MONDAY, JUNE 8, 2015  Maximum of 3.75 hours AMA PRA Category 1 Credit(s)TM
Maximum of 3.5 hours for Professional Counselors, Social Workers & Substance Use Professionals are approved

7:30am  CHECK-IN, NETWORKING AND BREAKFAST (PROVIDED)

8:30am  INTRODUCTORY REMARKS & MORNING PLENARY SESSION

“Opening Minds Ending Stigma” Video
Introductory Remarks
• Tom Watkins, President, CEO & Executive Director, Detroit Wayne Mental Health Authority
• David Rosenberg, MD, Chair of Psychiatry & Behavioral Neurosciences, Wayne State University School of Medicine
• Bella Schanzer, MD, MPH, Associate Chief of Staff, Mental Health Service, John D. Dingell VA Medical Center

“Substance Abuse Single State Authority (SSA)”
  Part 1: Addressing Michigan Department of Community Health (MDCH)”
  • Lynda Zeller; Behavioral Health and Developmental Disabilities (BHDDA) Deputy Director, Dept. of Community Health, State of Michigan
  Part 2: Addressing Federal Perspectives/opportunities, including “Excellence in Mental Health Act”
  • Carmen McIntyre, MD, Chief Medical Officer, Detroit Wayne Mental Health Authority
  • Senator Debbie Stabenow

10:00am  BREAK

10:15am  BREAKOUT SESSION 1

“Reducing Psychiatric Hospitalizations through Centralized and Comprehensive Reviews”
⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available
• Alireza Amirsadri, MD, Associate Chair for Clinical Affairs, Wayne State University, Department of Psychiatry
• Luay Haddad, MD, Chief of Psychiatry, Detroit Receiving Hospital, Wayne State University Physicians Group
• Edward Mischel, LMSW, Administrative Director of Acute Psychiatry, Wayne State University Physicians Group

This project will present completed research and ongoing work to reduce psychiatric hospitalization. The project was motivated be the financial drain and failure of care from overuse of psychiatric hospitalization. We evaluated two time periods that consisted of implementing and then ceasing the transportation of patients medically certified for psychiatric hospitalization to a central psychiatric emergency service for management and re-evaluation of hospitalization need. After the initial implementation, the hospitalization rate declined 89% for 346 transported patients; only 4 of the non-hospitalized patients re-presented to emergency services again in the next 30 days. Interviews with emergency medicine physicians found support, especially on taking the medical responsibility for the patients. Following cessation of the policy, the hospitalization rate jumped 59% compared to the same period in the preceding year. Costs declined 78.7% per diverted patient even with the additional transportation and evaluation. The findings indicate that it is possible to reduce hospitalization and costs, maintain quality care while ensuring the medical responsibility of the patients.
"Trauma-informed Integrated Health Care in Obstetric and Pediatric Clinics: From Theory to Implementation"

⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP and CMHP training hours available

• Michelle Duprey, LMSW, Integrated Health Care Director, Starfish Family Services
• Maria Muzik, MD, MS, Assistant Professor of Psychiatry, University of Michigan, Department of Psychiatry

This workshop will present two models of Integrated Health Care (Pediatric Integrated Health Care and Integrated Infant Mental Health) that are trauma-informed and are currently utilized with physical and mental health care providers in Wayne County. Both models are built upon the “whole body health and wellness” approach to health care and developed in the spirit of trauma-informed systems of care which is based on the unequivocal findings from the Adverse Childhood Experiences study. This longitudinal study highlights the detrimental effects of childhood adversity to individuals’ subsequent emotional and physical functioning calling for the necessity of trauma-informed care. By embedding a Behavioral Health Consultant (BHC) within an OB/GYN practice and within Pediatric teams, we provide increased behavioral and mental health screening, interventions, referrals and resources to young children and women at high-risk for toxic stress and trauma exposure. Access to early intervention in tandem with regular health care allows for rapid accessibility of the patient to professional services and decreases stigma interfering with health seeking. By implementing the integrated health model within the physical health setting, our aim is to: detect toxic stress and environmental trauma in preconception and pregnant women, infants and young children; provide interventions that lead to behavior changes; and ultimately prevent the continuation of maternal behaviors and trauma environments that create adverse childhood experiences, negatively impact child development, and promote the passing of risk to the next generation.

"How to Successfully Implement Adapted Dialectical Behavioral Therapy (DBT) Programs for the Intellectually Disabled"

⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP and QIDP training hours available

• Kelly Shuler, MSW, LMSW, CHt, QIDP, President/Executive Director, Diversified Health Services
• Mark Mitchell, MSW, LMSW, QIDP, Consultant/Therapist, Diversified Health Services

Dialectical Behavior Therapy (DBT) is a comprehensive treatment program addressing deficits in emotion regulation, distress tolerance and interpersonal relationships. We have found an adapted version of this model helpful for adults with Intellectual/Developmental Disabilities and Mental Illness including but not limited to PTSD; Fetal Alcohol Syndrome Disorder; ADHD/Autism; and Bi-Polar disorder. DBT focuses on strength based instruction, concrete skill building and built-in repetition of key information. It also provides a number of ways of addressing the impulse control problems that are often displayed by adults with Intellectual/Developmental disabilities. DBT as described by Linehan (1993) consists of three parts: Skills training groups, individual therapy interventions, and a consultation/supervision team. These components have been adapted for use with adults with Intellectual/Developmental disabilities at Washtenaw County Community Support and Treatment Services. Today we will be presenting information on how to implement Adapted DBT for the ID from an adapted skills training manual that has been developed by Mark Mitchell, Kelly Shuler and other DBT therapists at Washtenaw County CSTS. Included in the handouts are modifications for Daily Diary Sheets; Mindfulness, Distress Tolerance, Emotion Regulation and Relationship.

"Eating Disorders and Substance Abuse"

⇒ Professional Counselor, Social Work and Substance Use (specific) credits approved
⇒ QMHP training hours available

• Pamela Morgan, CEO, MBA, CADC-M, Trainer and Group Facilitator, Key Insights

This training offers insight for equipping professionals to assist clients in addressing eating disorders – specifically Bulimia Nervosa and Binge Eating, as identified in the DSM-V while addressing their addiction to alcohol and other drugs. The information will assist in helping substance abuse clients to understand the disease concept of addiction in relation to food, recognize those disorders as a replacement behavior as well as a relapse trigger.
regarding substance abuse” Health issues associated with these disorders. Handouts will include tools useful in addressing these disorders for the client in the recovery process.

“Charting the Future of Detroit/Wayne’s Service Delivery System”
⇒ **Professional Counselor, Social Work and Substance Use (non-specific) credits approved**
⇒ **QMHP training hours available**
• Terence Thomas, JD, Behavioral Health Best Practice Task Force Chair, Member of DWMHA Board of Directors
• Cheryl Munday, PhD, Behavioral Health Best Practice Task Force Co-Chair, Member of DWMHA Board of Directors
• Steve Wiland, LMSW, ICADC, Director of Clinical Practice Improvement & Grantsmanship, DWMHA
• Kari Walker, LMSW, President and CEO, The Guidance Center

This is a time of tremendous change in the world of public sector behavioral health care. Fast-moving changes at the Federal and State levels are charting the course for our future, but which changes are having what impact? This session will address the impact of the Affordable Care Act on Detroit-Wayne’s local considerations, as well as the impact of the Excellence in Mental Health Act, with its focus on increasing access to integrated care through its Certified Community Behavioral Health Clinic pilot opportunity. Participants will also hear about how the DWMHA-supported Behavioral Health Best Practice Task Force has been taking action to arrive at recommendations that best position our region to successfully deliver effective behavioral health services to those who need it most.

**11:30am**  NETWORKING AND LUNCH (PROVIDED)

**12:30pm**  AFTERNOON PLENARY SESSION
“Initial Remarks”
“Panel Presentation”
More information regarding this session will be added soon.

**1:30pm**  BREAK

**1:45pm**  BREAKOUT SESSION 2

2-A "Cognitive Enhancement Therapy: An Evidence-Based Practice that Improves Social Cognition, Work Success, & Physical Health"
⇒ **CME credits available**
⇒ **Professional Counselor, Social Work and Substance Use (non-specific) credits approved**
⇒ **QMHP training hours available**
• Ray Gonzalez, ACSW, LISW-S, Executive Director, Center for Cognition and Recovery
• Ruth Louwsma, LMSW, Program Manager, Easter Seals of Michigan

Since 2001, CET (Cognitive Enhancement Therapy), a SAMHSA recognized Evidence-Based Practice form of cognitive remediation, has been successfully disseminated to 32 sites in ten states, helping more than 1,350 people significantly improve in their recovery from mental illness and their ability to function in independent community and vocational settings. There are 47 CET groups now being conducted. Workshop attendees will learn how CET helps promote recovery by participating in a typical CET session including specialized computer exercises; a social cognition talk followed by completing and discussing homework questions and participating in interactive cognitive exercises. A PowerPoint talk will describe the neuroscience research supporting CET; the social, vocational and educational effectiveness of CET; using CET with a wide range of individuals in recovery including adults, Transitional Youth, persons with high-level autism and veterans; and how CET is effective with person from many ethnic and socio-economic backgrounds. This presentation will demonstrate the hope and practical wisdom that CET offers individuals in recovery including how acceptance and adjustment to a psychiatric disability can improve physical health, independence, vocational effectiveness and well-being. CET not only helps individuals recover, it also provides a stable funding stream to agencies with CET programs having 75 to 85% attendance and graduation rates. Lessons learned from disseminating CET to a wide range of sites and populations ranging from freestanding clinics to state hospital to large mental health centers in rural and urban sites will be presented including Easter Seals of Michigan which has just completed a dissemination training.
Faith and Community Based Mental Health Aid Workers

- CME credits available
- Professional Counselor, Social Work and Substance Use (non-specific) credits approved
- QMHP training hours available
  - Farha Abbasi, MD, Assistant Professor, Michigan State University, Department of Psychiatry
  - Reham Gassas, MA, Doctoral Candidate, Michigan State University, Human Development and Family Studies

This study focuses on assessing the current mental health distress and resiliency of Muslim Imams, chaplains, and other members of the Muslim clergy. Given the growing concerns faced by Muslim communities and congregations, the demands on faith leaders (Imams) are increasing. There are several different classifications of faith leaders in the Muslim communities. Imams refer to a position of leadership in the context of worship and services provided to Muslim community. A Chaplain is a religious representative in a particular setting such as healthcare, educational, prison, military, and other secular setting. In Sunni Islam, Imams do not have a clearly defined role; they can be those who lead prayers or are religious advisors (Sheikhs). In Shi’ites Islam, Imams have a more prescribed role. They are seemed to have special spiritual and political authority, and possess divine traits. The goal of this study is to help identify what Muslim faith leaders define as personal distress, recognize challenges that exist in relation to their congregations, and to determine what resilience factors are commonly used by faith leaders when distressed. The two main research questions are: (1) what categories of personal distress and what congregational crisis they are experiencing. (2) How do Imams and chaplains cope with those challenges? and (3) What do they view as important coping skills?

Youth and Family Involvement within CONNECTIONS System of Care...

- Professional Counselor, Social Work and Substance Use (non-specific) credits approved
- QMHP training hours available
  - Jasmine Boatwright, Youth Involvement Coordinator, DWMHA Children’s Initiatives
  - Kim Hunt, Program Director, Family Alliance for Change
  - Rodgers Washington, MPA, Fatherhood Coordinator, The Children’s Center

Youth United, Family Alliance for Change and the Wayne County Fatherhood Initiative) the three youth and family led initiatives which currently advise CONNECTIONS Wayne County System of Care). Coordinators from each of the initiatives will co-present the workshop, which will highlight the unique and important work of the initiative, each initiative's level of involvement within CONNECTIONS and how the initiatives collaborate to become the voices of youth and families within the System of Care. The workshop also aims to identify ways to Community Mental Health leadership and partners can support youth and parent involvement within a System of Care.

Medication-Assisted Treatment: Bridging the Gap Between Methadone & Mental Health

- Professional Counselor, Social Work and Substance Use (specific) credits approved
- QMHP training hours available
  - Katherine Blakley, MA, MBA, CADC-M, CCS-M, CPS-M, Facilitator, Laying the Foundation Training Institute

Participants will be able to describe the pharmacological effects of methadone. Additionally, participants will be able to identify the value of methadone treatment as an integrated recovery service. Finally, participants will be able to identify bias and stigma that impedes the integration of care between methadone and mental health providers.

Mother/Child Relational Quality of Women in Substance Abuse Treatment

- Linda Lewin, PhD, PMHCNS-BC, Assistant Professor, Wayne State University, College of Nursing

Participants will learn how to describe the mother-child relational quality by women in substance abuse. Additionally, participants will be able to identify distinct maternal behaviors that are less than optimal. Finally, participants will be able to discuss integration of parenting enhancement in substance abuse treatment.
Due to recent changes in legislation, an increased number of families are now gaining access to Applied Behavior Analysis services for children with Autism Spectrum Disorder. This has amplified the need for didactic parent training to help in facilitate the generalization of treatment goals to the home environment. The purpose of this presentation is to review the literature on current parent training and/or parent education. Specifically, we will address how this relates to the current curriculum of Parent Education Seminars offered at University Pediatricians Autism Center. In addition, we will analyze and assess pre-test and post-test rating scale results from the Parenting Sense of Competence Scale (PSOC), Parenting Stress Index-Short Form, and Treatment Evaluation Inventory Short Form (TEI-SF). Lastly, we will discuss the strengths and weaknesses of our current program to determine future content areas to include in future parent education seminars and research to support the efficacy of parent training.
perspective of mental health relation to work-life balance issues. The focus of the presentation will identify common stress indicators, as well as use a critical lens to expose the importance of mental health care workers examination of self-management of work-life balance. A portion of the presentation will discuss preventive measures mental health care workers can incorporate for self-management and to assist clients with preventing serious anxiety, depression or addictive behaviors from triggering. Concluding is an innovative approach to developing a less-stress work-life balance plan.

3-C "Strategies and Therapeutic Techniques to Help Women Successfully Heal from Trauma"
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available
• Tracy Purnell, MA, LPC, Executive Director of Quality and Compliance, Team Mental Health Services
• Armise Parker Walker, MA, LPC, Clinical Therapist, Joyce Alexander & Associates

While current research and clinical experience indicate a high incidence of traumatic events in women's lives, clinicians often struggle with providing effective treatment. This workshop is based on current research that indicates 5 out of 10 women experience a traumatic event and presenters' years of professional care giving with working with women with a history of traumatic experiences. The skills and principles of this workshop is derived from empirical work and clinical practice of J. Eric Gentry, PhD, an internationally recognized leader in the field of traumatology. The workshop includes interactive exercises that demonstrate techniques that clinicians can use to help clients develop coping skills, as well as emotional wellness, in addition, the presenters will discuss the characteristics and tasks that they found necessary to help individuals health and live fulfilling lives.

3-D “How to Increase Treatment of Co-occurring Mental Illness and Substance Use Disorders in Community Mental Health”
⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (specific) credits approved
⇒ QMHP training hours available
• Theadia Carey, MD, MS, Medical Director/Staff Psychiatrist, Development Centers

Approximately 8.4 million American have co-occurring mental illness and substance use disorder. Only 7.3% of these individual receive treatment for both disorders. And 53.7% of these individual do not receive any treatment for either disorder. While there is plenty of information on pharmacological management of substance use disorders in patients with primary substance use disorder, the pharmacological management of substance use in patients presenting with mental illness can be more complicated. Despite the availability of medications to treat substance use disorder, very few patients are offered these medications when treated in a community mental health clinic. The goal is to equip clinicians with the skills and confidence to manage substance use disorders in patients with co-occurring disorders in mental health clinic.

3-E “Interdisciplinary Approaches to Crisis Services and Hospital Diversion”
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available
• Matthew Owens, MA, LLP, LLPC, Director of OACIS Crisis Center and Utilization Review, Common Ground
• Aimee Nimeh, LMSW, Director of Crisis and Advocacy Services, Common Ground
• Paul Lyons, Recovery Coach, Common Ground

Common Ground's community crisis center model is a full service recovery and trauma informed approach that serves over 60,000 people per year in Oakland County through an Interdisciplinary approach that emphasizes the Peer model as a keystone to services. People in crisis are provided with direct integrated care services that act as an alternative to emergency room and inpatient hospital settings, resulting in low hospital utilization and redirection of funding to community based services. Through our model and facility, interdisciplinary teams weave a safety net for persons in crisis. Session participants will be able to: 1) Identify 8 core services in a Community Crisis Center; 2) Describe the role of peers; 3) Recall at least 3 innovations within Health Care Reform; 4) Summarize at least 7 of 15 core elements of the SAMHSA Mental Health Crisis Practice Guidelines.
4:30pm   ADJOURNMENT

TUESDAY, JUNE 9, 2015   Maximum of 5.25 hours AMA PRA Category 1 Credit(s)™
Maximum of 5.0 hours for Professional Counselors, Social Workers & Substance Use Professionals are approved

7:30am   CHECK-IN, NETWORKING, AND BREAKFAST (PROVIDED)

8:30am   INTRODUCTORY REMARKS & MORNING PLENARY SESSION

“Giving Asylum?: The Ethics of Long-Term Care for People with Very Severe Mental Illness”
⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available
• Dominic Sisti, PhD, Department of Medical Ethics and Health Policy, University of Pennsylvania, Perelman School of Medicine

During this session, participants will learn about the ethical considerations and background that motivated the recent JAMA viewpoint coauthored by Dr. Sisti, "Improving Long-term Psychiatric Care: Bring Back the Asylum". Dr. Sisti will review the core ethical arguments and address key objectives to the Viewpoint. Finally, he will expand upon proposals for treatment and policy models to improve long-term inpatient psychiatric care.

10:00am   BREAK

10:15am   BREAKOUT SESSION 4

4-A "Are Patients with Borderline Personality Disorder Morally Responsible for their Behavior?"
⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available
• Dominic Sisti, PhD, Department of Medical Ethics and Health Policy, University of Pennsylvania, Perelman School of Medicine

During this presentation, Dr. Sisti will appraise ethical arguments related to the autonomy of persons with borderline personality disorder, inventory clinicians’ attitudes related to particularly challenging behaviors and analyze the concept of ‘manipulation’ as it is used to describe patients with borderline personality disorder.

4-B "Hospital Diversion Outcomes Improvement Project"
⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available
• Leonard Rosen, MD, Medical Director, Oakland County Community Mental Health Authority
• Matthew Owens, MA, LLP, LLPC, OACIS Program Director, Common Ground
• Leslie Gallant, LMSW, Customer Service Specialist, Oakland County Community Mental Health Authority

The Outcome Improvements Project has identified that there is a population, who in spite of utilizing a high number of services, is not achieving the positive outcomes they desire. The Outcomes Improvement Project has developed a goal to conduct peer reviews and case conferences on individuals who are high risk of re-hospitalization. The goal is to improve the quality of life of persons served by decreasing hospital admissions and increasing the use of outpatient services. This Project has been ongoing since 2009 and has reviewed and measured progress for more than 125 individuals receiving mental health services within Oakland County. Development of the project committee and how people are referred to the project will be presented. Data related to hospital admissions and length of stays pre and post participation will be shared in the presentation. Expected and unexpected outcomes will be discussed. Rational for ongoing success of the committee will be shared as well.
Adolescent substance users differ from adult users in many ways and thus they must be approached differently in assessment and treatment. For example, their substance use often stems from different causes, and because of their immature brain development adolescents often fail to appreciate future consequences of their use. Adolescents present with unique cognitive, emotional, physical, social, and moral developmental issues, differences in their values and belief systems, and environmental considerations (e.g., strong peer influences, family environment), all facets of the adolescent’s experience which should be addressed in treatment planning and implementation. Therefore, it is important for a wide range of professionals who come into regular contact with adolescents to recognize the signs of substance use, to know how to screen for and assess abuse, and begin treatment planning with the adolescent. Evidence based, behavioral interventions for adolescent substance abuse may be improved by considering the developmental context.

Clubhouse Model programs have existed across Michigan for over 20 years, and program implementation varies widely. The Annual Report of Michigan Clubhouses from Michigan State University and the Department of Community Health has been published since 2010, and an analysis of their information reveals significant objective implications for best practices in this modality. Positive interventions will be suggested for micro, meso, and macro levels. The purpose of the presentation will be to expand opportunities for current and future Clubhouse members (men and women recovering from mental illness). Also, Dr. Francesca Pernice-Duca will highlight her most recent research based on interviews with Clubhouse members’ family as well as additional findings from prior research in this model.
11:30am  NETWORKING AND LUNCH (PROVIDED)

12:30pm  BREAKOUT SESSION 5

5-A "The Road Home Street Medicine Detroit Project – Delivering Help, Hope, and Housing through Recovery-Oriented Collaborative Care to Our Community’s Most Vulnerable"

⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available
  • Alison Pianosi, President, Street Medicine Detroit
  • Dean Carpenter, FNP-BC, Nurse Practitioner, Neighborhood Service Organization – Tumaini Center
  • James Carey, CPSS, Outreach Peer Support Specialist, Neighborhood Service Organization – The Road Home

Street Medicine Detroit (SMD) and The Road Home (TRH) began our collaborative project in 2012. In order to ensure access to quality medical care for persons who are unreached, service resistant, and experiencing chronic homelessness on the streets of Detroit. Our collaborative care model, through peer-directed and regular outreach, bridges the gaps between persons experiencing homelessness and behavioral and physical healthcare communities by building human relationships that provide respect, dignity, and honor the worth of those we serve. In doing so, we assist persons in their recovery by offering hope and addressing their unique psychosocial and physical healthcare needs holistically. SMD brings the collaborative care team to unsheltered persons wherever they are, providing innovated, mobile, and community-based care that includes clinicians from appropriate disciplines. Through our work we’ve recognized that homelessness can be the primary cause for behavioral and primary health conditions, which is why housing remains our ultimate intervention. Truly, treating the symptoms of homelessness such as physical health concerns is often times integral in keeping the most vulnerable persons on the streets of Detroit alive and well enough until permanent housing is accessed. The panelists will discuss the efficacy of recovery-oriented service provision, triage and targeting, as well as the model of integrated care. Panelists will also engage audience members in a brief simulation of psychosis and delusion, which will highlight the challenges persons with symptomology experience in engaging in services. Finally, panelists will share case studies from our project that are demonstrative of our work.

5-B "Managing Chronic Pain without Meds for Persons with Co-Occurring Disorders"

⇒ CME credits available
⇒ Professional Counselor, Social Work and Substance Use (specific) credits approved
⇒ QMHP training hours available
  • Howard Schubiner, MD, Clinical Professor, Wayne State University, Providence Hospital
  • Mark Lumley, PhD, Professor, Wayne State University, Department of Psychology
  • Eugene Schoener, PhD, Professor, Wayne State University, Departments of Psychiatry and Pharmacology

Chronic pain is a major health, social and economic problem today. Despite its high prevalence, conventional medical/surgical treatments do not provide sufficient relief, leaving many people incapacitated. Chronic pain often occurs in the context of other mental health problems, such as post-traumatic stress and other anxiety disorders, substance dependence, and depression, and traditional pain management techniques for those with these co-occurring problems is even more difficult. As a consequence, there is now renewed interest in psychotherapeutic approaches to address both chronic pain and other disorders simultaneously. One of these new promising practices, Emotional Awareness and Expression Therapy (EAET), has been developed and studied by clinicians and researchers at Wayne State University. This innovative approach involves psycho-education about mind-body connections, techniques for experiencing and expression of avoided feelings, and a focus on changing problematic relationships. The psycho-educational component helps the client to understand the brain mechanisms that allow their deep negative emotions to be expressed as pain. The subsequent EAET activities guide the client through the difficult process of identifying the source of their emotional distress, consciously expressing previously avoided feelings and then designing a plan to anticipate and manage those feelings (drivers of pain.) EAET is conducted in an individual and small group format with homework between sessions that enables ongoing clinical assessment and guidance. This panel presentation will address the underlying concepts, methods employed, research studies, and clinical experience with EAET.
In 2014, the NIH funded the Adaptive Implementation of Effective Programs Trial (ADEPT). The initial stage of the ADEPT project aims to implement an evidence-based psychosocial intervention for mood disorders into a variety of community settings throughout Michigan and Colorado. The evidence-based practice being implemented is Life Goals Collaborative Care (LG-CC), which was originally developed to address the frequent self-management deficits that often impede recovery for individuals with bipolar disorder. In addition to reducing mood symptoms, LG-CC improved both mental and physical health related quality of life and is frequently used in integrated health settings across the U.S. This presentation will provide an overview of this quality improvement project, the Life Goals Collaborative Care intervention, and the initial progress and results from across Michigan. We will discuss how results from this project can inform practice and improve the efficacy of EBPs in the future.

“Youth Suicide Prevention: Knowledge That Can Save Lives”

People are discharged from inpatient psychiatric care with an appointment for outpatient services. However, most people do not make that appointment. This presentation will present a quality improvement study to strengthen the link between inpatient and outpatient services.

Understanding and practicing the basics of precipitating events for requests for hospitalization can reduce unnecessary or involuntary and costly inpatient utilization when skillful and up to date approaches are practiced rather than reactionary decisions based on unwarranted fear or instinctual impulses by providers in emergency departments. A careful stepwise individualized treatment plan in emergency psychiatry not only reduces hospitalization but also assists people to go back to their lives and utilize less restrictive environments of care what with less cost to their personal lives and the system as a whole.

1:45pm  BREAK
“Effective Behavioral Health Crisis Response Strategies”

- **CME credits available**
- **Professional Counselor, Social Work and Substance Use (non-specific) credits approved**
- **QMHP training hours available**
  - Anne Akinfenwa, MA, LLP, QIDP, QCMHP, Behavioral Health Coordinator, Community Living Services

Crisis response and intervention has evolved rapidly over the past few decades. It has been demonstrated that quick response and intervention has been effective in reducing levels of escalation that presents during a crisis. The first challenge in crisis response management is the needs assessment based on all incoming information reported and observed. More specifically, little research has examined crisis-response strategies as it relates to community agencies, to see how these strategies can be used to shape public perceptions of the crisis and the individuals in crisis. This presentation will look at existing literature to create a series of crisis-response strategies and give clinicians and other community agencies a set of guidelines for appropriate use of effective behavioral interventions to use during a crisis response.

“A Father’s Bond with His Baby Starts in the Womb: Preliminary Results from an Intervention Program for Fathers”

- **CME credits available**
- **Professional Counselor, Social Work and Substance Use (non-specific) credits approved**
- **QMHP and QMHP training hours available**
  - Carolyn Dayton, PhD, MSW, IMH-E(IV), Assistant Professor of Social Work, Wayne State University
  - Rodgers Washington, MPA, Fatherhood Coordinator, The Children’s Center
  - Maria Muzik, MD, MSc, Assistant Professor, University of Michigan Health System

Recently, local and national attention has been directed toward the high infant mortality rate in Detroit (15 deaths per 1,000 births). Research has established that fathers’ involvement in pregnancy improves maternal, infant and child outcomes beginning in birth and across child development. Increases in father involvement can, therefore, be influential in reducing infant mortality rates. Yet, 79% of births in Detroit are to single mothers, resulting in a lack of consistent father support for many of these mothers and their babies. Early father involvement that begins during pregnancy has the potential to improve the lives of families and, when early father-baby bonds are established, fathers may be more likely to remain involved in the lives of their children over time. However, to date fathering programs have had limited success at best. Preliminary research data from expectant fathers about their struggles, strengths and needs as they prepare to parent a new baby will be presented. Data gleaned from interviews with Detroit fathering experts will also be presented. Subsequently, we will introduce an innovative early intervention program for Detroit fathers of young children and their families that is currently being developed. Proposed core components of the intervention will be described. Using culturally congruent methodology, the intervention uses attachment theory as its foundation and incorporates features of parenting self-care and family support. This is a university-community collaborative project that draws from the expertise of many seasoned professionals across the Metro Detroit area.

“Creating Community Collaborations to Build a Workforce for Implementation of the ABA Benefit for Autism Spectrum Disorders”

- **CME credits available**
- **Professional Counselor, Social Work and Substance Use (non-specific) credits approved**
- **QMHP and QIDP training hours available**
  - Krista Clancy, MS, LLP, BCBA, Director of Behavioral Services, University Pediatricians Autism Center
  - Joie West, Executive Director, Southeast Regional Area Health Center, Greater Detroit Area Health Council
  - Rachel O’Doherty, MS, LLP, BCBA, Supervising BCBA, University Pediatrician’s Autism Center

Following the implementation of a state-wide benefit to allow children with Autism Spectrum Disorder (ASD) to access Applied Behavior Analysis (ABA) treatment through private or public insurance, organizations that provide services to children with ASD have been scrambling to hire and train staff that can provide these services. Although children now have access to ABA financially there are still large numbers of children waiting for services due to the lack of trained service providers. ABA is highly specialized and takes many hours of
manpower to train just one individual to work with one child. Because there are 100's of children still waiting for services across the state, it is imperative that more plans for workforce development be created. It takes efforts of trained clinicians, educational institutions, and agencies who support educational efforts to think creatively about how they can work together to find, train and place these workers. This workshop will demonstrate how collaboration between these entities can help to accomplish this goal and how the stakeholders involved created a lasting training program that will help support this benefit for years to come. This workshop will also demonstrate the effects a well-trained staff has on the lives of children receiving the ABA benefit.

6-D “Teamwork Makes the Dream Work – Orchestrating a Team Approach to Integrated Treatment and Recovery for Tri-Occurring Disorders”

⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available

- Pamela Lamb, BSW, MPA, President & Chief Operating Officer, Team Mental Health Services
- Calvin Trent, M.Ed, PhD, Psychological Director, Detroit Recovery Project EPIC Program
- David Wash, MD, Primary Care Physician, Professional Medical Center

Teamwork is making the dream work to create better lives for people with tri-occurring disorders, thanks to a pioneering team of three Detroit agencies. They have created an easy-to-implement new paradigm that provides a total wellness approach for individuals requiring treatment and recovery for mental health, physical health, and addiction recovery, as well as needs such as housing and employment. As a result, Team Wellness Center, Detroit Recovery Project and Professional Medical Center are helping thousands of people who struggle with tri-occurring disorders. Because this significant problem has not been heavily researched or quantified, Team Wellness is pioneering research whose results will enable clinicians to expand the scope of care to address patients’ needs for addiction recovery, physical health and mental health. It is known that nearly 9 million adults have both a mental- and substance- use disorder, says The Substance Abuse and Mental Health Services Administration (SAMHSA). However, SAMHSA adds that only 7.4% receive treatment for both conditions, while 55.8% go untreated! This Detroit team is changing that, by offering a successful model for a recovery-oriented, integrated system of care that transforms lives. This seminar explains how your agency can use this model to provide optimum care while educating the community about treatment and recovery for tri-occurring disorders.

6-E “How Detroit/Wayne Consumers have Benefitted from the Supported Education Model”

⇒ Professional Counselor, Social Work and Substance Use (non-specific) credits approved
⇒ QMHP training hours available

- Daniel Klinkert, LMSW, Supported Education Program Manager, Community Care Services
- Raynard Smith, Peer Support Specialist, Community Care Services
- Victoria Bankowski, Supported Education Graduate, Current WCCCD Honor Roll Student

The Supported Education program offered to Detroit/Wayne Mental health consumers by Community Care Services (CCS) has prepared and placed many adult consumers into college level programs during its ten-year existence. Our panel includes longstanding program manager Daniel Klinkert, Peer Support Specialist Raynard Smith, and former graduate and current WCCCD Honor Roll Student Victoria Bankowski. All three presenters will present the unique lessons learned from 3 separate areas of the program (management, service delivery, and being on the receiving end of service delivery). Special attention will be given to the educational potential of mental health consumers, the benefits of programming specifically for education, and common barriers consumers face in enrolling and succeeding in higher education.

3:15pm ADJOURNMENT