL WORKERS

**Live:** As a Jointly Accredited Provider, NACCME is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program.

Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. NACCME maintains responsibility for this course. Social workers completing this live course receive 26.00 advanced continuing education credits (13.0 credits per group).

**On Demand:** As a Jointly Accredited Provider, NACCME is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may

be accepted for continuing education credit. NACCME maintains responsibility for this internet enduring course. Social workers completing this course receive 84.5 advanced continuing education credits.

### MARRIAGE & FAMILY THERAPISTS

Marriage and Family Therapists: As a Jointly Accredited Organization, North American Center for Continuing Medical Education, LLC (NACCME) is approved by the American Psychological Association to sponsor continuing education for psychologists. The APA pre-approves New Jersey, Connecticut, Delaware, Rhode Island, South Dakota and Washington D.C., for Marriage and Family Therapy credit. North American Center for Continuing Medical Education, LLC (NACCME) has received pre-approval for this conference from the following marriage and family boards:

New York: NACCME, LLC (North American Center for Continuing Medical Education) is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed marriage and family therapists #MFT-0085

California: NACCME is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for Evolution of Psychotherapy. NACCME maintains responsibility for this program/course and its content. Provider #147376

### ADDICTION COUNSELORS

This live course has been approved by NACCME, LLC, as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #162840. NACCME is responsible for all aspects of the programming.

Participants are not eligible to receive credit for any part of this enduring material already claimed as part of the live event.

### Grievance Statement

Any participant wanting to file a grievance with respect to any aspect of a continuing education activity accredited by NACCME, LLC may contact Samantha Conforti, Manager, Accreditation and Compliance, by phone at 609.371.1137, by email at [sconforti@naccme.com](mailto:sconforti@naccme.com), or in writing at 104 Windsor Center Drive, East Windsor, NJ 08520. The Manager, Accreditation and Compliance will review the grievance and respond within 30 days of receiving the complaint. If the participant is unsatisfied with the response, an appeal to the Associate Director, Greater Sellers, Accreditation and Compliance, can be requested for a second level of review. Ms. Sellers can be contacted via phone at 609.371.1137, by email at [gsellers@naccme.com](mailto:gsellers@naccme.com) or in writing at 104 Windsor Center Drive, East Windsor, NJ 08520.

### ADA Statement

North American Center for Continuing Medical Education complies with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. If any participant in this educational activity is in need of accommodations, please call 609.371.1137.

### Commercial Support

Applications for commercial support from healthcare related industries are pending. Commercial support will be acknowledged as it is received.

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**GROUP A** SEPTEMBER 8–10

**GROUP B** SEPTEMBER 10–12

HYANNIS, MA

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\*APPLIES TO NEW REGISTRATIONS ONLY.