

# AMCAP 2016 Convention Schedule

## Integration: Mind, Body, Spirit

Joseph Smith Memorial Building, 9<sup>th</sup> Floor, SLC

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WEDNESDAY, SEPTEMBER 28, 2016 (TOTAL OF 2.0 APANASW CE HOURS)

6:30-8:30 pm **Ethics Training** (2 CE Hours): *Ethical Issues Facing Mental Health Professionals*, Russell Gaede, PsyD

**Presentation Summary:** This presentation will discuss the spirit of ethics approach. This course will teach mental health practitioners how to make sound and reasonable ethical decisions by reviewing and discussing relevant ethical decision making models. We will define ethical behavior using the ethical codes from the various mental health professions (NASW, APA, AAMFT, ACA) and discuss how to apply these codes when working with client ethical issues that arise on a daily basis. We will discuss client-centered ethics and learn how when you look out for the client needs and rights, you in turn look out for yourself, but not necessarily the other way around. We will discuss therapist self-care and wellness.

**This training is FREE to current AMCAP Members and \$35 for Non-AMCAP Members (fee NOT included with convention registration). Pay at the door or contact the AMCAP Office. Location: Relief Society Room of Joseph Smith Memorial Building.**



THURSDAY, SEPTEMBER 29, 2016 (TOTAL OF 6.5 CE HOURS- APA & NASW APPROVED UNLESS OTHERWISE NOTED)

8:00-8:30 am **Registration/Check-In**

8:30-8:45 am **Welcome**

8:45-9:45 am **Keynote Address** (1.0 CE Hour): *Connect to Thrive: Integrating Body, Mind, Spirit, and Relationships to Cultivate Self-Control*, Mark Chamberlain, PhD

**Presentation Summary:** Key research findings coincide with revealed truths about the healing power of connection (with ourselves and others) to enhance self-control. These include the importance of touch [Sinha R. Modeling stress and drug craving in the laboratory: Implications for addiction treatment development. *Addiction Biology*. 2009;14(1):84-98], sharing distress with loved ones [Disclosing information about the self is intrinsically rewarding (2012) DI Tamir, JP Mitchell Proceedings of the National Academy of Sciences 109 (21), 8038-8043], refraining from urges by way of mindfulness, and the practice of self-compassion [Muraven, M., Collins, R. L., Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2005). The morning after: Limit violations and the self-regulation of alcohol consumption. *Psychology of Addictive Behaviors*, 19, 253-262]. Practical therapy tools and homework assignments corresponding with each of these areas will be shared.

9:45-10:00 am **Break**

10:00-11:30 am **Concurrent Workshops** (1.5 CE Hours)

1. *Going from Rock Bottom to Rock Solid: Addiction recovery through spiritual principles*, Alema Harrington, CSUDC, and Steve Moore, LCSW (NASW Approved, No APA Credit)

**Presentation Summary:** This presentation will address the disease model of addiction and how addiction robs us of our agency. Spiritual principles will be presented as part of the solution to the addiction ailment.

2. *The Sensitive Soul: How Understanding High Sensitivity can Impact Spiritual, Mental, Emotional, and Physical Outcomes*, Carol Ramsay-Scott, LCSW

**Presentation Summary:** Researchers have identified children and animals who are identified as unique in temperament, characterized often as “slow to warm up,” often labelling them as shy or introverted, “inhibited”, etc. In researching what Elaine Aron has termed “Highly Sensitive People” she has isolated a framework for identifying, understanding and clinically addressing the needs of these people, inherently 15-20% of the human population (as well as over 100 animal species). The trait of “High Sensitivity” is characterized by 4 qualities (DOES): (D) Depth of processing, (O) tendency toward overstimulation, (E) deeper emotion, and (S) sensitivity to sensory stimuli. The “highly sensitive” population appears to be over-represented in the addicted, as well as the depressed, anxious and OCD. We will explore the identification of this population, increase understanding of their “trait” (innate “wiring”, not personality), and explore clinical implications that include psychological, emotional, social, behavioral, and spiritual interventions.

11:30-11:45 am **Break**

11:45-1:15 pm **Concurrent Workshops (1.5 CE Hours)**

1. *Since the Internet: Assessment and treatment of compulsive and addictive sexual behaviors. What we have learned in the last 25 years and where do we go from here?*, Daniel D. Gray, LCSW, CSAT, Todd Olson, LCSW, and Dorothy Maryon, CMHC

**Presentation Summary:** The introduction of the internet in the early 1990s has significantly impacted the number of clients seeking treatment for unwanted, compulsive sexual behaviors. This presentation will provide a brief overview of the evolution of the assessment and treatment methodologies used in serving this clientele and their families in the last 25 years. This evolution has included a greater understanding of brain science, attachment theory and the role that trauma plays in the lives of this clientele. From the research conducted during these 25 years and the experience of medical and mental health professionals, this presentation will address what we know about current best practices. We will also discuss how social trends and technology developments will impact our clients and our profession as we strive to provide services to the many individuals, couples and families struggling with these issues.

2. *Adding Evidence-Based Decision Making to Evidence-Based Practice*, Eldon Solomon, MS, LMHC, LCAC

**Presentation Summary:** This presentation introduces Conflict Integration (CI), a decision-making algorithm used in Evidence-Based Practices (EBP). An algorithm is a defined process that outlines steps to take in solving a problem. EBP is the integration of science, expertise, and the value and preferences of choice, and in the conscientious, explicit and judicious use of these evidences in making decisions about care. Drawing from principles of EBP, CI first measures and then outlines deliberate steps to intervene into the value and preference of how decisions are made and how behaviors are chosen. With the changing climate in funding and reimbursement, performance indicators of clinical effectiveness are now being tied directly to health care reimbursements. The CI algorithm gives clinicians the tools necessary to measure real-time evidence of effectiveness. Without a decision-making process, like CI, treatment is validated by service outcomes such as recidivism, decreased symptoms, relapse, and/or production of desired behaviors. Using the CI algorithm, clinicians are able to measure in real-time whether interventions, interactions, and clinical approaches are directly impacting decisions and behaviors driving change. A discussion of EBP in the use of science, the expertise of the clinician and the measurement of value and preference will be supported with research from both the medical and dental science’s use of EBP. A consistent practice construct of EBP has not yet been established in the mental health services field that provides predictable application connecting treatment to recovery. Participants will gain a practical construct of EBP that is applicable to any clinical practice, and gives the clinician immediate and measured effectiveness of prescribed interventions. The use of the CI algorithm will be validated through clinical research in MFT, Common Factors to Change and other clinical models. Case studies in how the CI algorithm clinically assists in evidence-based decision making will be shared, with suggestions of future research to validate EBP measures of value and preference in decision-making and behavioral choice.

3. *8 Keys to Mental Health Through Exercise: "Medicine" for Mind, Body, & Spirit!*, Christina G. Hibbert, PsyD

**Presentation Summary:** When it comes to physical and mental health, there is one practice that's tops: exercise. It not only improves physical conditions, like heart disease, diabetes, and cancer; exercise is literally like medicine in the treatment of a variety of mental disorders--including depression, anxiety, bipolar, schizophrenia, grief, stress, and more. Exercise can not only treat mental illness; it's also associated with enhanced mood and energy, reduced stress, deeper relaxation, improved cognitive functioning, enhanced intuition, creativity, and enthusiasm for life, improved relationships, higher self-esteem, and increased spiritual connection. If the benefits are so profound, however, then why don't more people exercise regularly? And why aren't medical and mental health practitioners more successful in implementing exercise with their clients? In this presentation, Dr. Hibbert shares "8 Keys to Mental Health Through Exercise," based on her recently released book--including how exercise can treat mental illness, how to build self-esteem with exercise, how to get motivated, change exercise-related thinking, overcome roadblocks, and create an exercise program to keep you, and your clients, mentally and spiritually flourishing, your whole life long.

1:15-2:15 pm **Lunch**

2:15-3:45 pm **Concurrent Workshops (1.5 CE Hours)**

1. *Treating Sexual Addiction Systemically: Valuing the addict, partner and the family equally*, Richard Blankenship, LPC, NCC, CCH, CPCS, CCSAS  
**Presentation Summary:** The development of the Multidimensional trauma model for sex addicts and the multidimensional partner trauma model for partners of sex addicts profoundly impacts sexual addiction treatment for the family. This presentation will challenge traditional approaches and will offer a systemic model for providing trauma treatment for all members of the family system. Trauma approaches to the addict and partner will be presented along with resources for treating the family.
2. *Brain Matters*, Taunya Cox, ACMHC (NASW Approved, No APA Credit)  
**Presentation Summary:** This presentation will be based on the work of Daniel Siegel and Bessel Van Der Kolk and their research on the brain. I will focus on basic brain functions, what happens during an anxiety or panic attack, how the brain protects itself with the fight/flight response, PTSD and what is happening in the brain, how to teach clients to calm themselves when they are flooded, how the two brain hemispheres work together but perform different tasks, what clients can do to keep their brain healthy and balanced, practical skills to use during confrontation and explaining what is happening in everyone's brains when conflict arises. This tool is helpful for couples and especially helpful for teens and their parents.
3. *Three Mindful Techniques that will Change Your Practice and Change Your Life*, Kaye E. Smith, MSW, LCSW  
**Presentation Summary:** The presentation will be both descriptive and experiential providing participants their own experience with three mindfulness techniques and introducing participants to professional literature supporting the incorporation of mindfulness into their work with clients. The three techniques include revivifying a "positive resource state" which is a feeling state which the clients recalls and identifies as being desirable for them such as peaceful, loving or enlightening. The event is revivified using the five senses (Dilts, 1999). The work of Bellaruth Naperstek (2006) on objectifying emotional states and the work of Daniel Amen on gratitude (2010) will be discussed as part of this exercise. The second experiential is a bibliotherapy exercise incorporating the feeling state in the body or "felt sense" (Grendlin, 2007) and the third exercise involves learning to identify and remove a "felt sense" from one's body.

Developing ones awareness of feeling sates in the body and developing the ability to alter the feeling states in one's body can be very empowering for clients. This is particularly relevant for clients suffering from anxiety and depression and for trauma survivors who are attempting to manage emotional triggers. These techniques are also useful for parents who are interested in emotional awareness and regulation.

The experiential exercises are suitable for LDS clients and can be adapted to the LDS lifestyle through familiar LDS practices like scripture study. The same techniques can also be used with the areligious client or with the religious non-LDS client as it is not necessary to use any particular scripture or religious literature

as part of the bibliotherapy. The focus is on the “felt sense” elicited by the reading material not on the reading material itself. Any reading material that has meaning for the client can be used for this purpose. Similarly the work of Danial Amen on gratitude and the visualization techniques of Bellaruth Naperstek noted above are non-denominational and do not require a religious foundation while the religious client is free to incorporate his/her own belief system.

The incorporation of mindfulness includes assisting the client to develop an increased awareness of internal feeling states in the body or their “felt sense”. The exploration of the meaning attached to the feeling states in the body introduces a dimension into the therapeutic process that is missing if the feeling states are ignored or minimized. This emphasis is particularly relevant to trauma survivors as the feelings stored in the limbic system may not be attached to information stored in the cerebral cortex (Levine, 2010; van der Kolk, 2014).

Use of these three mindfulness techniques are contraindicated for clients using mind altering substances because the felt sense may be distorted for these clients. The emphasis in this presentation will be on parenting, trauma recovery, anxiety and depression.

3:45-4:00 pm **Break**

4:00-5:00 pm **Plenary Address** (1 CE Hour): *Relationships among Grace and Mental Health in a Latter-day Saint Sample: A Structural Equation Model*, Daniel K. Judd, PhD, W. Justin Dyer, Justin B. Top

**Presentation Summary:** While largely understood as a doctrinal principle emphasized in evangelical Christianity, grace is also integral to the teachings of The Church of Jesus Christ of Latter-day Saints. With few exceptions, however, the doctrine of grace was not emphasized among Latter-day Saints until the later part of the 20<sup>th</sup> Century. Grace has also largely been ignored by theorists, clinicians, and those doing research in the social sciences. This absence is especially true in the theory and practice of psychology. With grace being such an important part of traditional Christianity and in Latter-day Saint theology and practice, it is vital for social scientists and practitioners to understand the relationship of grace and mental health. The purpose of this presentation will be to discuss the psychological implications of grace and legalism as related to an LDS population. The presentation will include the results of a recent study we did at Brigham Young University in collaboration with researchers at Columbia University to explore the relationships among religion, spirituality and psychological functioning. Our paper will focus on empirical findings regarding the relationships of multiple dimensions of grace (including legalism) with several measures of mental health, including depression, anxiety, perfectionism, scrupulosity, and shame using structural equation modeling in a sample of over 600 Latter-day Saint college students. Implications for psychotherapy practice with Latter-day Saints will also be discussed.

5:00-5:15 pm **Break**

5:15-6:00 pm **Keynote Address** (No CE Hours): *The Savior’s Example in Caring for the Mentally Ill*, Elder Gregory A. Schwitzer, General Authority Seventy



**FRIDAY, SEPTEMBER 30, 2016** (TOTAL OF 6.5 CE HOURS- APA & NASW APPROVED UNLESS OTHERWISE NOTED)

7:15-8:15 am **Early Morning Student Session** (NO CE Hours): *So You Want to be a Therapist?* David T. Seamons, PhD

8:00-8:30 am **Registration/Check-In**

8:30-8:45 am **Welcome**

8:45-9:45 am **Plenary Address** (1 CE Hour): *Clinical Considerations Regarding the Impact on Families when a Member of the Executive Subsystem Abandons their Latter-day Saint Religious Affiliation*, Anthony T. Alonzo, DMFT, LMFT, CFLE

**Presentation Summary:** Couples where one partner changes their religious affiliation from the LDS Church to an alternative way of practicing spirituality impacts the individual, their spouse, and their children in a variety of ways. This continuing education presentation will expand upon doctoral understanding of the theoretical and clinical application considerations when treating couples where homeostasis within the relationship is disrupted due to a shift in spiritual beliefs and practices. Participants will learn how to identify various challenges which threaten marital and family stability, as well as ways to stabilize and assist individuals, couples and families to successfully navigate the transitional process of change in regards to spiritual beliefs and practices.

9:45-10:00 am **Break**

10:00-11:00 am **Concurrent Workshops** (1 CE Hour)

1. *The Mind/Body Connection: The benefits of using biofeedback heart rate variability in session*, Lisa M. Leavitt, PhD, Maureen Rice, PhD, Barbara Morrell, PhD, and Meredith Cobb

**Presentation Summary:** Heart Rate Viability (HRV) biofeedback has been shown to be effective in the treatment of anxiety and depression, as well as other disorders. Research has shown that clients have better therapeutic outcomes when they have undergone two or more sessions of biofeedback as part of a course of therapy. It is possible that some clients will not improve in therapy unless they learn to calm down from sympathetic nervous system over-activation. This presentation discusses the benefits of using HRV in session as a means of helping clients learn this valuable technique with their therapist that can give clients a sense of self-efficacy as they simultaneously feel calmer and realize they can easily calm themselves down.
2. *What's Best for Children When Parents Separate?*, Phil Watts, PhD L. MAppPsych

**Presentation Summary:** An unfortunate reality of the world is that when parents separate, children lose the security which comes from a being in a two parent home. The needs of children in separated families is an important consideration to ensure they get the best of what each parent can offer without excessive problems. Unfortunately, the science is not clear on what is best for children in certain circumstances. For example, the research on the age at which to start overnight contact with infants (Pruett, M.K, McIntosh J. & Kelly, J.B (2014)), or the benefits of equal or unequal care are hotly disputed in the literature (McIntosh, J., Smyth, B., Kelaher, M., Wells, Y., and Long, C. (2010)). There are however certain factors which are well understood such as the greater the conflict the greater the negative impact. As a behavioral scientist who practices within the framework of LDS theology, I have had the added issue of having to consider the doctrine related to the family when considering what is best for children. This presentation overviews this complex area in light of both science and doctrine. I have been a court appointed family assessor in over 1000 family court cases in Australia. As a country which had some of the world's first compulsory shared care legislation, I have had to give expert testimony on the psychological impacts for children and to do this I have had to develop deep understanding of the science.
3. *Discipline v. Disconnection: The Truth about Sexual Addiction and its Neurological Roots in the Attachment Experience-Part 1*, Dan Oakes, MEd, LPC, CSAT

**Presentation Summary:** There is a new emerging perspective on addiction and its connection to the neurology of attachment. The research and evidence clinically is moving from a behavioral model that focuses on the addiction cycle and changing thought patterns to understanding the biological and emotional need for connection and addressing the emotional dilemma of isolation v. intimacy. This is demonstrated by Hofler and Kooyman as they stated in *Journal of Substance Abuse Treatment*, "Addiction is a delayed maladaptive attachment." (Hofler and Kooyman, 1996). A chronological view of the research will be given to demonstrate the shaping of this attachment based view as addiction and specifically sexual addiction as attachment dysregulation. (Katehakis, 2016).

The presenter will explore implications of this research and suggest an attachment cycle that includes the following stages:

Stage 1: Instinctual physiological and emotional reaching out, that is seeking for connections of safety and is triggered by the autonomic nervous system during states of distress.

Stage 2: Attunement as an empathetic response that reorganizes distressed emotion.

Stage 3: Attachment recognition and biological de-escalation of stress hormones in the brain as a byproduct of the process of previous stages, followed by a strong sense of...

Stage 4: Emotional resilience, an increased sense of interpersonal autoregulation and capacity achieved through the reorganized emotion of the connected state.

Subsequently, when attachment is disrupted or damaged, a new compensatory cycle emerges of:

Stage 1: Social and emotional isolation, as a withdraw mechanism to the disrupted attachment leaving stress stakes high.

Stage 2: Compensatory behavior with objects (food, tv, video games, marijuana, porn, alcohol) in place of others (humans). This functions as a seeking of stimulus to sooth stressors.

Stage 3: Compulsive and/or addictive behaviors develop as a temporary escape from adverse states. However, when the individual is unable to maintain contact with the object based compulsive behaviors...

Stage 4: Emotional frailty, as a state of dysregulation and thereby reinforcing the need to engage the compensatory cycle again and repeatedly.

This recognition of attachment disruption fundamentally changes not only the definition and understanding of sexual addiction as well as all addictions, but informs the treatment process in a way that drastically changes the focus from behavioral control to emotional vulnerability with others. As Burkett and Young state, "Brain systems that evolved to govern attachment between parents and children and between monogamous partners may be the targets of drugs abuse and serve as the basis for addiction processes." (2002). A new governing belief about sexuality emerges into a recognition that sexual feelings are a signal to the body that it needs emotional and physical connection. This pivotal belief serves as a springboard for de-shaming sexual feelings and a pathway to connection to others and out of isolation. Instead of just focusing on strict behavioral controls an understanding of the development of interpersonal vulnerabilities, skills of empathy and attunement, and the development of a new and safe relationship as critical to a recovery process. As Johann Hari states, "It is not about control, it is about connection."

This workshop will include warning signs for our own possible depression, secondary trauma and compassion fatigue. It will include practical suggestions and ideas for self-care, and will assist in putting a plan of action into place that is realistic. In short, the workshop will focus on "How to Help the Helpers."

11:00-11:15 am **Break**

11:15-12:15 pm **Concurrent Workshops (1 CE Hour)**

1. *Social Isolation, Physical Health, and Well-being: The social intersection of mind, body, and spirit*, Timothy B. Smith, PhD, and Devin Petersen, BS

**Presentation Summary:** Social isolation results in multiple adverse consequences -- and the effects are not merely psychological. Several research summaries (meta-analyses) have now documented an unequivocal influence of social connections on health and longevity. In the most comprehensive of these reviews, the overall odds for premature death was 1.50, similar to the risk from light smoking and exceeding the risks conferred by hypertension and obesity. Given projected increases in levels of social isolation and loneliness in North America, mental health professionals can collaborate with medical and public health professionals to squarely address the issue and reverse current projections of a "loneliness epidemic."

This presentation describes the implications of social science research data for clinical practice, including the need to comprehensively evaluate clients' social networks and social functioning. Such information about clients' social contexts can inform mental health treatments. Techniques for decreasing social anxiety and enhancing social connections are highlighted. Methods for strengthening client family relationships are emphasized. Examples of outreach/prevention programs undertaken in the United Kingdom are provided. The influences of social technology in decreasing and increasing social isolation are mentioned, along with

associated implications for therapy. This presentation addresses the conference theme by addressing the intersection of mind, body, and spirit in terms of social relationships.

2. *What's It All About? A qualitative study of undergraduate students' thinking about meaning in life*, Rachel E. Crook Lyon, PhD

**Presentation Summary:** Ten undergraduate students from psychology classes were interviewed regarding their thoughts about meaning of life (definition, beliefs, goals, limitations to goals, sources of meaning, and development of meaning). Interviews were analyzed using consensual qualitative research (CQR). Typical sources of meaning were relationships, altruism, career, personal growth, pursuit of happiness, and religion. Meaning of life developed through interactions with parents and friends and was triggered by life-changing experiences. Participants thought that life meaning is individually determined or constructed, is important to think about, and changes over time depending on life stages and circumstances. They strongly believed that people need to have passion for what they do, need to have morals and values, need to have balance and moderation in their lives, and need to be happy. Implications for further research and developing programs for helping individuals examine issues related to meaning of life are offered.

3. *Discipline v. Disconnection: The Truth about Sexual Addiction and its Neurological Roots in the Attachment Experience-Part 2*, Dan Oakes, MEd, LPC, CSAT

**Presentation Summary:** See Part 1 Description

12:15-1:15 pm **Lunch**

1:15-2:15 pm **Concurrent Workshops (1 CE Hour)**

1. *Family Resiliency: Helping families find the courage to fail forward*, Anne Evans-Cazier, LCSW, and Calvert F. Cazier, PhD, MPH

**Presentation Summary:** This presentation will benefit clinicians who see children and teens and their families. When one family member is impacted by the many challenges in the world today to the health and well-being of mind, body and spirit, all members are affected (Walsh, 1998). Families seek professional help for diverse problems, such as bullying, disrespect, failing grades, sibling rivalry, etc. This presentation will help clinicians take their therapy practice to a new level with practical ideas for helping families move beyond coping with their immediate problems and begin to develop life changing resiliency skills. Clinicians will gain a greater appreciation for the power of resiliency skills to change the trajectory of a family (DeAngelis, 2013). Through the development of these skills, families can learn to handle the problems they face today more effectively, while also preparing to be better able to face whatever challenges come their way in the future as well (DeAngelis, 2013).

2. *Fuel for Female Desire and Arousal: Clinical applications for addressing female desire and arousal difficulties*, Laura M. Brotherson, LMFT, CST, CFLE

**Presentation Summary:** Given the complex nature of female sexuality, sexual desire and associated arousal difficulties have been found to be the leading sexual complaint among women (Basson, 2006). Easy-to-apply therapeutic approaches will be discussed to assist women/couples with both desire issues and common arousal-inhibiting challenges with mental and emotional focus during lovemaking. Employing a mind-body approach, greater attention to the contextual factors of sexual desire and arousal, will help couples address the specific areas needing attention, in order to achieve greater emotional connection and sexual satisfaction.

3. *Repairing the Breach, Attachment, trauma, and spirituality*, Wendy Ulrich, PhD

**Presentation Summary:** Spirituality, the search for and connection with the sacred, becomes a legitimate aspect of psychotherapy as clients seek meaning and purpose to give direction to their lives, cope with trauma or adversity, form healthy relationships, and make ethical decisions (Richards and Bergin, 2005). The association between religious or spiritual practices and mental health is complex. Although religious adherence is generally associated with positive mental health outcomes, religious excess and spiritual conflict are often associated with or tangential to any number of mental illnesses including depression, anxiety, post-traumatic stress, or attachment disorders, as well as influencing and being influenced by issues like marital discord or parent-child conflict. While largely the domain of spiritual leaders, therapists can also

bring an understanding of the possible influence of early attachment problems, traumas, or on-going life stages on a client's relationship with God. Healing this relationship can help clients continue to benefit from spiritual communities, guiding ethical principles, and meaning-enhancing beliefs that are generally associated with an active and personally satisfying spiritual and religious life. This workshop will explore ways to ethically help clients who desire to include spirituality or religious beliefs in their therapy to: 1.) Endure predictable ups and downs in the long-term-committed relationship with God or religious institutions. As with any long-term committed relationship, one's relationship with God participates in the predictable stages of idealism, power struggle, distancing, and renewal (Bergin, 2002). Helping clients become aware of such stages and exploring the client's experience of these stages in their relationship with God or religion can help normalize many of the spiritual ups and downs that often occur across the life span. This may help clients avoid or better manage emotionally disruptive crises of faith. 2.) Repair spiritual breaches based on past attachment difficulties. When a client feels that God has failed to keep promises or keep the client safe, or when the client feels that he or she has failed to live up to God's expectations, a spiritual breach can occur in the relationship between the individual and God. One's experience with committed relationships, especially with early caregivers, can color one's relationship with God. Helping clients see how early experiences affect current understandings and expectations of God can help clients distinguish their current experience and beliefs about God's characteristics and attributes from those influenced by experience with early parental figures Kirkpatrick, 2005; Clinton and Straub, 2010). 3.) Heal spiritual aspects of trauma. Victims of trauma may face both long-term feelings of existential despair and loss of meaning when their world view is disrupted by extraordinary events (Van der Kolk, 2014). They may also explicitly wonder about the nature or existence of God. When the trauma is associated with religious settings, leaders, or beliefs, it is important to help clients sort out and distinguish supportive from unwanted aspects of their religious beliefs and communities. Techniques for trauma recovery may also be useful in helping clients overcoming conflicts with God or tendencies to distance from God as a result of early or recent trauma. These categories of spiritual experience also apply to the therapist's own spiritual beliefs, experience, and practice, both inside and outside of the counseling office.

2:15-2:30 pm **Break**

2:30-3:30 pm **Concurrent Workshops (1 CE Hour)**

1. *Partnership Families: A psychoeducational approach to fostering more connection, caring, and compassion in family systems*, Julie de Azevedo Hanks, PhD, LCSW  
**Presentation Summary:** Few social scientists would dispute that childhood relationships are central to individual and societal well-being (Bowlby, 1988). Early relationship patterns lay the framework for identity development, social interactions, and assumptions about others (Siegel, 2001). Drawing on Cultural Transformation Theory, which was originally developed and applied on a macro-level (Eisler 1986, 1996), a framework of family organization will be presented to facilitate change on the microlevel of family life. Eight principles of A Partnership Model of Family Organization (Hanks, 2015) will be presented as a path for family organization that promotes more connection, caring, and compassion:
  1. Cooperative Parental Leadership –(Bartley, et al., 2005; Luyckx et al., 2011)
  2. Connection Orientation – (Baumrind, 1966; Bowlby, 1988, Rando, 2016)
  3. Caretaking Emphasis - (Eisler, 2008, Silverstein, 1996)
  4. Collaborative Roles and Rules (Coltrane, 1997; Jackson, 1965)
  5. Celebration of All Contributions (Eisler, 1987)
  6. Compassionate Communication (Rosenberg, 2003; & Neff, 2011)
  7. Conscious Language Use (Eisler & Loye, 1990; Miller, 1986)
  8. Creation and Collection of Partnership Stories (Bishop, 1990; Eisler & Loye, 1990)
  
2. *NADA Protocol*, Anne Vanderlaan, PhD  
**Presentation Summary:** This training follows a curriculum adopted by NADA for the use of acupuncture in the fields of addictions and behavioral health. The competency-based training involves both didactic and clinical experience and is open to acupuncturists, physicians, nurses, psychologists, counselors, social workers, and other appropriate individuals as allowed by local regulations. The training emphasizes a clinical apprenticeship because coping with individual distractions and group process is of great importance and



more difficult than the technical skill of repetitive needle insertion. ADS training is delivered by NADA designated Registered Trainers and represents an interactive learning process.

Acupuncture treatment for drug and alcohol problems was primarily developed at Lincoln Hospital, a city owned facility in the impoverished South Bronx. The Substance Abuse Division at Lincoln is a State licensed treatment program that has provided more than 500,000 acupuncture treatments in the past 30 years. Yoshiaki Omura was the consultant who began the program (Omura 1975). Initially, in 1974, Lincoln used H.L.Wen, MD's method. In the process of researching the effects of applying electrical stimulation to the lung point in the ear for post surgical pain, Wen discovered serendipitously that the acupuncture relieved opiate withdrawal symptoms (Wen, 1973).

When acupuncture was first introduced, Lincoln was a methadone detoxification program; therefore, acupuncture was initially used as an adjunctive treatment for prolonged withdrawal symptoms after a 10-day methadone detoxification cycle. Clients reported less malaise and better relaxation. Subsequently, twice daily acupuncture was added concurrently with tapering methadone doses. Reduction in opiate withdrawal symptoms and prolonged program retention were noted.

3:30-3:45 pm **Break**

3:45-5:15 pm **Plenary Address (1.5 CE Hours): *Ethical Guidelines for Treatment of Mormon SSA-LGBT Clients***, Lisa Tensmeyer Hansen, MS, LMFT, PhD Candidate, and members of the Reconciliation and Growth Project

**Presentation Summary:** In response to the continuing polarizations regarding same-sex attractions and transgender experience, including continuing debates surrounding “conversion” therapies, members of the Reconciliation and Growth Project propose an alternative approach. We call upon mental health professionals to focus on collaborative efforts that foster respectful dialogue and a shared commitment of two core principles of ethical mental health services: 1) facilitate individual self-determination and 2) do no harm. The ethical principle of self-determination requires that each individual is seen as a whole person and supported in their right to explore, define, articulate, and live out their own identity. To reduce the risk of harm, mental health workers should start from the understanding that a person is not mentally ill or developmentally delayed simply because they experience same-sex attractions or a non-traditional gender. While acknowledging that shifts in sexuality and gender identity can and do occur for some people, we believe it is unethical to focus treatment upon an assumption that a change in sexual orientation or gender identity will or must occur. It is also unethical to devalue the religious and other ideological values of our clients. We believe the focus of treatment should be on exploring with individuals the source(s) of their distress, their beliefs and values about sexuality/gender, the nuances of their experience with sexuality/gender, and realistic outcomes that might occur based on their unique experience. Therapies to help those in distress with their sexual orientation or gender expression are only ethical if each individual is guaranteed a safe environment in which to discover and express their whole authentic self.

5:15 pm **Wrap-up & Raffle**

