



Crisis and Trauma Assessment and Treatment Track *(All times in Eastern Daylight Time)*

Monday, June 14, 2021

12:00 – 4:00 PM Pre-Conference Training Session (Additional Ticket Required)

The Neurobiology of Trauma and Its Application to Successful Treatment

Presented by Judith A. Swack, Ph.D. and Wendy Rawlings, MS LMHC

Therapists need to understand how trauma imprints in the body and how it is structured so they can identify the causes and treat it effectively. If therapists do not understand the neurobiological underpinnings of trauma in the body, they may miss important clues and create false assumptions. The presenters will describe the neurophysiology of trauma and review the evidence-based research on the use of Energy Psychology techniques for treating trauma by Van der Kolk, Swack, Seigel, Porges, Church, and Feinstein. Dr. Swack will share her published research on the structure of trauma and teach participants a rapid and effective process for treating it. Through observation, testing and retesting, Dr. Swack found that the first layer of trauma contains shock/fear, anger, sadness, and pain. The second layer of trauma is composed of core beliefs including issues of shame, blame, and guilt and feelings of powerlessness. The next layer requires processing feelings of grief and emptiness in the case of loss trauma or pollution in the case of violence. The last layer is the anticipatory anxiety caused by the trauma. Dr. Swack has created a protocol to accurately find and treat the layers of trauma using the body's own resources and systems and Meridian Tapping techniques such as Emotional Freedom Technique (EFT). Both Dr. Swack and Ms. Rawlings will describe how they have used this method for treating trauma in adults, adolescents, and children. It is effective in treating secondary trauma, so therapists can use this protocol for their own self-care.

Tuesday, June 15, 2021

12:00 – 1:30 PM Breakout Session Number 1

Moving Trauma Informed to Trauma Responsive to Trauma Specific Services

Presented by Theresa M. McCafferty, Ph.D., LCMHC, DCCMHC

Because of the potentially long-lasting negative impact of trauma on physical and mental health, ways to address patients' history of trauma are drawing the attention of health care policymakers and providers across the country. The presentation draws on current research of national experts on trauma to create a framework for organizational and clinical changes that can be practically implemented across the health care sector to address trauma.



Wednesday, June 16, 2021

4:00 – 6:00 PM Breakout Session Number 2

Telemental Health Counseling for Integrated Disorder Processing

Presented by Gray Otis, PhD, LCMHC, CMHS, Diplomate

Integrated Disorder Processing (IDP) is a clinical approach that focuses on resolving the underlying distresses of trauma and other psychological disorders. In light of increased use of tele mental health sessions, this methodology can be employed in office settings or remotely through secure media. IDP is a cohesive, step-by-step methodology. It considers all aspects of the individual to address physiological health, emotional understanding and regulation, cognitive awareness and rationality, transcendent aspirations, and relational fulfillment. The therapeutic focus centers on both conscious and subliminal self-beliefs. These beliefs form the primary structure for constructed reality and create the conditions for a significant majority of psychological disorders. Through this managed methodology, clinical mental health counselors assess distressing self-beliefs, develop a treatment plan, adjust the course of treatment through client feedback, and monitor client disorder outcomes.

4:00 – 6:00 PM Breakout Session Number 2

Creating Ethical Self-Care While Providing Client Care in a Crisis

Presented by Rebecca K. Rucker, M.A., LPC-S, LMFT

Pandemics, natural disasters, and the economic fallout to these crises are now a part of our “new normal.” As a mental health counselor, when the next crisis strikes, will you be ready? You can be by taking three key steps: 1) making preparation for the next crisis 2) innovating as you move through the crisis and 3) reflecting on what you are learning amid the experience in each crisis event. The presenter provides the resources for counselors to build a toolkit for ethical self-care, care for colleagues, and care for clients when all of us are facing the crisis together. The presenter reflects on ways counselors cared for themselves and their clients in normal times (the pre-pandemic past) and discusses ways to shift our thinking and our actions in the “new normal.” This presentation highlights that the changing nature and frequency of crises require different skills to address these new challenges. Included in the workshop are a self-assessment, pre-crisis practice assessment, skills, and tools to address the crisis, and a guide for effective use of technology during the crisis. This ethics presentation draws upon the American Mental Health Counselors’ Association Code of Ethics (Revised 2015, 2020). The presenter specifically addresses the areas of the counselor-client relationship, counselor responsibility and integrity, commitment to other professionals, and the use of technology-supported counseling and communications before and during a crisis. The presenter also highlights how the philosophical codes underlying our code of ethics can guide the right action during times of crisis.



Thursday, June 17, 2021

12:00 – 1:00 PM Breakout Session Number 1

Blindsided by Covid-19: Endeavoring Through Unexpected Death-Related Loss

Presented by Marcela Kepic, PhD, LPC, NCC, ACS

COVID-19 Pandemic shocked the world and impacted life in every aspect. People are facing uncertainty, loss of jobs & security, and loss of loved ones. Survivors are challenged to adapt to devastating losses taking place in isolation which exacerbates pain in the grieving process. Excruciating endeavors of family survivors tell a story of communal loss and individualized grief that needs resolution. This presentation offers effective grief interventions to assist with healing and meaning-making.

3:00 – 4:30 PM Breakout Session Number 3

The Spectrum of Suicide: Using Multicultural Empowerment to Understand Suicide Narratives and Foster Reasons to Live

Presented by Brynna Arnold, MS, NCC, LCMHCA & Eve Rogerson, MA, NCC, LCMHCA

The concept of suicidality has been increasingly changing as the polarization of suicide scripts in the United States is displayed throughout the media, within each of our cultural identities and backgrounds, and within the counseling relationship itself. The profession of clinical mental health counseling is built on fidelity to ethical practice, commitment to continuing education and professional development, and allegiance to client wellbeing (American Mental Health Counselors Association [AMHCA], 2015). Therefore, it is paramount that we account for changing suicide narratives and unique cultural identity in treating and assessing suicidal clients. In this presentation, we define and explore Cultural Script Theory as a culturally humble approach to suicide treatment and intervention (Canetto, 1992, 2008). We explore the spectrum of suicidality and discuss case-based, empathic approaches to treatment and risk assessment. Additionally, we apply the concept of suicide scripts as they relate to a multifaceted, individualized definition of suicidality and what this means for an empowerment-based approach to treatment, as opposed to a singular, uniform approach to risk assessment and acute intervention.

Friday, June 18, 2021

9:00 – 10:00 AM Breakout Session Number 1

Supporting Resilience Skill Building During the COVID-19 Era

Presented by Raissa M. Miller, LPC & Eric Beeson, LPC, NCC, ACS, CRC & Rebecca Dickinson, LPC

The current world health crisis, most commonly referred to as COVID-19, is a collective trauma impacting individuals' lives in significant ways (Horesh & Brown, 2020). Clinical Mental Health Counselors (CMHCs) are well-positioned to support clients' abilities to meet



and even grow from the great challenges of this era. One of the concepts that best describes this ability is resilience. Tabibnia and Radecki (2018) broadly defined resilience as “successfully adapting to adversity” (p. 59). Although genetic and epigenetic factors contribute to an individuals’ baseline resiliency capacity, resilience is also a skill that can be learned and enhanced (Wu et al., 2013). We argue that intentionally integrating resilience skill-building interventions into clinical counseling can promote improved long-term client outcomes. In this presentation, we will summarize the current state of resilience research broadly and introduce a specific neuroscience-informed model of resilience called the Predictive 6-Factor Resilience framework (Rossouw & Rossouw, 2016; Rossouw et al., 2019). The PR6 approach categorizes resilience into six domains: vision, composure, reasoning, tenacity, collaboration, and health. The developers of the PR6 have a mobile resilience-building application that can be used in conjunction with counseling to support client skill development. We will share initial research findings from our two ongoing PR6 resilience framework projects and we will review instruments CMHCs can use to assess client resilience and track growth over time. Participants will gain greater insights into research-supported models of resilience and take away practical ideas for assessing and enhancing clients’ levels of resilience.

Monday, June 21, 2021

12:00 – 1:00 PM Breakout Session Number 1

Self-Compassion for Trauma Survivors

Presented by Shede Tavakoli, LCPC, CCMHC, ACS, CRC

Research has demonstrated the benefits of including self-compassion-based treatment for counseling survivors of trauma (Boykin, et. al., 2018). However, there are unique challenges that compromise the effectiveness of these interventions for survivors of childhood trauma. According to research, psychological inflexibility increases the negative effects of fear of self-compassion. Perceived danger leads to experience of arousal, avoidance, or intrusions. These three categories correspond to the stress response of fight, flight, or freeze as well as our reactions to the experienced internal stress: self-criticism, self-isolation, and self-absorption. According to Neff & McGeehee (2010) individuals who lack self-compassion tend to have insecure attachment patterns, have critical caregivers, and come from dysfunctional families. Treatment of childhood trauma is enhanced when incorporating self-compassion-based treatment interventions to aid emotion regulation, processing, and responding to triggers. While lack of self-compassion and fear of self-compassion are two separate constructs, for the most therapeutic benefit, it is critical they are both addressed in therapy. Fear of self-compassion has been found to correlate with long-term functional impairments and increase the survivor’s likelihood of mistreatment of their own children. This may be manifested in becoming emotionally unavailable or neglectful of their children in ways that resemble their own childhood experiences. Therefore, it is important to find ways to facilitate self-compassion and stop the intergenerational engagement in childhood maltreatment. Incorporating attachment, relational, and neuroscience-based interventions



can facilitate the development of self-compassion and diminish the cycle of childhood maltreatment.

2:00 – 3:15 PM Breakout Session Number 2

The Darker Side of Sleep: Identifying and Treating Trauma-Induced Insomnia

Presented by David Engstrom, Ph.D., ABPP, DMHCS

More than 75% of American adults report difficulty sleeping. Many adults suffer from an insomnia disorder, which can have significant negative consequences on both mental and physical health if left untreated. Definition, causes and effects of insomnia are discussed. People with chronic insomnia will often describe their condition as a “vicious cycle” with increasing effort and desire put into trying to regain sleep. In a major study, 3 classes of childhood abuse history were highly associated with a greater risk of global sleep pathology, including frequent physical and emotional with sexual abuse, frequent physical and emotional without sexual abuse, and occasional physical and emotional abuse with sexual abuse. The most extreme class of abuse—frequent physical and emotional with sexual abuse—was associated with poorer self-reported sleep across many of the components, including poorer subjective sleep quality, greater sleep disturbances and greater use of sleep medication. Standardized measures of childhood abuse have been applied in many studies examining subsequent adult sleep issues. The effects of cortisol and inflammation on arousal and poor sleep is described. Clinical tools for assessment of insomnia will be provided, as well as evidence-based treatment methods. Finally, the issue of "which to treat first... trauma or insomnia" is discussed, in light of some newer techniques including CBT-I, Trauma-Focused CBT and DBT. The major takeaway for counselors to always inquire about a client's sleep patterns, especially if there is a history of childhood trauma.

Wednesday, June 23, 2021

2:00 – 3:15 PM Breakout Session Number 2

From Shame to Pride

Presented by Christopher Checke, MS LMHC

Although researchers have become more interested in the trauma-shame connection in recent years, counselors face challenges in building shame resiliency in their clients; thus, it is critical for counselors develop the skills necessary that will assist clients in moving from shame to pride. Research on the emotional experience of shame, the development of shame, shame-based identities, shame-based psychopathology, shame-proneness, and shame-resiliency has greatly added to our collective knowledge about the impact of shame; however, counselors need the opportunity to more deeply understand the intricacies of shame and learn how to deliver effective, clinical interventions, based on shame resilience theory. This workshop will take an in-depth look at the complexities of shame. Participants will gain a deeper understanding of what constitutes healthy shame and toxic shame. I address how shame develops early in the lifespan, how it becomes magnified via traumatic experiences, and how we can be re-shamed in trauma work. We will also examine the



concept of shame-based psychopathology and how shame is often at the root of many behavioral health conditions. In addition to trauma as a source of shame, I will also highlight the cultural, familial, and other systemic origins of shame. Learning how shame interferes in relationships, including the therapeutic relationship, will be a key component of this presentation. Participants will also learn how to interweave shame language into their clinical work. I will demonstrate how to build shame resiliency in clients; reduce the risk of re-shaming clients in therapy; and, teach how to create pride-based interventions.

Thursday, June 24, 2021

12:00 – 1:00 PM Breakout Session Number 1

SUD and Resilience: The Missing Link

Presented by Caitlin Senk, MA, NCC

Resilience is common (Bonanno, 2004), complex, and is intertwined within systems and cultural constructs. Although complex in nature, there is a close relationship between resilience and the development of a substance use disorder after experiencing trauma (Kim, Park, & Kim, 2018). According to a 2016 study, adverse childhood experiences (ACEs) have a dose-response effect in increasing likelihood of engaging in risky behaviors with substances (Campbell et al., 2016). Park (2012) states that 40% of individuals in the U.S. experience trauma, however, exposure to adversity does not necessarily lead to psychopathology (Yehuda, Flory, Southwick, & Charney, 2006). While there is no one way of being resilient (Mancini & Bonanno, 2012), there are constructs that determine resilience which can be emphasized using the T-SUD Resilience Model (Senk, 2020). Literature highlights mastery, social support, emotion regulation, positive affect, flexibility, optimism, coping, and meaning making as aspects contributing to the development of resilience before or after trauma. Focusing on building resilience can address past trauma from ACEs, recent trauma in adulthood, act as a preventative measure to developing a substance use disorder, and acknowledge skills to be used in potentially traumatic events in the future. It is also important to consider that individuals are unique and developing resilience cannot be manualized nor is it “one size fits all” (Park, 2012; Mancini & Bonanno, 2012). Working with clients to emphasize the ways in which they are resilient, by their own definition, through the using the T-SUD Resilience Model and interventions presented will create an opportunity to prevent future substance use disorder and maladaptive coping patterns.

12:00 – 1:00 PM Breakout Session Number 1

Spark Sessions: Condensed Therapy Intervention

Presented by Maya B. Galathe, LPC, NCC

Many clients and clinicians believe multiple 50-minute sessions are the only way to effectively perform our duty as helping professionals. A cornerstone of being a therapist is to meet our clients where they are. As our society and clients' needs rapidly change, this phrase should be taken more literal than ever before. Non-traditional means of delivering services is not a new concept. We can look at home based or school therapists where there



is often not the time to have full 50-minute sessions every week. In today's fast-paced, digital age shortened attention spans and instant gratification have become the norm for children and adults alike. Borrowed from Learning Theory, condensed therapy sessions can prove to be effective for many client issues. In my practice, I offer the option of 30 minute "Spark Sessions". While not appropriate for every client, these sessions give options to those who may face barriers that stop them from otherwise seeking treatment.