



## **Integrated Behavioral Healthcare Track** *(All times in Pacific Daylight Time)*

**Wednesday, June 22, 2022**

### **8:00 AM – 12:00 PM Pre-Conference Session (\$)**

#### **Core Focused Treatment, A Comprehensive Care Modality**

*Presented by Gray Otis, PhD, NCC, CCMHC, DCMHS*

Clients invariably present with multiple disorders combined with health and relationship stressors. Impaired Processing Treatment offers a systematic and integrative treatment modality to resolve complex client issues. Learn how to achieve successful outcomes through this comprehensive methodology. This presentation supports AMHCA Certifications in Trauma, Substance Use, and Integrated Behavioral Health.

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Clinician*

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

#### **The CHARIS Model: The Art of Forgiveness Using a Group Process**

*Presented by Jaye Peabody Smith, LOC, CPCS*

Six African American women from Redemptive Life Christian Fellowship engaged in a 6 week, psychoeducational group process to overcome their barriers to forgiveness. The curriculum used was called "The CHARIS Model." This is a pilot study of the CHARIS Model, a uniquely developed psycho-educational group curriculum that addresses spiritual and psychological aspects of interpersonal forgiveness. This pilot study seeks to explore the potential effectiveness of the CHARIS curriculum in the process of interpersonal forgiveness. The study is a mixed methods approach, quasi-experimental, pre-post test non-comparative pilot study. The study examined the effectiveness of the intervention on the process of inter-personal forgiveness using the General Measure of Forgiveness (GMF) assessment tool (Law, 2008). Qualitative questions were answered by the participants at the end of each weekly group meeting to acquire participants views of the CHARIS curriculum and the study. The study shows the promising effectiveness of the CHARIS Model. Participants overcame barriers to forgiveness as indicated in the pre and post assessment of the General Measure of Forgiveness. The group process, in a church setting, provided community for the participants. Bridging together spiritual and psychological approaches significantly enhanced the forgiveness process.

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Supervisor, Clinician*



**Thursday, June 23, 2022**

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

**Integrated Care And Effective Collaboration With Physicians**

*Presented by Joseph Kertesz, MA, LCMHC, NCC*

Primary care medical providers are the initial source for diagnosing and treating a majority of the people with diagnosed mental health disorders. They also write the majority of psychotropic medication prescriptions. Therefore, many people in need of mental health services are currently being treated by their physicians and some are receiving medications from them. A growing trend in healthcare is to integrate mental health professionals in medical settings. Some insurers are exploring rewarding those primary care clinics that implement the integrated model. However, there is very little written or taught about preparing mental health professionals in how to communicate with medical providers. It is imperative that the mental health provider learn to communicate effectively with physicians in order to maximize the care to their clients. This is true whether the mental health provider is in an integrated setting or is in a freestanding clinical practice. It is also very useful for them to learn these skills as a way to build a large referral base. Many primary care physicians recognize the need to refer mental health concerns out to specialists because the PCP does not have the time nor the expertise to appropriately treat these issues. Mental health providers are in the perfect position to assist with this challenge. The presenter has over 40 years of experience working in an integrated setting.

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Supervisor, Clinician*

**1:30 – 2:45 PM Breakout Session Number 2**

**The State Of The Art Of Therapy Evaluation: Are We Really Effective?**

*Presented by Carlos P. Zalaquett, LMHC; Joseph M. DiLaurenzio, MEd, LMHC (NY), CASAC-2 (NY), NCC, LPC (NJ), CDBT, CCATP, CCFP, CTMH, C-PD, CMIP, CDMDTP, CGCS*

Therapy is effective. The overwhelming evidence accumulated by scientific research supports its effectiveness. Therapy is helpful, with more than 80% of clients receiving psychological treatment experiencing significant improvement compared to those receiving no treatment. This result includes a variety of psychotherapies applied to diverse clients suffering from a variety of psychological disorders.

Counselors aim to help a variety of clients with a variety of disorders. Their aspirations include help clients find solutions to their issues, mobilize resources clients are not using, and facilitate self-healing, happiness and personal fulfillment. The work of the therapist is about achieving results in an effective and consistent way. To achieve this goal, therapists use evidence-backed therapies. The evidence in support of these therapies combines the best available research with clinical experience in the context of client characteristics, culture, and preferences. Therapists also make efforts to establish a quality evidence-based therapeutic relationship. This empirical evidence emphasizes the integration of the best



research, clinical experience, and client characteristics into the therapeutic relationship. Effective therapists use both evidence-based therapies and evidence-based relationship builders.

Why do they use both? Because both constantly inform one another. The therapeutic relationship does not exist apart from what therapy does in terms of method of treatment, and each method of treatment takes place within a relational framework. Learning about the evidence supporting both serve to improve counseling effectiveness.

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Supervisor, Clinician*

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

#### **Geriatric Psychopharmacology And Common Medications Of Seniors**

*Presented by Greggus Yahr, PhD, DCMHS, LCPC, NCSP*

The "baby boomer" generation is rapidly aging and "seniors" have become the biggest consumers of health care. Although geriatric medicine is not new, research focusing on "seniors" and mental health, as well as the number of providers skilled in geriatric mental health, lags far behind the medical side of geriatrics. Integrated health care is considered to be "cutting edge" practice and rapidly becoming the standard; however, as noted in research conducted through the world health association (2017) approximately 15% of the population age 60 and old suffers from a mental health disorder, yet only a small percentage (less than 20%) are actually seen by a mental health clinician skilled in geriatrics. This dearth of providers results in very treatable conditions becoming chronic issues, thus significantly increasing overall health care costs. However, when skilled geriatric mental health providers have been included in the integrated care model, significant reductions in geriatric hospital admissions have been noted. This lack of clinicians skilled in geriatrics offers the clinical mental health counselor, after gaining the requisite training opportunities to both serve a population sorely in need and create a successful practice; along with further advancing the standing, parity, and relevance of our profession in the firmament of essential mental health providers.

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Supervisor, Clinician*

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

#### **Being "Out" In the Bible Belt: Creating Safe Spaces For The Hidden And Scorned**

*Presented by Meagan Whorley, LPC; Sarah Czerniak, LMHP-R*

Coming "out of the closet" is hard; being able to live authentically as one's true self is even harder. Combined with emotional turmoil of having to question and press against religious doctrine, another core component of the self, the task seems impossible. Being "Out" in the Bible Belt" will explore the complexity of being "out" in a community that takes pride in being the "Buckle of the Bible Belt."

In current practice, the concept of self-identity and the way-imposed morals and values of religious nature, creates internal conflict for our clients has become a theme of increasing



frequency. Since 2017, the estimated percentage of LGBTQ+ has grown to 5.6%. With the increase, it is more likely for a professional to be tasked with facilitating a safe space to someone who is LGBTQ+. The rate which individuals are frantically searching for spaces to process the internal turmoil that results from conflicting values in an authentic manner is alarming and is not isolated to our community or region.

We aim to explore how LGBTQ+ individuals face underlying issues regarding their sexuality when their newly accepted identity no longer aligns with the values and morals that have been imposed upon them by the ultra-conservative community of their youth. Our desire is to create a safe space to increase; awareness about the topic, relevant practice issues, as well as challenge current practitioners to refine the way they create safe spaces for clients, especially for those who are navigating "being out in the Bible Belt."

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Supervisor, Clinician*

## **Friday, June 24, 2022**

### **1:30 – 2:45 PM Breakout Session Number 2**

#### **The New DSM-5-Text Revision (TR): Updates, Changes and Additions**

*Presented by Gary G. Gintner, Ph.D., LPC-S, NCC*

In Spring 2022, the American Psychiatric Association released DSM-5-Text Revision (TR). The revised manual includes changes to each disorder's background information (e.g., course, risk factors and prognostic indicators), modifications in the criteria sets (clarification, wording), and updated ICD-10-CM codes implemented since the publication of DSM-5 in 2013. There is one new disorder added, Prolonged Grief Disorder, as well as two new Z-codes, Suicidal Behavior and Nonsuicidal Self-Injury. The program reviews these changes with special attention paid to the rationale for these modifications as well as their clinical impact on everyday practice.

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Supervisor, Clinician*

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

#### **Rubbing Elbows with Primary Care: Behavioral Health's Seat at the Table**

*Presented by Chelsea Piechowski, M.S.Ed., LPC-S, NCC, RPT; Christian Neal, M.D., MPA*

The American Psychiatric Association (APA) defines the Collaborative Care Model as an evidence-based, population/caseload based model of providing integrated behavioral health services in a primary care setting. Steps to implement the Collaborative Care Model are clearly outlined, and research supports the impact said model can have on access to care and patient outcomes. Few candid snapshots of the challenges associated with the implementation process are offered, however. By illustrating our experiences with



implementation thus far in an interactive and collaborative way, we will shed light on various challenges as well as ways to navigate said challenges innovatively. Additionally, we will emphasize why having an understanding of behavioral health integration and learning how to secure behavioral health's seat at the table is imperative given the current increase in negative trends in mental health since the start of the pandemic. Likewise, we will emphasize the ways in which navigating barriers to implementation with a trauma-informed lens has been effective.

*Target Audiences: Student, New Professional, Middle Career, Late Career, Educator, Supervisor, Clinician, Primary Care Providers*