

## PRELIMINARY WORKSHOP DESCRIPTIONS

### IADDA ANNUAL CONFERENCE

SEPTEMBER 7 – 9, 2011

#### SAFER Recovery Behavioral Profile Analysis: Integrating Goal Attainment Scaling in Treatment of Addicts Living with HIV/AIDS (2 parts)

**Presenter(s):** *Patricia Pulliam, LCSW, CAADC, Substance Abuse Program Coordinator, Provident Hospital of Cook County HIV Program; Anita McGruder-Johnson, PhD., RDDP, Clinical Psychologist/H.O.P.E. Trainer, American Psychological Association HIV Office for Psychological Education*

Exacerbation of problematic coping strategies such as substance abuse, despair, morbidity and mortality are often associated with a diagnosis of HIV. Goal Attainment Scaling (G.A.S.) methodology has shown promise for engagement and retention, developing trust, measuring outcomes, motivating change, and enhancing self-efficacy. This workshop introduces a semi-structured tool for motivating a client to address issues that are common barriers in self-management of HIV and recovery from substance use disorders. G.A.S. is a client-centered approach for negotiating goals, defining objectives, and measuring outcomes. G.A.S. is adaptable and easily incorporated into traditional substance abuse assessments and ASAM continued stay recommendations.

**Audience:** Clinician, Preventionist, Clinical Management, Case Managers

#### Underage Drinking – Why Not?

**Presenter(s):** *Karen Smith, MSN, RN, Director of Organizational and Community Development, Nicasa*

Get smart on state and national facts about the prevalence, risks, consequences, impact, and costs of underage drinking. Learn about underage drinking as a national public health epidemic and the Surgeon General's Call to Action to Prevent and Reduce Underage Drinking through effective community-wide strategies. Join in discussion with others willing to STAND-UP against underage drinking for the health, safety and welfare of all. Together, our voices can influence positive choices. Armed with the facts and motivated to act, we have power to bring awareness, prevention, and change on behalf of our precious youth.

**Audience:** Clinician, Preventionist

#### Building Organizational Leadership: Board Recruitment and Development

**Presenter(s):** *Bob Carty, LCSW, CADC, CCJP, Trainer/Consultant, Partnerships in Clinical Training and Consultation*

An ineffective board of directors can create a troublesome void in leadership in a non-profit organization. In this workshop, we will examine key principles of exceptional boards. We will look at the need for boards to be mission driven and strategic in their planning, while understanding the difference between governance and management. We will also focus special attention on ways to recruit key board members and enhancing the board's performance through orientation, mentoring, and training.

**Audience:** Executive Management, Middle Management, Emerging Leaders, Preventionists, Human Resources

#### Preparing Treatment Organizations to Meet the Needs of Veterans, Military Service Members and Their Families

**Presenter(s):** *Angela Bowman Halvorson, TopLine Professional Strategies, LLC*

Across the nation, veterans, military members, and their families are living with the consequences of war, multiple deployments, and trauma. Short- and long-term consequences include addiction, mental health disorders, anger, suicide, abuse, and violence. To address these issues and to learn to cope with the very natural response to their experiences, veterans, military members and their families often turn to the civilian services systems. However, many non-military health providers are not equipped to manage the unique and complex traumas presented by this population. This workshop will discuss how clinical providers can prepare their agencies and their workforce for the military-affected population. Topics of discussion will include trauma-informed SUD and mental health treatment and recovery support; coordination with veterans' health and

insurance systems; and focus on strengths, safety, recovery, and veterans' own choices. An effective workforce will be educated on the military culture, the experience of war, the neurobiology of trauma, the effects of traumatic brain injuries, and the implications of these factors for effective treatment and recovery. This workshop provides practical suggestions for preparing treatment organizations for effective responses.

**Audience:** Clinician, Clinical Management, Executive Management, HR, Preventionists

### **Cops versus Cartels: A Modern Version of the David and Goliath Story**

**Presenter(s):** *Patrick J. O'Dea, Field Intelligence Manager, Drug Enforcement Administration, Chicago Field Division*

This workshop will build upon the trends outlined in the presentation to discuss law enforcement's efforts to restrict the supply of illegal drugs and control the diversion of legal drugs and chemicals during a time of limited budgets and in the face of a powerful and ruthless enemy. Experiences of effectiveness through innovation, intelligence, and force-multiplying will be covered.

**Audience:** Clinicians, Preventionists, Clinical Management, Executive Management

### **Legally Prescribed, Illicitly Consumed: The Prescription Drug Abuse Problem**

**Presenter(s):** *Marcia Buchs, RN, MA, Prevention Area Coordinator, Chestnut Health Systems*

This workshop will present circumstances when legally prescribed drugs go beyond healing and become abuse or addiction. Specific discussion topics will include the science behind the addictive nature of prescription drugs and review of the specific drugs in each of the three main categories. Participants will also become familiar with specific effective prevention efforts that can be used to address prescription drug abuse. A brief review of the current statistics related to prescription drug abuse will also be discussed.

**Audience:** Clinician, Preventionist

### **Engagement and Retention of Older Adults in Substance Abuse Outpatient Treatment**

**Presenter(s):** *Fran Schnadig, MSW, LCSW, Program Coordinator, PEER Services, Inc.; Corrine Johnson, MSW, LCSW, MA, LSW, CADC, Staff Therapist, Health Connections Program, PEER Services, Inc.; Alexis Lessard-Templin, Staff Therapist, Healing Connections Program and MAT Program, Peer Services, Inc.*

Older adults do not have many "second chances" to recover from addiction. Engagement and retention in treatment are critical. Older adults with substance use disorders (1 out of 6 older adults) are vulnerable to serious physical and mental health complications and a compromised quality of life. This workshop will explain older adults' unique stressors and losses and how they relate to addiction, treatment, recovery and relapse. Presenters will use case examples from group and individual treatment for illustration and discussion of evidence-based principles for engaging and retaining older adults.

**Audience:** Clinician

### **Enhancing Treatment Outcomes with Clients in Addiction Treatment and the Criminal Justice System**

**Presenter(s):** *Dr. Mary Collins Henderson, Deputy Director, Nicasa; Dr. Emperatriz Guerra, Deputy Director; Nicasa; Laura Lopez Camarena, Director, Nicasa*

When working with addicted clients involved in the criminal justice system, clinicians are challenged with client's treatment completion. This workshop will present some recent research on collaboration among treatment providers and criminal justice in a recovery oriented system of care. The presenters will highlight indicators of success in the reduction of drug abuse and criminal behavior. Information on evidence-based practices, drug court involvement and the significance of a peer to peer support network will be discussed. The workshop will be an interactive exchange between workshop presenters and participants. This workshop will be presented in English and Spanish.

**Audience:** Clinician, Clinical Management

### **The Rise of Heroin and Implications for Prevention** (part 1) (two parts)

**Presenter(s):** *Tim Cramer, Prevention Trainer, Chestnut Health Systems; Alan Markwood, Prevention Projects Coordinator, Chestnut Health Systems*

The recent rise of heroin use by teens and young adults in some cities and suburbs is a new twist on a recurring pattern: how the marketing of stronger versions of drugs heightens risks to the already risky use of alcohol and other drugs by youth. The first part of the workshop will examine the impact and extent of the current problem through the Heroin Project Focus Group Summary of Findings from Will County. The second part of the workshop will discuss the larger issues of connecting the initiation of use to the “downriver” impacts and ideas for countering the trend through community education and mobilization.

**Audience:** Preventionist

### **Cross System Collaboration to Implement and Sustain Care for Youth with Co-Occurring Disorders**

**Presenter(s):** *Chris Gleason, MA, CAADC, MAATP, Chief Clinical Officer, Family Service & Community Mental Health Center of McHenry County; Nicole O’Dea, LCSW, ICT Supervisor, Family Service & Community Mental Health Center of McHenry County*

Youth with co-occurring mental health and substance use disorders represent one of the highest risk and most challenging populations for parents, providers, and community systems. These youth are typically involved in multiple systems of treatment and care, are difficult to support in the community, and are most likely to relapse multiple times throughout their lives. Because of these challenges, youth with co-occurring disorders were chosen as a population of focus for McHenry County’s System of Care Grant. In the summer of 2008, the Integrated Co-Occurring Treatment Program (ICT) was implemented under the direction of Dr. Rick Shepler, the designer of the model from Kent State University. The ICT program features an intensive home-based delivery model and applies a strength-based, systems perspective to work with youth and their families. The ICT therapist provides a comprehensive set of therapeutic and support services to integrate substance abuse and mental health care treatment for the individual and the family across life domains. Representatives from Court Services, law enforcement, the Mental Health Board, Family Service, Family CARE, special education, crisis programming, youth, and family members have invested in the implementation, development, and administration of the program. In its first two years, the ICT program has doubled in size, is financially sustainable, and has become a model program in the community. The panel of presenters will discuss different components of the ICT Program and its implementation that have contributed to its success in McHenry County. The discussion will engage audience members to consider the importance of integrating care, applying a systems perspective, encouraging youth and family voice, and maintaining cross-system collaboration when treating youth with co-occurring disorders or implementing a new practice or program. Panel discussion will include concepts for program design at health care delivery organizations, considerations for policy development and change, and recommendations for researchers interested in understanding the development and treatment of co-occurring disorders during adolescence.

**Audience:** Clinician, Clinical Management

### **Creating Organizational Visibility to Gain Increased Support**

**Presenter(s):** *Tricia Williams, Prevention Program Coordinator, Maine Community Youth Assistance Foundation (MACYA); Cheryll DeYoung, Communications Specialists, MCYAF*

Non for profits continually struggle to gain general public understanding of the organization’s mission, the issue they address and needed financial support. A well-planned media, marketing and communication plan can not only change public knowledge and behavior it can generate new revenue sources. Learn from an organization that has used a diverse media plan to decrease underage drinking, increased parent-teen communication and parental supervision, while generating new corporate partners and public financial support.

**Audience:** Preventionists, Executive Management, Development Professionals

### **Integrating Medication Assisted Treatment Services into Healthcare Settings**

**Presenter(s):** *Marshall Rosier, Executive Director, Connecticut Certification Board, Inc.*

This workshop will feature specific strategies providers can use to integrate medication assisted treatment services into their unique healthcare settings. Using publications such as “*Getting Started with Medication-Assisted Treatment: With Lessons from Advancing Recovery*” (NIATx, 2010), the workshop will offer an overview of the emerging science and best-practices around medication assisted treatment and recovery from substance use disorders. This workshop will recommend several key principles for practitioners to consider. This workshop will also discuss developing MAT-specific recovery partnerships, opening office-based MAT programs, and integrating MAT programs into primary care settings.

**Audience:** Clinician, Executive Management, Clinical Management

### **Heroin/Other Opiate Overdose Prevention (part 2)**

**Presenter(s):** *Sarz Maxwell, MD, FASAM, Medical Director, Chicago Recovery Alliance; John Roberts, Heroin Epidemic Relief Organization (HERO); Peter McLenighan, Executive Director, Stepping Stones; Seth Eisenberg, MD, Illinois Department of Human Services/Division of Alcoholism and Substance Abuse (DASA)*

Heroin and other opiate overdose deaths have increased dramatically. Drug poisoning which includes heroin and other opiates overdoses has become a leading cause of accidental deaths second only to automobile accidents. Chicago and the suburban area have been particularly hard hit. Individuals, families and organizations working to prevent and treat substance use disorders are being called upon to put practices in place that will save lives. This workshop will provide information on effective overdose prevention practices including the use of Naloxone.

**Audience:** Preventionist, Clinician, Executive Management, Clinical Management

### **Adapting the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index for Youth**

**Presenter(s):** *Randi Tolliver, PhD, CADC, Director, Illinois Co-Occurring Center for Excellence/Heartland Health Outreach; Danielle Kirby, MPH, MEd, Illinois Department of Human Services/Division of Alcoholism and Substance Abuse (DASA)*

It is estimated that over 50 percent of youth who present for substance abuse treatment have a co-occurring mental health challenge. Yet we are lacking an inventory of our youth providers’ capacity to provide services to youth with dual disorders. The DDCAT is being used in our adult programs but its applicability to youth programs has not been proven. When assessing youth programs with the DDCAT, we found that certain considerations were being made. These considerations have been developed into a youth index that we are now working to validate. Presenters will share the current status of the index and garner participants’ input.

**Audience:** Clinician, Clinical Management

### **Equal Justice for All: The Illinois DJIS Commission and Your Voice**

**Presenter(s):** *Laura Brookes, Director of Policy, TASC, Inc.*

Recognizing previous analyses that found disproportionate minority contact (DMC) with the criminal justice system prevalent in various stages of the Illinois justice system, in 2009 a state commission examined racial/ethnic disparities in justice contact related to drug law offenses, and made recommendations to eliminate such disparities and reduce the harm associated with them. This workshop will present findings and recommendations of the Illinois Disproportionate Justice Impact Study (DJIS) Commission, along with a discussion about what treatment and recovery support providers can do to actively work toward equal justice for all.

**Audience:** Clinician, Executive Management, Clinical Management

### Building Co-Occurring Capability in Addiction Treatment Settings

**Presenter(s):** *Marshall Rosier, Executive Director, Connecticut Certification Board, Inc.*

This workshop will discuss strategies treatment providers can use to build co-occurring capability in their agencies, beginning with a brief overview of current trends in co-occurring disorders (COD) treatment in the US. Participants will be given a free training program curriculum, *TIP 42: Substance Abuse Treatment for People with Co-Occurring Disorders, In-service Manual* (SAMHSA, 2007) and a COD resource CD with several resources designed to develop and enhance COD capability. Case studies and low/no cost strategies will be emphasized.

**Audience:** Clinical, Clinical Management, Recovery Home Managers

### Using Adolescent Brain Development & Data to Inform Prevention Strategy

**Presenter(s):** *John Shadowens, Prevention Manager, The H Group*

Ever feel like you are running in quicksand when delivering prevention programs to teens? Are the students getting it? Is this curriculum or approach even working? What am I missing? This workshop will explore adolescent brain development and help provide answers for why some students are destined to make unhealthy decisions and why universal strategies will never help them avoid destructive behaviors. We will also talk about using data to specifically pinpoint student needs and custom tailor prevention approaches for maximum success.

**Audience:** Preventionist

### Outcomes-Based Accountability: NOMs, SOMs, and COMs

**Presenter(s):** *Eleanor Wolfram, Consultant*

Measures can be utilized to evaluate inputs, processes, systems and outputs. A comprehensive outcomes-based accountability system will accomplish both federal and state measuring expectations and will also illuminate levels of progress towards agency goals and the effectiveness and efficiency of service delivery.

**Audience:** Executive Management

### Continuum of Recovery

**Presenter(s):** *Donald Malec, Executive Director, Illinois Association of Extended Care; Dora Dantzler-Wright, BS, CADC, NCRS, President, Illinois Association of Extended Care*

The field of addiction is undergoing yet another paradigm shift with the emergence of recovery oriented systems of care in Illinois. This raises many questions and concerns for both treatment providers and recovery support service providers. For years, Illinois recovery support service providers have worked in the background to provide services for those individuals requiring support beyond the treatment door. Housing, community re-entry, job placement, and the legal system have been significant barriers for many and often lead to relapse. The result has been a revolving door at the treatment level in the continuum of care. This door is now being closed and treatment providers will be rated on the basis of treatment outcomes. This workshop will review the history of sober living environments and recovery homes as well as the definition and purpose of this level of care and how it relates to the overall continuum of care. Requirements, purpose and procedures of the Illinois Association of Extended Care will be presented in this workshop.

**Audience:** Clinical Management, Preventionist, Recovery Home Managers, National Certified Recovery Specialists

### Blending Case Management and Motivational Interviewing for Optimal Care of Chemically Dependent Individuals

**Presenter(s):** *Maryse Nazon, PsyD, CADC, MISA I, AODA Program Coordinator, Chicago State University – Department of Psychology; Russell Montgomery, MA, CADC, Adjunct Faculty, Chicago State University – Department of Psychology*

Engaging and maintaining substance dependent individuals in potentially beneficial and efficacious services is a major treatment issue. Mental illness, fragmented services and multiplicity of problems are some of the barriers

that can help explain this treatment problem. It is possible to overcome these barriers by combining two approaches proven most effective when working with chemically dependent individuals: Case Management (CM) and Motivational Interviewing (MI). Blending CM and MI increases the range of techniques and approaches available when working with substance dependent individuals. It offers the flexibility needed to deal with individuals with longstanding and complex problems including individuals with dual diagnosis and criminal justice system involvement.

**Audience:** Clinical, Clinical Management

### **Criminal Justice and Health Care Reform**

**Presenter(s):** *Maureen McDonnell, MA, Director for Business & Health Care Strategy Development Director, TASC, Inc.*

People under criminal justice supervision have very high rates of substance use (over 70%) and psychiatric disorders (over 16%) as well as chronic medical problems. Participation in treatment has been proven to reduce re-arrest. The major expansion of Medicaid/insurance under national health reform (2014) offers an unprecedented opportunity to expand treatment, establish durable recovery and reduce recidivism. Collaborative planning between the criminal justice system, the substance abuse and mental health treatment systems, Medicaid and other state agencies is required. This workshop will explore the potential benefits to counties and the state, and needed action to realize these benefits.

**Audience:** Clinician, Preventionist, Executive & Clinical Management

### **Developing a Sexual Health Intervention for Women in Treatment**

**Presenter(s):** *Raven James, PhD, Assistant Professor, Governors State University; Serena Wadhwa, PsyD, LCPC, CADC, Governors State University*

Sexual issues in treatment are often ignored, or lacking in depth and comprehension. This mixed methods behavioral therapies development project (n=185) examined an understudied connection to addictions treatment outcomes and sexual risk-reduction for women affected by substance use in the Chicagoland area. Variables included sexual self-esteem, self-efficacy in sexual communication/discussion and HIV risk. Currently, a sexual health intervention is being developed to pilot with women in treatment programs. We expect that improved treatment outcomes will be evident amongst participants from pilot testing and that improved sexual self-esteem scores will be positive predictors in the reduction of sexual risk behaviors.

**Audience:** Clinician, Preventionist, Executive & Clinical Management