

16th Annual Mental Health and Substance Use Recovery Training Conference

**THRIVING IN RECOVERY:
SUPPORTING
OURSELVES
AND
OTHERS
IN THE
JOURNEY**



Virtual Conference via Zoom
OCTOBER 28-30, 2020

2020 Conference Objectives For Wisconsin Mental Health and Substance Use Recovery Conference

- Increase knowledge and skills to promote wellness, prevention, treatment, recovery, best practice, holistic care, and continuous quality improvement with the use of best practices across the lifespan.
- Promote meaningful involvement in person and family-centered planning, services, supports, and system change.
- Increase knowledge of peer supports, peer-run programs, and topics related to Certified Peer Specialists in Wisconsin.
- Increase knowledge and skills regarding special topics in Mental Health, Substance Use Disorder and Integrated Treatment.
- Acknowledgment of the role that Adverse Childhood Experiences (ACEs), trauma, equity, social determinants of health, and intersecting levels of oppression play in substance use and mental health, so that these factors can be considered and incorporated into the work that the previous objectives seek to address.

Who Should Participate?

Behavioral health professionals, people in recovery and family members; clinicians in the criminal and juvenile justice systems; domestic violence service providers; adolescent treatment professionals and educators; and interested others.

Minimum Computer Standards

Participants are responsible for ensuring they have the minimum computer standards for participating in the virtual conference via Zoom. Zoom works best with Chrome or Firefox. UWSP is not responsible for participant technological issues, including, but not limited to, inadequate bandwidth and/or registrant equipment malfunction. If you are unfamiliar with Zoom, we encourage you to attend a practice session to get yourself familiar with the technology. The practices sessions will be on Thursday, October 15 from 4-5:00pm and Wednesday, October 21 from 8:30-9:30am. Please see the website and/or your registration confirmation email for more information.

Continuing Education Hours (CEHs)

Continuing Education Hours (CEH) are a measure of participation in continuing education programs. The conference has been approved for a total of 11.5 CEHs by the National Association of Social Workers, Wisconsin Chapter. Additional accreditation may be sought, but please consult with your professional association or licensing board regarding the applicability of the conference for your profession.

A link will be provided after the conference for registrants to receive their printable, personalized CEH Certificate of Completion via email. CEHs are earned by participating in the live sessions. Attendance in the live sessions will be recorded. You will not be able to earn CEHs by watching recorded sessions. It is the individual's responsibility to report CEHs earned to their appropriate credential or licensing board.

Welcome to the 16th Annual Mental Health and Substance Use Recovery Conference

We want to warmly welcome you to our first virtual Mental Health and Substance Use Recovery Training Conference! This is our 16th conference, and for those taking part for the first time - **we're so delighted you chose to join us, welcome!**

We have an outstanding planning committee that meets year round to ensure a thoughtful and carefully planned conference, and the focus of planning this year was no different. We are proud to offer the same high quality educational opportunities as in previous years, and hope the virtual format provides an equally valuable experience. We appreciate the contributions of each presenter, and thank each participant for sharing time with us. **The 2021 conference will be Thursday, October 21 and Friday, October 22.**

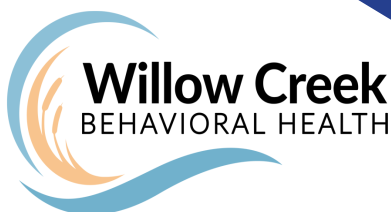
We hope to see you in person next year!

-Laura Fabick, MHSUR Conference Planning Committee Chair

Course Competency Levels:

- B - Beginner
- I - Intermediate
- A - Advance

Conference Sponsors:



University of Wisconsin
Stevens Point

2020 Conference Planning Committee

Sheila Bannister-Gross
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Debi Traeder
Mai Zong Vue
Scott Webb

DAY 1	Wednesday OCTOBER 28, 2020
7:30 – 7:50 a.m.	Welcome and Announcements
8 – 9:30 a.m.	Breakout Sessions (1-8)
9:30 – 10 a.m.	Break/Virtual Exhibit Hall
10 – 11:30 a.m.	Breakout Sessions (9-16)
11:30 – 12 p.m.	Break/Virtual Exhibit Hall
12 – 1:15 p.m.	Opening Keynote
2 – 4 p.m.	Tea Time in the Data Café (optional)

DAY 2	Thursday OCTOBER 29, 2020
7:40 – 7:50 a.m.	Welcome and Announcements
8 – 9:30 a.m.	Breakout Sessions (17-24)
9:30 – 10 a.m.	Break/Virtual Exhibit Hall
10 – 11:30 a.m.	Breakout Sessions (25-32)
11:30 – 12 p.m.	Break/Virtual Exhibit Hall
12 – 1 p.m.	Listening Session with DCTS Administrators (optional)
1:15 – 2:15 p.m.	Listening Session with County Staff (optional)
7 – 8 p.m.	Recovery Meeting (optional)

DAY 3	Friday OCTOBER 30, 2020
8 – 9:30 a.m.	Breakout Sessions (33-40)
9:30 – 10 a.m.	Break/Virtual Exhibit Hall
10 – 11:30 a.m.	Breakout Sessions (41-47)
11:30 – 12 p.m.	Break/Virtual Exhibit Hall
12 – 1:15 p.m.	Closing Announcements and Keynote

Wednesday, October 28
Day 1 • 7:30 – 7:50 a.m.
WELCOME AND ANNOUNCEMENTS

8 – 9:30 a.m.
BREAKOUT SESSIONS (1-8)

1. Chronic Pain in Recovery (B)

Rachel Hayden, CPS, LABT, TPS Certification, Certified Peer Specialist, Licensed Bodywork Therapist, Milkweed Connections, Menomonie, Wis.

Chronic pain is a complex, multifaceted issue which has a reciprocal relationship with mental health. In the last 15 years, neuroscience has learned more about pain than in all the centuries which came before. Given the opioid crisis and high rates of pain among those experiencing mental health issues, it is a topic which requires all professionals to be familiar with, whether they practice in the domain of physical medicine, mental health, or social health. As our understanding of pain has evolved in a bio-psychosocial direction, the importance of a coordinated approach becomes paramount. This workshop will enable professionals in the mental and social health fields to help those in pain navigate their mental health recovery, using the best evidence we have, in ways which empower people to gain independence.

Objectives:

1. A greater understanding of the impact of chronic pain on mental and social health.
2. The ability to work within a team of providers to provide evidence-based solutions.
3. An understanding of which prevalent beliefs surrounding chronic pain are outdated and potentially harmful for recovery.

2. Beyond Train and Hope: Coaching for Competence in Evidence-Based Practice (B)

Scott Caldwell, MI Consultant with Wisconsin Dept. Health Services, Madison, Wis.

Alyssa Fisher, B.S., M.S. Candidate, Director of Growth and Development at Adult Care Consultants, Fond du Lac, Wis.

Michelle Gleason, Clinical Coordinator in Community Treatment, North Central Health Care, Wausau, Wis.

Although initial training is necessary to begin learning evidence-based practices (EBPs), research consistently shows that it is by itself insufficient for providers to implement EBP with fidelity into routine practice. Coaching has emerged in human services as a critical driver of successful implementation following training. Provided by a trained supervisor or peer mentor, coaching guides an ongoing learning process, addresses provider ambivalence about change, and supports new ways of working on the job. This presentation will highlight the why, the what, and the how of coaching from experienced coaches in the EBP, motivational interviewing. Presentation is for administrators, supervisors, EBP

Save the Date!

17th Annual Mental Health and Substance Use Recovery Training Conference will be on **Thursday-Friday, October 21-22, 2021** at the Kalahari Resort and Convention Center. See you next year!

Win Free Registration for 2021 MHSUR Conference!

Registrants will have the opportunity to suggest a theme for the 2021 conference. If your theme is chosen, you will receive complementary registration in 2021!

We're excited to hear your ideas!

champions, and interested learners. Scott Caldwell, Michelle Gleason, and Alyssa Fisher have a combined 50 years in the human services field as providers, coordinators, trainers, supervisors, coaches, and leaders. As members of the Motivational Interviewing Network of Trainers, they have provided scores of coaching sessions to providers as part of the MI Implementation Project.

Objectives:

1. Be able to identify two benefits of coaching.
2. Be able to identify two elements of coaching for competence.
3. Gain two insights into how a provider organization can develop and support a coaching program.

3. What Works for Mothers in Recovery: Outcomes and Lessons Learned from the Minnesota DHS Women's Recovery Services Initiative (I)

Michelle Decker Gerrard, M.S., Senior Research Manager, Wilder Research, St. Paul, Minn.

Monica Idzelis Roth, Ph.D., Research Manager, Wilder Research, St. Paul, Minn.

Stephanie Nelson-Dusek, M.S., Research Scientist, Wilder Research, St. Paul, Minn.

This session provides results of a comprehensive 5-year evaluation of 12 programs providing treatment and recovery services to nearly 3,000 pregnant and parenting women across Minnesota. Through this Department of Human Services initiative, known as Women's Recovery Services, grantee programs provide gender-specific, family-centered services for the clients in their care. Wilder Research collected comprehensive data about clients served, services provided, and short and long-term outcomes for women in recovery, including conducting follow-up interviews with clients 6- and 12-months after leaving the program. Program staff collected and documented information about clients and their children at intake, closing, and throughout their participation in the program in a common database system. We will share information about client outcomes, explore potential impacts of the pandemic on women served, and discuss key factors contributing to success in serving this population.

Objectives:

1. Attendees will have increased knowledge of the outcomes achieved by a comprehensive case-management program serving women in recovery.
2. Attendees will have increased knowledge of what program factors improve outcomes of women in recovery.
3. Attendees will have an overview of feedback from women about what helps them maintain their sobriety.

4. Spirituality, Meaning, and Purpose: Addressing a Critical Dimension of Healing (B)

Victoria Welle, Certified Peer Specialist, Master of Theological Studies, Menomonie, Wis.

Spirituality is often connected to a sense of one's meaning and purpose in life, and can be a crucial factor for someone's recovery or healing process. How can we engage with spirituality in ways that are trauma-informed and culturally sensitive, particularly in non-religious support settings? This workshop will explore strategies for addressing spirituality, meaning, and purpose as part of a healing process, including opportunities for self-reflection and discussion. Open to peer supporters, clinical providers, and anyone interested in holistic approaches to healing, regardless of religious affiliation.

Objectives:

1. Participants will learn the role of spirituality as it relates to creating meaning and purpose during healing from trauma, substance use, or mental health crisis.
2. Participants will be introduced to ways to explore spiritual issues regardless of religious belief.
3. Participants will gain awareness of trauma-informed cultural considerations when discussing spirituality.

5. How Motivational Interviewing (MI) Can Aid Peers (and Other Supportive People) to Help Even BETTER Than They Do Now! (B)

Kris Kelly, Minnesota State Project Manager, University of Wisconsin-Madison, CHES/Great Lakes Addiction, Mental Health, and Prevention Technology Transfer Centers.

Laura A. Saunders, MSSW, University of Wisconsin-Madison, School of Engineering, Independent Consultant, Madison, Wis.

This workshop is geared for peers and other helping professionals who want a few evidence-based tips for being the best helper they can be. In this interactive session, we'll consider how Motivational Interviewing (MI) can aid peers to help in more effective ways. We will demonstrate how the spirit and skills of MI align with core competencies for peer recovery support services. Participants will walk away with new skills and a clear sense of how Motivational Interviewing is at the heart of excellence in peer support.

Objectives:

1. Compare and contrast Motivational Interviewing (MI) to other styles of helping.
2. Demonstrate how Motivational Interviewing aligns with core competencies in peer support.
3. Discover MI strategies to best support others in behavior change.



6. If You Want to Go Fast, Go Alone. If You Want to Go Far, Go Together! Building a Resilient and Trauma-Informed Community (I)

Sarah Johnson, LPC, Mental Health Director, La Crosse Area Family YMCA, La Crosse, Wis.

Lacie Ketelhut, M.S., Trauma Informed Care Community Coordinator, Gunderson Health System, La Crosse, Wis.

Like many Wisconsin communities, La Crosse struggles with a substance use epidemic and rising mental health concerns that often intersect around trauma and adverse childhood experiences. Is the problem mental illness, substance use, childhood trauma or a combination of them? And how does a community develop solutions to complex social problems? Resilient and Trauma-Informed Community effort moves away from old roadmaps to address these long-standing problems that seem to have a stronghold in communities. An isolated, fractured approach to solve complex problems will not work and has not worked for years. Learn how community partners are finding new roadmaps for developing innovative solutions built on collaborative partnerships.

Objectives:

1. Learn the five conditions of Collective Impact and how it guides the Resilient and Trauma-Informed Community effort in addressing complex social problems.
2. Discuss the benefits of a relationship-based community learning model for developing collaborative solutions.
3. Gain a framework for mobilizing partnerships across different sectors of the community to rally around a common agenda for collective actions.

7. Treating Reactive Attachment Disorder from a Family Lens (I)

Jordyn Archambeau, MSW, APSW Therapist at Innovative Services Wellness Centers

Abby Baumgart, Ph.D., LPC-SAS, CS-IT, CCTP, NCC Clinical Director and Therapist, Innovative Services Wellness Centers

Intended audience: case managers, therapists working with children and families with Reactive Attachment Disorder Reactive Attachment Disorder (RAD) impacts the entire family unit and requires treatment through a family lens in order to be effective. Abby's recent study gave a voice to caregivers of children with RAD who shared their lived experiences. Learn about the results of that study and the change that can be made right now to improve the care and treatment to increase positive outcomes.

Objectives:

1. Learn about the experiences and needs of caregivers/families of children with RAD and what they are asking for.
2. Explore treatments and interventions you can use now to improve positive outcomes within families with RAD.
3. Learn resources and supports families with RAD are asking for that are currently unmet needs.

8. Doubling Down on Peer Support: An Opioid Treatment Program's Approach to Utilizing Peer Support in Community-Based Services (I)

Michael White, MCJ, Director of Community Programs, Community Medical Services, Maricopa County Correctional Health Coalition, Phoenix, Ariz.

Peer Support Specialist have proven to be an effective tool in lowering the anxiety of individuals struggling with substance use disorder to enter treatment along with staying engaged in services. Over the last five years, Opioid Treatment Programs along with other substance abuse programs have adopted the practice of supporting their clients with Peer Support Specialists. The presentation will discuss several projects around the country that are demonstrating positive outcomes employing Peer Support Specialist as the main workforce to support Emergency Department responses, Fire Department collaboratives, rural mobile health clinics, Department of Child Safety Dependency Cases, street-based harm reduction services, along with Jail and prison in-reach. Workshop attendees will learn and evaluate projects in Arizona, Wisconsin, North Dakota, Texas, and Ohio.

Objectives:

1. Define and evaluate the benefits of adopting and implementing Peer Support Specialist into their agency.
2. Assess existing projects that utilize peer support and identifying the benefits of engaging folks in the community. The benefits discussed will include a positive relationship with the community, providing a direct line to treatment, and improving community outcomes.
3. Evaluate their own community and how their agency can utilize peer supports to engage with those seeking help with substance use disorder through the lens of the sequential Intercept Model and Collective Impact.

9:30 - 10 a.m.

BREAK/VIRTUAL EXHIBIT HALL

10 - 11:30 a.m.

BREAKOUT SESSIONS (9-16)

9. Trauma Leadership: Building Strategic Inclusion of Trauma in Your Practice (B)

Rev. Everett Mitchell, M.Div., Th.M., J.D., Community Activist and Circuit Court Judge, Madison, Wis.

Under my judge's robe, my suit and bow tie, and before I received my various diplomas, I was a traumatized kid. Join me to explore how to take trauma-informed care as an idea, to trauma-informed as a practice. In this workshop we will explore the Trauma Leadership, learn how to create micro acts that build trust, and address secondary trauma.

Objectives:

1. Explain Trauma Leadership: Working to ensure that trauma informed practices are integrated into the DNA of your organization.
2. Moving from Micro Cuts to Micro Acts of Building Trust.
3. Reclaiming Hope by addressing secondary trauma.

10. Centered Care: Embodying Qualities Central to Relationship-Centered, Equitable, and Trauma-Sensitive Care (I)

Karen Laing, MBSR Teacher, Founder, WisdomWay Institute, Madison, Wis.

Melinda Marasch, LCSW, Aspire Training and Consulting, Appleton, Wis.

What does it take to provide trauma-informed care, especially in this current world we find ourselves in? We learn the framework for TIC, but how can we embody the qualities of care that create the healing alliance, during our best days, as well as our most challenging ones? You'll come away with a framework to better understand how the personhood of the provider is a vehicle for safety, equity and respect, and tools to cultivate qualities that support a therapeutic alliance grounded in those aims, while preventing emotional saturation and burnout.

Objectives:

1. Integrate the aims of Healing Informed Care/TIC with at least 2 embodied qualities related to the personhood of the practitioner.
2. Identify at least one cognitive, one physiological, and one attentional change in threat cognition and it's opposite, mindfulness cognition.
3. Differentiate and summarize working definitions for empathy, empathic distress, compassion, self-compassion as we review measurement tools and current findings.

11. Emergency Interventions in Opioid Overdose and Opioid Withdrawal: Updates from Emergency Medicine and EMS (I)

Aurora Lybeck, M.D., M.A., Board Certified Emergency Medicine and EMS Physician

Emergency interventions in opioid overdose and opioid withdrawal: Updates from Emergency Medicine and EMS. Intended audience: Anyone involved in the emergency intervention of opioid overdoses and acute opioid withdrawal, family and patients interested in learning more about the status of acute medical interventions in Wisconsin. Emergency Department initiated MAT Emergency Department ED2 Recovery and on-location emergency support services EMS leave-behind naloxone and acute interventions in the field EMS refusals of transport after acute opioid overdose.

Objectives

1. Attendees will understand current options available for acute medical intervention/support in some Wisconsin Emergency Departments.

2. Attendees will understand current opioid overdose surveillance and options for acute interventions by EMS in the out-of-hospital environment.
3. Attendees will understand limitations to implementing such programs in the Emergency Departments and EMS systems.

12. A Survivor Informed Approach to Intimate Partner Violence (IPV) (I)

Jennifer Parker, Clinical Social Worker, Harmonia: Madison Center for Psychotherapy, Madison, Wis.

Jennifer Parker utilizes the stories of IPV survivors to educate about working effectively with them. She includes survivors' comments regarding what they have found helpful and what wasn't. Counter-transference for helpers is examined. Assessment issues and important aspects of IPV therapy are identified, along with examples of empowerment strategies. There is one small group discussion with case scenarios. The training ends with a survivor's story of empowerment. This workshop is intended for those working with survivors of intimate partner abuse, but content regarding assessment and counter-transference is also helpful for those working with perpetrators. Some knowledge of power and control dynamics is helpful.

Objectives:

1. Increase knowledge about intimate partner violence assessment and treatment.
2. Improve the ability to identify abusers from non-abusers.
3. Identify stages of survivor empowerment with appropriate goal-setting for each.

13. Building a Community of Practice with Emotional CPR (B)

Lynn McLaughlin, Communications Professional, Neenah, Wis.

Karen Iverson Riggers, Writer, Survivor, Advocate, Entrepreneur, Community Volunteer, Appleton, Wis.

Emotional CPR (eCPR) is a public health education program that teaches people how to assist someone experiencing emotional distress. As with any educational program, the greatest value is felt when participants have the opportunity to practice what they have learned after leaving the training. Through building a Community of Practice, eCPR Practitioners are given the opportunity to practice the skill set of connection, empowerment and revitalization; experience personal support through others in the Community of Practice; and broaden their social-connectedness in their community. Presenters will share the Community of Practice model and how a Fox Valley non-profit organization has successfully implemented it.

Objectives:

1. Participants will build understanding of the process of Emotional CPR (eCPR) and how it assists people experiencing emotional distress.
2. Participants will explore the fundamentals of a Community of Practice model for continued learning, including how to begin and nurture a Community of Practice.
3. Participants will gain knowledge on how Emotional CPR provides a framework to help eliminate burnout and compassion fatigue for human service workers.

14. Talking to Teenagers About Marijuana and Other Drugs in a Way that They Can Hear You (I)

Betsy Byler, M.A., LPC-SAS, ICS, LPCC, Mental Health and Substance Abuse Therapist, Clear Harbor Counseling, Superior, Wis.

Most teenagers will agree that drugs like meth and heroin are bad. They will swear they'll never do it. We know that no one plans to become addicted to drugs (or alcohol). We also know that addiction is a progressive illness. As adults we want to warn teenagers and often struggle with how to do it in a way that they will actually "hear" what we are saying and consider the information. Working with teenagers and substance use since 2003 I believe I've found some keys to doing this and had success in getting the message across. If you work with teenagers and struggle with being effective in your message, don't know what to say about marijuana and would like some ideas this workshop may be for you. Intended for professionals, mentors, parents or other caring adults in a teenager's life.

Objectives:

1. Learn guidelines of suggested do's and don'ts when discussing AODA issues with teenagers.
2. Gain a basic outline of presenting facts to teenagers.
3. Gain an understanding of how to talk to teenagers about marijuana in a time when legalization is on the rise.

15. Agency Implementation of Evidence-Based Practice: Multiple Perspectives on Challenges, Successes, and Lessons Learned (B)

Heidi Angwall, Service Facilitator in Community Treatment, North Central Health Care, Wausau, Wis.

Scott Caldwell, MI Consultant with Wisconsin Department Health Services, Madison, Wis.

Michelle Gleason, Director of Community Treatment, North Central Health Care, Wausau, Wis.

Janelle Hintz, Clinical Coordinator in Community Treatment, North Central Health Care, Wausau, Wis.

While many evidenced-based practices (EBPs) exist for uptake and delivery in human services, a recent study estimated 1 to 3 percent of agencies actually achieve successful implementation.

Implementation means selected providers integrate the EBP into routine practice with fidelity. This is an ambitious goal because implementation involves new ways of working. In this panel presentation, you will hear from the perspectives of an agency director, an implementation team member and coach, and practitioner with moderation from the state consultant on the challenges, successes, and lessons learned in the process of implementing the EBP, motivational interviewing. This presentation is for policy makers, administrators, supervisors, and EBP champions.

Objectives:

1. Be able to identify two challenges with EBP implementation.
2. Be able to identify two factors of successful EBP implementation.

3. Consider a next step to continue the implementation conversation.

16. Dissociation and Dissociative Identity Disorder: Recognition, Assessment, and Treatment Considerations (B)

Sue Moran, M.S., LPC, CSAC, ICS, Owner, Four Winds Counseling, LLC, Madison, Wis.

Individuals with dissociative identity disorder (DID) generally spend 6-12 years in the mental health system before they are diagnosed and represent up to 6 percent of the outpatient psychiatric population. The incidence in the general population is estimated to be between 1 and 1.5 percent, comparable to schizophrenia which is estimated to be 1.1 percent of the general population. This 90 minute workshop will be presented by Sue Moran, MS, LPC, CSAC, ICS and by Julian, a person who has dissociative identity disorder. Julian will share some of his lived experience getting to the help he needed to begin healing. The workshop will include information on recognizing and understanding dissociation and dissociative identity disorder (DID) including differential diagnosis issues, assessment, and treatment considerations. This workshop is intended for those who wish to know more about dissociation and dissociative identity disorder as a developmental trauma disorder.

Objectives:

1. Participants will gain an understanding of the etiology of dissociative identity disorder as a developmental trauma disorder.
2. Participants will learn about the use of two standardized measures of dissociation as well as differential diagnostic considerations.
3. Participants will understand the stabilization stage of therapy specific to treating dissociative identity disorder.

11:30 a.m. - Noon
BREAK/VIRTUAL EXHIBIT HALL

Noon - 1 p.m.
OPENING KEYNOTE

Disrupting Pipelines Through Trauma, Trust, and Transformational Courtroom Practices

Rev. Everett Mitchell, M.Div., Th.M., J.D., Community Activist and Circuit Court Judge, Madison, Wis.

As a Dane County Circuit Court Judge, Everett Mitchell has heard stories from young people whose lives are filled with trauma, abuse, abandonment, mental health, anxiety and depression. These stories led him to conclude there is an active "child welfare to adult prison pipeline" in Dane County, and that the court process can reinforce trauma. Judge Mitchell's court room demonstrates compassion, patience and belief in transformation.

Objectives:

1. Explanation of the Child Welfare to Juvenile Delinquency Pipeline.
2. Discussing Trauma through a Child's Eyes.
3. Courtroom Practices: Handcuffing, Re-Centering the Important Parts, Supporting Families, Building Metrics of Success.

2 - 4 P.M. • OPTIONAL TEA TIME IN THE DATA CAFÉ

Do you have a question or a problem you're trying to answer? Are you writing a grant and looking for data to help back up your proposal? How do you start? Where do you find the data? Join DHS data experts for Tea Time in the Data Café. Learn about new trends at datasets and get help with your data questions.

Thursday, October 29 Day 2 • 7:40 – 7:50 a.m. WELCOME AND ANNOUNCEMENTS

8 – 9:30 a.m. BREAKOUT SESSIONS (17-24)

17. How Telemedicine is Changing Mental Health Treatment (B)

Vimarsh Raina, Internal Medicine Physician, Medical Director of Virtual Care, Ascension Wisconsin, Stevens Point, Wis.

There is a severe shortage of Psychiatrists and Behavioral Health Professionals in the US. This shortage is worse in rural areas. In the past few years novel approaches like using Telemedicine has helped bridge the gap in mental health treatment all over the country. It has not only helped patients with Depression and Anxiety but also has a huge role in managing Substance Use Disorders. Although some barriers still exist, Telemedicine for Mental Health Treatment has evolved as an important method to deliver care over the past few years.

Objectives:

1. Understand Technology in Medicine is evolving rapidly with the use of Telemedicine.
2. How Telemedicine is being used in areas of Mental Health Illness and Substance Use Disorders.
3. Barriers in the use of Telemedicine in Mental Health Treatment.

18. Families Strong (I)

Michelle Jaskulski, Senior Director, Faith and Family Programs at Addiction Policy Forum, Cudahy, Wis.

Families Strong was adapted from an evidence-based, mental health, professional-led model to be more accessible and sustainable by using a peer-led support group approach. The program focuses on helping family members develop self-care, build social supports, and learn effective motivational strategies for interacting with a loved one who is struggling with a substance use disorder. Families Strong also helps family members to have a clear understanding of substance use disorder and substance use treatment options. This presentation is designed to show professionals, peer support, recovery coaches, family members or other interested persons how to implement and facilitate a Families Strong group.

Objectives

1. Learn the importance of and how to provide support for family members and friends of individuals with substance use disorders using evidence-based methods.
2. How to keep family members engaged with their loved one in order to assist them in choosing to seek treatment.
3. How to help the family member to change the method used to communicate with the substance use in order to minimize the negative effects of an individual's substance use disorder on family members and friends.

19. "Why Do I Have to Be Here?" - Effective, Person-Centered Interventions with Consumers Who are Mandated to Attend Treatment (I)

Sarah Glomaski, M.S., NCC, LPC, SUD, CS-IT, Clinical Supervisor, Journey Mental Health Center, Madison, Wis.

For consumers in these situations, their treatment experience often feels punitive and it can feel particularly challenging to provide person-centered care. In this workshop, Sarah will share techniques she has employed to successfully engage consumers who may not initially desire treatment, how to support consumers on moving through the stages of changes on their own terms, and achieve their own personal goals. Sarah will also share how to gather data to measure successful treatment. Professionals who work with consumers who are mandated to attend treatment will benefit from this workshop, especially professionals who seek to improve their consumer engagement with consumers who are mandated to attend treatment.

Objectives:

1. How to use a person-centered approach to build a strong therapeutic alliance with consumers who may not initially desire treatment.
2. How mental health and SUD providers can challenge their own thinking about the effectiveness of treatment with consumers who are attending treatment due to external motivators, such the criminal justice system, Child Protective Services, or other legal systems.

3. How to use psycho-education and documentation in a collaborative manner to build rapport with the consumer, and measure effective treatment.

20. How Binge Eating Disorder Mimics Substance Use Disorder (I)

Barbie Bunnell, LCSW, SAC-IT, CCTP-1, Licensed Therapist, Bridge Community Health Clinic, Wausau, Wis.

Binge eating disorder is now a diagnosis for treatment per the DSM-V, but many refer to it as food addiction. This presentation will outline the similarities, and differences, between Binge Eating Disorder and Substance Use Disorder, and highlight the most promising evidence-based treatment modalities to treat this disorder. This presentation is intended for clinicians that see Binge Eating Disorder symptoms, or work with clients facing cross-addiction risks between alcohol and other drugs, to food.

Objectives:

1. What is Binge Eating Disorder, and what are the symptoms?
2. How is Binge Eating Disorder like addiction?
3. How can I treat Binge Eating Disorder in my clients?

21. Advanced Treatment Techniques and Targets in Dialectical Behavior Therapy: Emerging Best-Clinical Practices for DBT-Trauma Care and Co-Occurring/ Complex Clinical Presentations (A)

Lisa Herpolsheimer, LCSW, DBT-Certified, and Certified Clinical Trauma Professional, Executive Director and Program Creator, Wise Mind, Ltd., Delafield, Wis.

Binge eating disorder is now a diagnosis for treatment per the DSM-V, but many refer to it as food addiction. This presentation will outline the similarities, and differences, between Binge Eating Disorder and Substance Use Disorder, and highlight the most promising evidence-based treatment modalities to treat this disorder. This presentation is intended for clinicians that see Binge Eating Disorder symptoms, or work with clients facing cross-addiction risks between alcohol and other drugs, to food.

Lisa will present the latest research and practice protocols that specifically address the needs of individuals with severe emotional dysregulation, emotion avoidance patterns, and those presenting with both single and complex trauma (C-PTSD) care needs. The DBT Treatment Targets Hierarchy will be presented as well as the Dialectical Dilemmas that require resolution for lasting recovery to be arrived at collaboratively with therapy participants. Age ranges covered will be adolescent through adult. Presentation orientation is based upon the work of Marsha Linehan, Ph.D. et. al. The blending of DBT with Trauma Care has been championed by Melanie Harned, Ph.D..

Objectives:

1. Understanding of the latest research in trauma therapy, and the limitations of trauma therapy, specifically with emotionally dysregulated individuals that are enrolled in outpatient DBT.

2. Build clinical skills for addressing trauma care needs with multi-diagnostic, clinical complex participants from adolescents through adults.

3. Engage in a clinical case formulation, using the DBT Concept of Dialectical Dilemmas with conference peers.

22. Best Practices in Clinical Supervision - (A) Part I of 2 - continues in session 30

Kenneth Ginlack, LCSW, CSAC, ICS, Director of Outpatient Programs, Milwaukee County Behavioral Health Division, Milwaukee, Wis.

Clinical supervision is a mutual endeavor enhanced by a trusting-bi-directional relationship that leads to professional development and enhanced client care through mentoring, guidance, and clinical oversight (Durham, 2019). The training will provide current trends and research, technology-based and evidence-based practices, and the overall structure of effective clinical supervision.

Objectives:

1. Discuss the importance of collaboration in the development of an effective supervisory relationship.
2. Define ethical issues in supervision including dual relationships and confidentiality.
3. Define legal considerations in clinical supervision including vicarious liability and duty to warn.

23. Setting the Stage: Provider Practices to Improve Mental Health Treatment for Individuals with Autism (B)

Sharon Hammer, M.S., LPC, Educational and Behavior Consultant, Imagine a Child's Capacity, Madison, Wis.

Lisa Hoeme, M.S., LPC, Educational and Behavior Consultant, Imagine a Child's Capacity, Madison, Wis.

Mental health concerns are common for individuals on the autism spectrum, yet their struggles in this area often go overlooked and access to effective treatment options and support can be limited. Lisa and Sharon from Imagine a Child's Capacity LLC, will overview the most common co-occurring mental health concerns that lead individuals with autism to seek out treatment. We will explore how providers can improve outcomes for individuals with autism by learning how to tailor treatment to be a better match for autistic neurology, starting from the very first session. We will include first-hand information shared by individuals with autism around their experiences, the impact living with autism has on their mental health and what makes a provider a good match. This workshop will benefit providers interested in expanding their knowledge around how to incorporate supportive and client-centered treatment practices into sessions.

Objectives:

1. Develop skills to individualize treatment strategies to match the individual and their neurology.
2. Increase knowledge of effective treatment options for autistic clients.
3. Develop an understanding of how to adjust treatment strategies when working with non-verbal or less verbal individuals on the spectrum.

24. Voice and Choice (and all Wraparound Principles) are at the Center of Wellness in CCS (I)

Due to unforeseen circumstances, Session 24 had to be rescheduled to Session 42. We apologize for the inconvenience.

9:30 - 10 a.m.
BREAK/VIRTUAL EXHIBIT HALL

10 – 11:30 a.m.
BREAKOUT SESSIONS (25-32)

25. Trauma Focused Therapy: Healing Relational Trauma through Relationships (B)

Gretchen Arndt Hoernke, EAGALA, Triquestiran, LLC, Madison, Wis.

Tami Bahr, Founder, Triquestiran, LLC, Instructor, Edgewood College, Madison, Wis.

Join us in a discussion of Natural Lifemanship Trauma Focused Therapy principles that can be utilized in any setting to support the healing of relational trauma through safe, connected, regulated relationships with our selves and others.

Objectives:

1. Participants will be able to identify signs and symptoms of trauma.
2. Participants will learn strategies to utilize in creating safe, connected, regulated relationships.
3. Participants will have an opportunity to experience a variety of regulation strategies.

26. Overcoming Stigmas Towards Medicated-Assisted Treatment Among Helping Professionals (I)

Andrew J. Shreier, ICS, CSAC, LPC, Clinical Supervisor, Waukesha Comprehensive Treatment Center, Waukesha, Wis.

In today's opioid epidemic, medicated-assisted treatment (MAT) has been supported as evidenced-based; yet it still faces several stigmas associated with its use for treating people with opioid use disorder. Stigmas negatively impact how the individual views themselves, their willingness to seek treatment, and receiving the support and services they need. Unfortunately, the stigmas towards people with use disorders, and even the treatment methods to help people recovery, also occur within professional settings. Addressing stigmas within the helping profession towards medicated-assisted treatment is crucial in helping those who are seeking to stop their opioid use and hopefully work towards a plan to recover. The best ways to start overcoming these stigmas is by identifying some of the current ones about MAT, review the paradigm shift in how medicated-assisted treatment programs provide services to patients, and learn about the benefits and

limitations of MAT for those currently and potentially seeking services.

Objectives:

1. Identify some of the stigmas towards medicated-assisted treatment and the impact it has on people seeking/receiving treatment, their family members and loved ones, as well as the professionals who are trying to help them recover.
2. Discuss and review the paradigm shift from how medicated-assisted treatment was viewed in the past and the efforts it strives to make today in fighting the opioid epidemic and other issues related to mental health and substance use.
3. Learn the benefits and limitations of medicated-assisted treatment and identify ways to build support and connection with other service providers.

27. Diversity Dialogues: Unconscious Bias Awareness (B)

Harold Gates, MSSW, CISW, HS-BCP, President, Midwest Center for Cultural Competence, LLC, Sun Prairie, Wis.

Denise Johnson, BSW, Wisconsin Statewide Project Coordinator of SUD/MH Services for Persons who are Deaf, Deaf0Bind and Hard of Hearing, Milwaukee, Wis.

Effective counseling relationships include genuineness, unconditional positive regard, and accurate empathic understanding. How do we provide this when we have unrecognized, learned biases because of our circles of influence, geographical limitations, unquestioned beliefs, etc.? The participants will engage in activities and open, respectful discussions of challenging issues related to racial and cultural differences. They will be encouraged to explore unsupported assumptions and misconceptions and share strategies to improve counseling effectiveness.

Objectives:

1. Participants will gain an understanding the unconscious bias when working with people with diverse background.
2. Participants will be able to identify how their unconscious bias may have impact in counseling settings.
3. Participants will learn a few strategies on how to recognize and what do about their unconscious bias.



28. Introduction to Internal Family Systems Therapy: An Evidence-Based Model (B)

Tina Ottman-Boykin, MSE, LCSW, LPC, Clinical Director, Life Point Counseling, Plymouth, Wis.

Internal Family Systems is a powerfully transformative, evidence-based model of psychotherapy. We believe the mind is naturally multiple and that is a good thing. Our inner parts contain valuable qualities and our core Self knows how to heal, allowing us to become integrated and whole. In IFS all parts are welcome. IFS is a movement. A new, empowering paradigm for understanding and harmonizing the mind and, thereby, larger human systems. One that can help people heal and helps the world become a more compassionate place. The workshop will present an overview of the model, video excerpt of the model on action, and some brief experiential exercises to introduce this powerful way of working with clients.

Objectives:

1. Participants will understand the basic tenants of IFS therapy, the role of parts and self, and goals of IFS therapy.
2. Participants will learn about the protocol and steps involved in IFS therapy.
3. Participants will learn about what client populations may benefit from utilizing IFS treatment.

29. Empathy Fatigue: Using Compassion Practices to Build Resilience (I)

Donna A. Rifken, Ph.D., Community Care Resources and Programs, Child Clinical Psychologist, Community Cares Resources and Programs, Madison, Wis.

Burnout has been mis-attributed to compassion fatigue. In fact, burnout is likely due to empathy fatigue. Learn how empathy is different than compassion, with each one having their own unique neural signature and impacts on the brain and body. This workshop will offer practice in mindfulness strategies that reduce burnout and strengthen emotional resilience and wellbeing.

Objectives

1. Understand the differences between empathy and compassion and how they arise in the brain.
2. Review the research on mindfulness meditation and explore how compassion practices might strengthen emotional resilience.
3. Learn and practice two forms of compassion meditation to experience their impacts on your own body and mind.

30. Best Practices in Clinical Supervision - (A) Part 2 of 2 - continued from session 22

See Session 22 for description.

31. Prescribing Psychiatric Medication for People with an Alcohol and/or Drug Use Disorder (B)

Ron Diamond, M.D., University of Wisconsin Consultant, Wisconsin DHS, Professor Emeritus, UW-Madison School of Medicine, Madison, Wis.

This workshop will focus on how psychiatric medication can be safely and effectively used by people who have an alcohol and/or drug use disorder, and when psychiatric medications should be avoided or approached cautiously. This workshop will include consideration of the safety and effectiveness of psychiatric medication prescribed for co-morbid conditions such as depression, bipolar or schizophrenia. This workshop will also include consideration of medications more effective for people with use disorders. There are now prescribed medication that can help people reestablish control over their alcohol and opiate use, and integrating these medications into AODA treatment programs can improve the outcomes. None of these medications replace other AODA treatment, but they can help AODA treatment to be more effective.

Objectives

1. Review guidance for prescribing psychiatric medication for people who use substances.
2. Explore considerations for starting a new psychiatric medication for someone who is at high risk of developing a use disorder.
3. Learn medications that may help someone manage a use disorder.

32. Families Speak: What Parent Peer Support Has Done for Our Families (B)

Robyn F. Hardt Schultz, Ph.D., Director of Program Evaluation, Wisconsin Family Ties, Madison, Wis.

Nothing better demonstrates the power of parent peer support than hearing about it from families that have benefited from that support. Following a brief presentation of the research findings on the impact of Wisconsin Family Ties' parent peer support, 2 families who have received that support will describe what it has meant to them and their families.

Objectives

1. Attendees will learn what parent peer support is and how it works, as well as the nature and breadth of its benefits as uncovered by research and evaluation.
2. Attendees will hear from families about what works and how they determine the value of services their families receive.
3. Attendees will learn how and why parent peer support is unlike any other service that supports families.





11:30 a.m. - Noon
BREAK/VIRTUAL EXHIBIT HALL



OPTIONAL
FORUMS ON OCTOBER 29

Noon - 1 p.m.
Listening Session with DCTS Administrators

This session is for people in recovery.

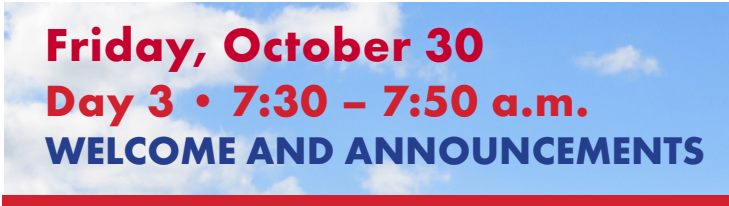
Meet the leadership of the DHS Division of Care Treatment Services: Rose Kleman, Administrator; Holly Audley, Assistant Administrator; and Gynger Steele, Assistant Administrator— and discuss mental health and substance use programming in Wisconsin. This session will follow a question-and-answer format. Come with your questions. You can also share your opinion on what services are working well and what services need attention.

1:15 – 2:15 p.m.
Listening Session for County Staff

County staff will have an opportunity to meet with the leadership of the DHS Division of Care and Treatment Services: Rose Kleman, Administrator; Holly Audley, Assistant Administrator; and Gynger Steele, Assistant Administrator; and Teresa Steinmetz, director of the Bureau of Prevention Treatment and Recovery – to discuss mental health and substance use programming in Wisconsin. This session will follow a question-and-answer format.

7 – 8 p.m.
Recovery Meeting

This meeting is for anyone in recovery and will be chaired by a person in recovery to offer and provide the opportunity for support. This meeting is an informal gathering of all forms of recovery and not specific to any single support or fellowship group. Out of respect to everyone's anonymity this meeting is not open for observation from individuals not in recovery.



Friday, October 30
Day 3 • 7:30 – 7:50 a.m.
WELCOME AND ANNOUNCEMENTS



8 – 9:30 a.m.
BREAKOUT SESSIONS (33-40)

33. Relapse: Understanding Post-Acute Withdrawal (PAWS) (I)

Nicole Jackson, M.S., Milwaukee Area Technical College, Milwaukee, Wis.

The workshop material will discuss Post-Acute Withdrawal and the intended audience will be substance abuse and mental health professionals. For many people in recovery, the withdrawal process is not limited to just the physical, as the body heals in the short-term, the brain will take longer to recover from severe drug or alcohol abuse. Helping the individual understand PAWS will leave them feelings less hopeless on the journey.

Objectives:

1. The learner will understand how PAW impacts the recovery process (patient relapse).
2. The learner will understand biological, physical, psychological, emotional aspects of PAWS.
3. The learner will develop an understanding of needed self-care tools for patients.

34. CBT Techniques to Enhance Motivational Interviewing and Relapse Prevention (II)

Lindy Lewis, Ph.D., LCSW-C, Program in Community Mental Health- Northern Vermont University, Federalburg, Md.

This workshop aims to provide an overview on the facets of cognition relevant to identifying risk factors in deficit coping. Following the discussion of these facets, participants will be introduced to a variety of techniques from various cognitive-behavioral models that are useful in relapse prevention work. This includes specific techniques such as the use of behavioral self-monitoring and homework strategies; the development of discrimination skills; specific techniques for cognitive restructuring for autonomic thoughts and beliefs; and problem solving.

Objectives:

1. Identify maladaptive cognitive patterns.
2. Be able to utilize an assessment for discrimination skills that support relapse prevention.
3. Be able to use 3 techniques from CBT perspective in treatment plan.



35. Understanding Equity, Diversity and Inclusion (EDI) (B)

Sheng Lee Yang, LCSW, University of Wisconsin-Green Bay, Founder and Executive Director, Us 2 Behavioral Health Care, Inc., Appleton, Wis.

Terri Strothoff, Founder and Executive Director of the Alma Center, Milwaukee, Wis.

This course examines diversity and inclusion while teaching participants how to evaluate their own diversity and how this shapes their worldview. Participants will acquire a better understanding of cultural competence and identify the importance of it in their professional roles. Participants will also generate approaches to inclusion strategies, processes, and goals in obtaining competence. The workshop will address these issues through a combination of interactive dialogue, focused discussion, and applied-practice exercises.

Objectives:

1. Summarize the differences between diversity, inclusion and equity and describe why they are important.
2. Recognize how cultural concepts, perspectives and intersectionality influence quality of care.
3. Understand the core elements to cultural competence and how it is achieved.

36. A Real Pain in the Brain (and Nervous System): A New Understanding of Chronic Pain and Chronic Pain Treatment (B)

Laura Haraka, Somatic Mindfulness Educator and Therapist; Certified Math Teacher, Educational Administrator and Educational Coordinator for New Pathway Counseling, Bloomfield, N.J.

Kristy Kuecken, SAC-IT, CYT200, Certified TRE Provider, SEP-In Training, MindbodEmotion LLC, Madison, Wis.

Pain is a universal human experience and is meant to protect our bodies from danger. However, this protective response can become damaging to our well-being when pain becomes chronic. Until recently, pain has commonly been understood as being entirely due to damage to the body. However, advances in neuroscience have shown that the brain and nervous system are intimately involved in the pain response. If we are to understand and effectively treat chronic pain, we must understand the inner workings of the brain and nervous system. Utilizing models such as the Polyvagal Theory, new understandings of how the brain is involved in pain signaling, and the impact of stressful and traumatic experiences, this workshop will educate both those who are experiencing chronic pain and those who work with people experiencing chronic pain, whether it be in a mental health or substance use treatment context. These concepts will be presented from the perspective of a substance use counselor with a mind-body lens who works with people with co-occurring mental health and substance use disorders. Participants will leave with a new understanding of chronic pain and how to integrate this understanding into conversations with chronic pain sufferers. Most importantly, participants will be able to convey that there is hope for chronic pain recovery.

Objectives:

1. How the body and brain work together to create the experience of pain.
2. The role of the nervous system and stressful/traumatic experiences in chronic pain.
3. How to begin retraining the brain and nervous system to turn off unnecessary pain signaling.

37. Why Are We Afraid to Ask About Gambling? The Hidden Impact of Gambling on Mental Health and Substance Use (I)

Andrew J. Shreier, ICS, CSAC, LPC, Clinical Supervisor, Waukesha Comprehensive Treatment Center, Waukesha, Wis.

The impact of gambling on individuals who become problem gamblers or gambling use disorders can be devastating. And yet, gambling continues to be overshadowed and often avoided. The connection of problem gambling on mental health and substance use disorders is evident and well document. As helping professionals, we have made significant strides to bring to light the awareness of issues related to substance use and mental health. Gambling deserves the same attention, because as it continues to remain hidden among the other epidemics in today's world, the impact on the life of people who have a problem with gambling can be catastrophic. To become more comfortable talking to clients about gambling we need to look at our own viewpoints and beliefs about it. This presentation will focus on bringing our own attention to gambling in today's world, how to look for it and help our clients who may have a problem and work professionally towards increasing awareness to a disorder that continues to impact the lives of many people and those who love them.

Objectives:

1. Help professionals explore their own views/beliefs on gambling Explore the impact of gambling on substance use and mental health disorders.
2. Incorporating gambling questions into intakes/screenings. Discuss the impact of how other professionals are more likely to come in to contact with people who have gambling problems. Provide practice strategies for how to explore gambling related issues during sessions.
3. Provide treatment options or referrals to people. Learn professional ways to bring gambling into the light of awareness for helping professionals.



38. SCAODA: Not Just Another Acronym: How the Council Can Help You and Your Consumers (B)

Michael Derr, M.P.A. and J.D., SABG Planner, Wisconsin Department of Health Services, Liaison from Division of Care and Treatment Services to SCAODA, Madison, Wis.

Roger Frings, Policy Initiatives Advisor Office of the Commissioner of Insurance Chair, State Council on Alcohol and Other Drug Abuse, Madison, Wis.

Dorothy Paler, Client Rights Specialist, DCTS Client Rights Office, Wisconsin Department of Health Services, Madison, Wis.

Christine Ullstrup, LCSW, CSAC, ICS, Vice President of Clinical Services, Meta House, Madison, Wis.

This Workshop will introduce attendees to the State Council on Alcohol Other Drug Abuse (SCAODA). The Council was created to coordinate substance use disorder planning across the many agencies in Wisconsin government and advise those agencies, the Governor, and Legislature on prevention, treatment and recovery support activities. Learn about the Council's history, mission and purpose, statutory-based membership, as well as how your participation can help influence grant funding decisions, state policies, regulations, and statutes. In addition, representatives from the Council will share tips and skills for contacting state legislators and other policymakers to share your concerns regarding substance use disorder needs and effectively advocate for specific policies, resources and best practices. Furthermore, Council representatives will also share skills on how to identify or participate with professional organization to collectively advocate for substance use disorder policies and best practices.

Objectives:

1. Understand the history and purpose of SCAODA, its current priorities, and why the Council is important to your profession.
2. Learn ways you can be involved in SCAODA and share your concerns and ideas with the Council to benefit you and Wisconsin's SUD/MH consumers.
3. Learn skills on effectively advocating with state legislators and other lawmakers and policymakers, and effectively tracking proposed legislation.

39. Supportive Psychotherapy Part 1: Fundamentals (I)

John Battaglia, M.D., Clinical Adjunct Professor of Psychiatry, University of Wisconsin School of Medicine and Public Health

Luann Simpson, MSW, CAPSW, CPS, Luann Simpson Consulting and Training, Racine, Wis.

Supportive psychotherapy techniques are the underpinnings of all therapies including cognitive behavioral and interpersonal therapy. This workshop will provide the fundamentals for doing supportive psychotherapy for mental health and substance abuse counselors. Essential qualities of the therapist, forming the therapeutic alliance, and understanding the psychodynamic formulation will be covered. This workshop is Part 1 of 2 on Supportive Psychotherapy.

Objectives:

1. Participants will learn the essential qualities of the therapist.
2. Participants will learn the tools for forming a good therapeutic alliance.
3. Participants will learn how to formulate a psychodynamic formulation.

Continued in session 47.

40. Lived Experience: What We've Learned in More Than 30 years of Providing Parent Peer Support (I)

Hugh Davis, Executive Director, Wisconsin Family Ties, Madison, Wis.

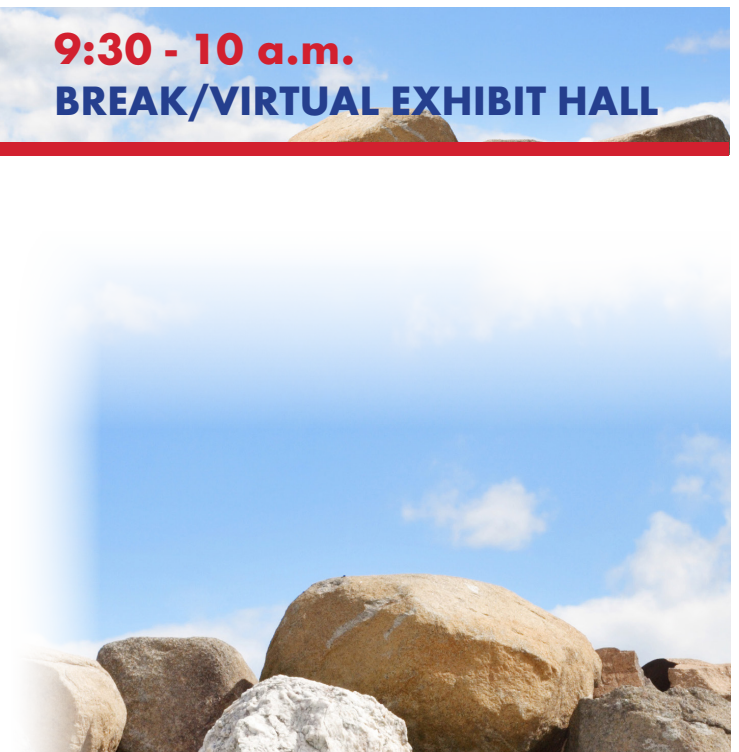
Deb Ramacher, MSW, COPSW, Associate Director, Wisconsin Family Ties, Madison, Wis.

Wisconsin Family Ties (WFT) has provided parent peer support services since 1987, long before the current peer support movement began. The role of parent peer specialists has changed and evolved over time, and WFT has been at the forefront of defining and developing that role – both in Wisconsin and nationally. We will share what we've learned along the way and help attendees to understand what effective parent peer support is and how to achieve it.

Objectives:

1. Attendees will learn how parent peer support fits in the continuum of mental health services.
2. Attendees will be able to identify elements of high-fidelity parent peer support.
3. Attendees will learn the difference between parent peer support and other parent support roles.
4. Attendees will learn about the options for implementing effective parent peer support.

9:30 - 10 a.m.
BREAK/VIRTUAL EXHIBIT HALL





10 – 11:30 a.m.
BREAKOUT SESSIONS (41-48)

41. Supporting Parents to Support Recovery (I)

Michelle Uetz, B.S., M.Ed. Certified Parent Peer Specialist and Trainer, Owner, Rocky Hill Parent Peer Specialists, LLC, River Falls, Wis.

Through her own experience as a parent, teacher, and parent peer specialist Michelle has identified the crucial role that parent support plays in the recovery of any member of the family. The entire family is affected by mental illness, no matter who is diagnosed. This workshop will provide parent perspectives that are often overlooked, strategies and techniques to support parents, systems and modes through which to support parents, challenges, and special considerations.

Objectives:

1. Participants will gain a better understanding of recovery from a parent perspective.
2. Participants will learn systems and modes through which to support parents.
3. Participants will understand the benefit of parent support in the recovery process.

42. Voice and Choice (and all Wraparound Principles) are at the Center of Wellness in CCS (I)

Michele Bahl, LCSW, SAC-IT, Wisconsin Certified Parent/Peer Specialist, RISE, Madison, Wis.

Paula Buege, Wisconsin Certified Parent/Peer Specialist, RISE Parent Participant, RISE, Madison, Wis.

Monica Caldwell, Commissioner, Office for Persons with Disabilities, Milwaukee, Wis.

Tanaya Shannon, Parent

Our team at RISE is inviting you to learn from a parent participant as she shares her story of empowerment and wellness in CCS. Our team will ground the presentation in best wraparound practices, including peer support, and reveal how this powerful combination is yielding positive results in our CCS program. The navigation of complex systems, including child welfare, mental health, housing, income support, and health care will be shared, and how teaming done well accelerates progress for the whole family.

Objectives:

1. Learners will understand the importance of embedding the wraparound philosophy in the CCS service array for greatest impact, and will be included in a discussion of their evolution in their respective agencies.
2. Learners will hear from the voices of lived experience, and identify the value that peer support adds to the team.
3. Learners will identify elements of successful teaming while navigating multiple systems to promote whole person/whole family well-being.

43. Best Practices when Caring for Trans and Non-binary Humans (I)

Kathy Oriel, M.D., M.S., Chief Medical Officer, Out Health Inc., Madison, Wis.

Dr. Oriel presents in a friendly and non-judgmental way. She will assist workshop attendees to understand and use proper terminology regarding sex assigned at birth, legal sex, gender identity and how medical transition may affect mood, treatment and recovery options. Dr Oriel will provide attendees with tools that will assist mental health and substance abuse professionals best care for these at-risk communities.

Objectives:

1. Understand terminology and language used in discussions of sex, gender, and sexual orientation.
2. Learn simple tools that will improve your ability to provide sensitive, competent care to transgendered people.

44. Coming Home (I)

Cynthia Rasmussen, R.N., M.S.N., CANP, LTC, Retired Mental Health Nurse, Army Reserves, Adell, Wis.

Coming Home provides insight into the changes for service members, as well as emergency personnel, experience in the job, uniform setting and how this affects attempts to return home, reintegrate, also examines interaction with other possible experiences, i.e. trauma, soul injury, moral injury, medical and psychological experiences.

Objectives:

1. Recognize changes that occur when someone learns specific behaviors that do not coincide with behaviors of our families, friends, and peers.
2. Recognize potential issues that may need increased focus to promote healthy reintegration.
3. Express knowledge of multiple potential issues for someone reintegrating from either military or first responder positions.



45. Hidden Connections: Opioid Use Disorder and Depression (I)

Michelle Maloney, Ph.D., CSAC, Executive Director of Addiction Services, Rogers Behavioral Health, Oconomowoc, Wis.

Opioid overdose deaths continue to increase despite the constant attention and various interventions. One of the contributing factors is the relationship between opioid use disorder, depression and suicide. This presentation will focus on examining the current research, strategies for assessing both depression and opioid use disorder, and treatment strategies including an overview of a standardized treatment protocol recently implemented within inpatient programs in a large hospital system.

Objectives:

1. Summarize the relationship between opioid use disorder, depression and suicide.
2. Evaluate the risks and benefits of both controversial and conventional interventions for the treatment of opioid use disorder.
3. Utilize evidence-based treatments for co-occurring depression and opioid use disorder.

46. Helping the Bereaved after the Loss of a Loved One to a Drug Overdose (I)

Marcia Williams, M.S.N., M.S. is a Licensed Professional Counselor (LPC), Systemic Perspectives, Brookfield, Wis.

This workshop will focus on the trauma of a sudden and often complex death following a drug overdose. The presenter will review general grief and contrast it with the often more traumatic grief that follows the frequently young, unexpected and sometimes violent death associated with drugs. There will be a discussion of how post-traumatic stress disorder (PTSD) affects the trajectory of grief. Helpful ways to assist friends and families as they move through the process of grief will be offered. All the materials presented by Marcia Williams LPC will be evidence based with information taken from current professional journals and books.

Objectives:

1. Name three common emotional responses to any types death.
2. Define the term traumatic grief.
3. Explain one way PTSD might occur with a drug overdose death.

47. Supportive Psychotherapy Part 2: Strategies, Techniques, and Special Populations (I)

John Battaglia, M.D., Clinical Adjunct Professor of Psychiatry, University of Wisconsin School of Medicine and Public Health.

Supportive psychotherapy techniques are the underpinnings of all therapies including cognitive behavioral and interpersonal therapy. Supportive psychotherapy strategies and techniques for mental health and substance abuse counselors will be presented. Working with special populations such as patients with personality disorders, serious mental illness, and substance use disorders will be covered. This workshop is Part 2 of 2 on Supportive Psychotherapy.

Objectives:

1. Participants will learn psychotherapy strategies and techniques for successful counseling.
2. Participants will learn special techniques for working with personality disorders and severe mental illness.
3. Participants will learn special techniques for working substance use disorders.

Continued from session 39.

11:30 – NOON
BREAK/VIRTUAL EXHIBIT HALL

NOON – 1:15 p.m.
CLOSING KEYNOTE

To Be, Belong, and Become in Times of Change

Gina Calhoun, Certified Peer Support Specialist, Advanced Level WRAP Facilitator, Copeland Center for Wellness and Recovery, Waynesboro, Penn.

Life is a series of changes. We do not always step through the changes with grace and each step in the process is not always forward; yet when we rise to the challenge of change, growth occurs. In this keynote, Gina will share her story of recovery and the change that occurred through hope inspiring relationships. She will also share the new challenges and opportunities she is experiencing today as the world is practicing physical distancing. Through Advocates for Human Potential's Workbook: A Wellness Guide to Overcoming Isolation during COVID-19, we will all have an opportunity to explore ways to Be, Belong and Become.

Objectives:

1. Explore the power of hope inspiring relationships and its influence on change.
2. Examine ways to connect and/or reconnect with ourselves and others.
3. Build Connection Tools during times of physical distancing.