October 3, 2017
Holiday Inn Airport, 6111 Fleur Drive
Des Moines, IA 50321

AGENDA

Tuesday, October 3, 2017

7:30-8:25 am  Registration, Continental Breakfast and Visit with Exhibitors  Lobby

8:25-8:30 am  Welcome - Frank Fleming, Mental Health Planning Committee  Ballroom

8:30-9:30 am  Opening Keynote  Ballroom

Introduction to Clinical Behavior Analysis (CBA)
Susan Smith, Director, Iowa Department of Human Services funded Iowa Technical Assistance and Behavior Supports Program

Contrary to a common belief that “mental health behavior” is qualitatively different from other human behavior, Clinical Behavior Analysis demonstrates an application of the assumptions, principles and methods of modern functional contextual behavior analysis to clinically relevant behaviors.

Objectives:
- Name a distinguishing characteristic of CBA
- Describe “functional assessment”
- Briefly review 3 models of psychotherapy which adhere to CBA philosophy

9:30-9:45 am  Break and Visit with Exhibitors  Lobby

9:45-10:45 am  Concurrent Session 1

1A: Dialectical Behavior Therapy: Powerful Tools for Your Toolbox
James Prickett, PhD, BCBA-D, Director of Psychology Services, Woodward Resource Center

This is a basic overview of Dialectical Behavior Therapy. Particular emphasis will be given to the validation of feelings.

Objectives:
- Discuss key concepts and assumptions of DBT
- Discuss what is meant by the term “dialectics”
- Demonstrate how to validate the feelings of someone

1B: Relational Frame Theory (RFT)
Susan Smith, Director, Iowa Department of Human Services funded Iowa Technical Assistance and Behavior Supports Program

Much of the behavior that is associated with “mental health” is closely connected to “rules” that originate in language and take residency in the world between one’s ears. RFT is a behavior analytic approach to language focused on explaining the link between language and human behavior.

Objectives:
- Distinguish behavior that is rule-governed behavior from that which is governed by direct contingencies.
- Describe an activity intended to strengthen a client’s ability to shift attention between direct and indirect contingencies
- Distinguish between stimulus equivalence, derived stimulus relations, and transformation of stimulation function
1C: How Brain Injury Functional Assessment Drives Treatment
David Schields, MS, CBIST, Director of Development, Community NeuroRehab
Understanding functional assessment and common neurobehavioral manifestations are imperative for clinical case formulation and effective treatment for survivors of brain injury. This session will introduce industry approved functional brain injury assessment, common neurobehavioral sequela, and evidence based treatment philosophies.

Objectives:
- Review the Mayo Portland Adaptability Inventory
- Describe common neurobehavioral manifestations
- List effective treatment philosophies when working with individuals with an acquired brain injury

1D: Legal Rights of Youth in Juvenile Justice Facilities
Moderator: Cynthia Miller, JD, Legal Director, Disability Rights Iowa
Panel: Emily Ehlers, JD, Staff Attorney, Disability Rights Iowa
Nathan Kirstein, JD, Staff Attorney, Disability Rights Iowa
Beth Rydberg, BS, Senior Advocate, Disability Rights Iowa
Presenters will discuss the legal rights of youth in juvenile justice facilities including constitutional rights, the right to be free from unreasonable use of restraint or seclusion, and the educational rights of students in facilities.

Objectives:
- List the important constitutional rights of youth in facilities
- Review the state laws that govern the use of restraint and seclusion in various types of juvenile justice facilities in Iowa
- Review some of the educational rights of students in facilities with a concentration in the area of special education rights governed by the Individuals with Disabilities Education Act (IDEA)

10:45-11:00 am Break and Visit with Exhibitors
Lobby

11:00 am-12:00 pm Concurrent Session 2

2A: Acceptance and Commitment Therapy (ACT): An Introduction
Jessica Deboom, MA, LMHC, NCC, MA, Mental Health Counselor, Capstone Behavioral Healthcare
This breakout session will introduce you to Acceptance and Commitment Therapy and is designed for those who are completely or relatively new to ACT. You will walk away with a basic understanding of the theory underlying ACT, the aim of treatment using ACT, the 6 core processes that underlie ACT interventions, and a list of resources for further learning.

Objectives:
- Describe the basic theory underlying ACT
- Explain what psychological flexibility is, and why it is the goal of treatment using ACT
- Identify the 6 core processes that underlie psychological flexibility and all ACT interventions

2B: Understanding Adverse Childhood Experiences
Rhonda Rairden-Nelson, Community Health Consultant, Iowa Department of Public Health and Abby Patterson, Program Manager, Prevent Child Abuse Iowa
This session will provide participants with an overview of the Adverse Childhood Experiences (ACE) Study, including study findings and implications for policy and practice change. Participants will learn how ACEs impact brain development and function as an adaptive response to environmental circumstances.

Objectives:
- Describe the impact of adversity in childhood on physical, emotional and social well-being across the lifespan
- Identify key protective factors and discuss the role of resilience
- Identify action steps to reduce the impact of ACEs at a personal, professional and community level

2C: Improving Sleep Through CBT-I: The New First-line Treatment for Insomnia
Robert F. Musson, PhD, Licensed Psychologist, Veterans Association Health Care System
This session will provide an introduction and brief overview of Cognitive-Behavioral Therapy for Insomnia, also known as CBT-I, which is an effective treatment for chronic sleep problems. It is now considered to be among the
first-line, evidence-based treatments for insomnia. CBT-I is a structured yet brief program aimed at identifying and correcting the underlying causes of a person’s sleep problems. A key part of the program involves the weekly use of a detailed sleep diary by the patient. This and other methods help identify sleep-interfering behaviors and beliefs which are then systematically addressed in the CBT-I based program of treatment.

**Objectives:**
- Identify multiple strategies for strengthening one’s Sleep Drive
- List a set of behavioral guidelines for countering sleep-interfering arousal
- Identify sleep disorders that require referral to a sleep disorders center.

**2D: Starting a Peer Run Respite House**

*Todd Noack, Executive Director, Life Connections Peer Recovery Services*

What do you need to know before starting a Peer Run Respite; where do I begin if I want to start a Peer Run Respite?

**Objectives:**
- Identify the steps in starting a Peer Run Respite in Iowa at the ground level
- Describe the work in other states and where Life Connections Peer Recovery Services is at in the process of their own Peer Run Respite

**12:00 pm-1:00 pm**  
Lunch, Visit with Exhibitors

**1:00-2:00 pm**  
**Lunch Keynote**  
*The Intersectionality of Trauma and Recovery*  
*Steven Onken, PhD, MSW, Director, Department of Social, University of Northern Iowa*

How might we move recovery from talk to action in our daily practice, whether with a person, community, or system, when addressing trauma? Dr. Onken will present an ecological framework that moves from first level (personal) change to second level (community and society) change, with an emphasis on recognizing the many overt and covert ways trauma is embedded in our lives and how to move towards creating and accessing community resources and social relationships that are needed to develop and exercise the person-based capacity to recover.

**Objectives:**
- Describe a mental health recovery practice framework that incorporates person, community and relationship-centered elements of change
- Describe the effects of trauma on the mind and body and how this impacts our recovery journeys
- Describe ways to strengthen our hope, healing and recovery efforts

**2:00-2:15 pm**  
Break and Visit with Exhibitors

**2:15-3:15 pm**  
**Concurrent Session 3**

**3A: Introduction to Functional Analytic Psychotherapy**  
*Doug Detrick, MSW, LISW, CADC, ChFC, Counselor, Genesis Behavioral Health*

What is Functional Analytic Psychotherapy (FAP)? This presentation will provide an introduction to FAP, and identify ways “Contextualism” can improve their practice. Participants will be provided with information to integrate FAP into their practice.

**Objectives:**
- Identify the basic underpinnings of Functional Analytic Psychotherapy
- Describe how contextualism can improve their practice and better relate to their clients
- Describe how they can integrate FAP into their practice

**3B: Recovery Measurement**  
*Steven Onken, PhD, MSW, Director, Department of Social, University of Northern Iowa*

Dr. Onken will facilitate a discussion regarding recovery measurement: the opportunities and the challenges. The session begins with establishing a context as to quality improvement and recovery assessment and then moves into participant sharing as to their assessment efforts. In the course of this exchange recovery dimensions, research, compendiums of measures, and current efforts are explored.

**Objectives:**
• Describe tips for successful recovery assessment and evaluation
• Identify the three dimensions of recovery assessment
• Identify specific recovery measures and compendiums

3C: Alternatives to Hospitalization for Risk Management
Jason Drwal, PhD, Clinical Psychologist, Iowa City Veterans Administration Health Care System
Hospitalization is often seen as the first and most effective intervention for suicidal patients. However, most clinicians are unaware of the broad range of risk mitigation techniques available to them. This talk will highlight these tools as well as factors to consider when deciding between hospitalization and less intensive interventions.
Objectives:
• Discuss the evidence about the effectiveness of no-suicide/safety contracts
• Explain how to use a safety plan for suicide prevention
• List other intervention that can be used beside hospitalization for risk mitigation

3D: Wellness Recovery Action Plan (WRAP) and Peer Support
David Lange, Mental Health Peer Support Specialist, WRAP Facilitator
This session will introduce WRAP as an evidenced based practice, along with the steps to complete a WRAP. Learn how WRAP and peer support work together to help peers in recovery and advance the movement to recovery and wellness.
Objectives:
• Describe the history of WRAP
• Identify steps to completing WRAP

3:15-3:30 pm Break and Visit with Exhibitors
Lobby

3:30-4:30 pm Closing Keynote
Ballroom
Medication Assisted Treatment Panel (MAT)
Kevin Gabbert, Project Director, Iowa Department of Public Health, Frank Filippelli, DO, PhD, Medical Director, United Community Services Healthcare (UCS), Ashely, UCS Client
Kevin Gabbert will provide a brief overview of the opioid epidemic. Dr. Filippelli will discuss the use of medication-assisted treatment as key to the opioid crisis, and will invite a courageous journey to be shared from a person who uses Buprenorphine/Naloxone “Suboxone” which supports their recovery from Opioid use Disorder.
Objectives:
• Identify three keys to arresting the Opioid Epidemic
• Review the science and value of Medication Assisted Treatment
• Describe how Medication Assisted Treatment, along with counseling and aggressive case management, provides the extra support needed by some patients to be successful in their short-term, and in some cases long term, recovery from Substance Use Disorders
• Identify and empathize with those in recovery and discover the numerous ways MAT has improved the quality of their lives

4:30-4:45pm Wrap Up, Evaluation
Ballroom
GENERAL INFORMATION

Conference Audience and Objectives
The 2017 Mental Health Conference is designed for professionals, clinicians, administrators, educators, consumers, family members, advocates, and other providers.

- Provide an educational opportunity to hear professionals and experts share the most recent trends and issues, treatment methods, and research relating to mental health, mental illness, and co-occurring disorders.
- Provide a forum to stimulate discussion, exchange ideas, and strengthen the support and information network around the state.
- Generate public interest in issues relating to mental health and co-occurring disorders.

Early Bird Registration
Register online at www.trainingresources.org or mail your payment and registration information by September 18, 2017 to receive the lower conference rate. A registration is complete when you have either mailed or faxed (515) 309-3317 your registration form or completed the online registration. Data Entry fee of $20.00 for forms emailed, mailed, faxed or phoned in. Payment is required before the conference starts.

Continuing Education Information
Iowa Board of Certification has approved 6.25 hours Counseling Theories and Techniques or Generic. IBC CEUs are for prevention, addiction treatment, and recovery professionals including Peer Support Specialist.

This program complies with the standards and criteria in Chapter 281 Continuing Education for Social Workers for 6.25 CEU contact hours.

The Family Planning Council of Iowa is Iowa Board of Nursing Approved Provider, No. 262. Upon completion of this program participants will be awarded 7.2 contact hours. The IBON requires that a participant attend in full for CE credit. Partial credit may be awarded in extreme emergency circumstances.

This conference has been approved in the past as continuing education by some of the following professional boards for licensure renewal: Mental Health Counselors, Psychologists and Residential Administrators. However, the boards no longer provide prior/post approval for continuing education. Each licensee should refer to the respective board’s administrative rules to determine if this conference or portions of this conference fall within the content areas outlined by the board for continuing education. To download each board’s administrative rules, go to www.idph.state.ia.us/licensure.

General Registration Information
- Full conference registration fee includes all scheduled meal functions, breaks and workshop materials.
- Confirmation letters will be sent electronically to those who register online and provide an email address.
- Print your receipt online when you register or mark the “request receipt” box on your faxed or mailed registration form.
- Participants are responsible for their own sleeping room arrangements.
- All fees must be paid on or before the day of conference.
- The conference will make reasonable accommodations for persons with disabilities (with advance notice).

Registration Refund and Cancellation Policy
- A refund (less a $35 administrative fee) will be made if notice of cancellation is received on or before September 22, 2017.
- No refunds will be made for cancellation after September 18, 2017.
- A substitute may attend in place of registrant with a $20 data entry fee.
- Persons who pre-register, but do not attend, will be billed the full registration amount.
- Registration forms will not be accepted by mail or fax after September 18, 2017. After this date, you will need to register as walk-in at the conference. Please bring a completed registration form with you.
Individual Living with Mental Illness Stipend Request & Registration Form
2017 Mental Health Conference

Must be received no later than September 7, 2017

Conference stipends for individuals living with mental illnesses are funded from the Mental Health Block Grant or Polk County Health Services Inc. (for Polk County residents). This will be a full stipend this year; you will not be required to pay a $25 co-pay. If you are chosen to receive a stipend, your registration and hotel costs (if you qualify) will be paid.

If you are receiving funding through other sources – such as self-pay, Mental Health, and Disability Services Region (other than Polk County), Vocational Rehabilitation, or other entities, please DO NOT complete this request for a stipend.

1. Complete the Stipend Request (this form will also serve as your Conference Registration Form)
2. Enclose verification form from your counselor that you or your family member received MH services
3. Send to: Training Resources, 501 SW 7th Street, Suite G, Des Moines, IA 50309

First Name________________________________ Last Name _______________________________________
Agency/Organization________________________________________________________________________
Address____________________________________________________________ ______________________
City_____________________________________________State___________Zip_______________________
Phone #_____________________________Email_________________________________________________
Counselor name__________________________ Counselor phone number ______________________

County in which you reside. ____________________________________________________________

Workshop Choice-Please circle your workshop choice for only one session for each time slot:
Tuesday, October 3
9:45-10:45  1A  1B  1C  1D
11:00-12:00 2A  2B  2C  2D
2:15-3:15 3A  3B  3C  3D

Lodging:  □ I do need lodging  □ I do not need lodging
Rooms will be provided for the night of October 2, 2017 if you live more than 100 miles from conference. All rooms are double occupancy unless you have a specific medical condition which requires a private room. If you are requesting a private room, please state the reason(s) below (a statement from your physician may be required):
______________________________________
______________________________________________
An effort will be made to accommodate your roommate preference, but it may not be possible. Both you and your roommate need to request one another on your forms. If you leave the line blank, a roommate will be randomly assigned.
I am:  □ Male  □ Female  My roommate preference is:
(1st Choice) __________________________________ (2nd Choice) __________________________
If you have a special disability which requires accommodation, please describe: __________________________

Please mark which of the following apply to you:
I have attended a state mental health conference in the past. □ Yes  □ No
I have been denied funding for this year’s conference from Mental Health and Disability Services Region.
□ Yes  □ No

Please note your request for a stipend IS NOT COMPLETE unless a check or money order and stipend request form are submitted within the required timelines. Questions? Please contact Becky Woodcock at 515-309-3315.
Authorization for Release of Health Information

Client Information

Name: ____________________________________________________________________________
Address: ___________________________________________________________________________
Phone: ____________________________________________________________________________
Client Signature: ___________________________________________________________________

My signature above hereby authorizes ________________________________

Name of Clinician or Doctor Providing Services

to verify that I am currently or have in the past received mental health services from them.

Verification of Services Provided

Name of Clinician: ________________________________
Agency or Facility: ________________________________
Address: ___________________________________________________________________________
Phone: ____________________________________________________________________________

I am currently or have in the past provided Mental Health services to the client listed above.
Signature: ________________________________

Signature of Clinician or Doctor Providing Services

Client will return this completed and signed form, and stipend application form to: Becky Woodcock at Training Resources, 501 SW 7th Street, Suite G, Des Moines, IA 50309.
REGISTRATION FORM Register online at www.trainingresources.org. If you choose to mail, email or fax in your registration you will be charged a $20.00 Data Entry Fee. Please print clearly. Include breakout selections.

*Username_____________________________*Password______________________________________
*First Name_________________________ Middle Initial_________ *Last Name_________________________ 
*Agency/Organization__________________________________________ *Profession_____________________
*Work Address (Street) ____________________________________________ *Work City_________________________ *Work State_________*Work Zip_____________________________
*Work County____________________________________ *Work Phone ____________________
Work Email (print clearly)_________________________ @

Nurses are required to fill out home email address
*Home Email ________________________________________________________________

*Are you a state employee?  Yes  No  If yes, list the last two numbers of your social security number ____
Vegetarian  Yes  No  Special Needs? ____________________________________________

### Attendance Options

<table>
<thead>
<tr>
<th>Attendance Options</th>
<th>Registration Fees</th>
<th>Late Registration Fees (after Sept 18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Conference</td>
<td>$110.00</td>
<td>$135.00</td>
</tr>
<tr>
<td>Nursing</td>
<td>Yes License #_____</td>
<td>$24.00</td>
</tr>
<tr>
<td>Social Work</td>
<td>Yes License #_____</td>
<td>$12.00</td>
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<tr>
<td>Substance Abuse CEUs</td>
<td>Yes License #_____</td>
<td>$0.00</td>
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<tr>
<td>Certificate of Attendance included with registration</td>
<td>$0.00</td>
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**Data Entry Fee (only if you submit paper registration)** $20.00

**Total** $20.00

### Workshop Choice
- Please circle your workshop choice for only one session for each time slot:

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<th>Tuesday, October 3</th>
<th>9:45-10:45</th>
<th>1A</th>
<th>1B</th>
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<td>11:00-12:00</td>
<td>2A</td>
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### Select Payment Method

- Check (Select Personal/Agency)  
- Purchase Order  
- Credit Card

Card Number ___________________________ Exp. Date _____________ 3 or 4 digit CVV ______

Name as it appears on card (please print) ____________________________________________

Billing Statement Street. ___________________________ City ___________ State _______ Zip Code____

Signature ____________________________________________

Invoice/Receipt can be accessed by logging into the Training Resources Website, click conference history tab, click receipt icon on the right of the screen.

Register online at www.trainingresources.org or send completed registration form with payment made payable to:
Training Resources, 501 SW 7th Street, Suite G, Des Moines, Iowa 50309. A $20.00 Data Entry Fee will be charged, if registration form is faxed, emailed, or mailed. Fax (515) 309-3317  Email: info@trainingresources.org

Confirmation will be sent electronically to those who register by the deadline and provide a valid email address. A $35.00 processing fee will be withheld for cancellations received prior to the early registration deadline. No refunds for cancellations will be made after September 18, 2017. Persons who preregister but DO NOT attend are responsible for the full registration amount. For more information call 515-309-3315. *Items required for registration.
CONFERENCE INFORMATION

Exhibitors
Take advantage of the opportunity to meet the exhibitors and find out about the newest innovations in behavioral healthcare as you enjoy the refreshments provided by our sponsors. Please visit the Beaverdale Bookstore in the showcase area. A fine selection of books and materials in the behavioral healthcare field will be available.

Hotel Accommodations
Lodging is at the Holiday Inn Airport, 6111 Fleur Drive, Des Moines, IA 50321 Call for reservations at 515-287-2400. A block of guest rooms has been reserved under the 2017 Mental Health Conference for a discounted rate of $97.00+ tax for the evening of Monday, October 2, 2017. Individuals are responsible for placing their own reservations at their own expense.

Thank you to the 2017 Mental Health Conference Planning Committee

Amerigroup
AmeriHealth Caritas
Disability Rights Iowa
Iowa Advocates for Mental Health Recovery
Iowa Chapter of United States Psychiatric Rehabilitation Association (USPRA)
Iowa Department of Human Services – Division of MHDS
Iowa Department of Public Health
Iowa Nurses Association
Iowa Office of Consumer Affairs
Johnson County Jail Alternative
Life Connections Peer Recovery Services
National Alliance on Mental Illness-Iowa (NAMI Iowa)
Polk County Health Services, Inc.
Training Resources, a division of Iowa Behavioral Health Association
UnitedHealthcare
Waterloo Correctional Services