

Courses

Courses have been organized in special tracks that may be of interest to people who wish to focus on a certain content area during their time at the program. Participants may select courses from different tracks. Courses are offered in a 4-day, 3-day, 2-day, or 1-day format. Multi-day courses are noted in their description. Courses meet during the entire day or days indicated after the course number, so only one course may be taken per day. If you select a multiple day course, you must attend all days of that course.

M = Monday

T = Tuesday

W = Wednesday

Th = Thursday

Courses are an important part of the program. A previous participant noted:

"I thought the number of training opportunities was very helpful. I appreciated the number of different presentations I was able to attend and the variety of the trainings. It was really a lot of material presented in 4 days. Great value for the cost. I felt like I walked away with a lot of information."

Course Offerings:

A variety of courses has been developed for clinicians, managers, clinical supervisors, those working toward becoming a manager or supervisor, criminal justice professionals, and people from related disciplines. Courses are designed to help professionals work on licensure or certification, keep abreast evidence-based practices and current clinical topics, and bring specific skills to their behavioral healthcare organization in the current healthcare reform environment. The following pages include lists of courses by track, lists by day, and more detailed course descriptions. We encourage you to review the course descriptions carefully.

2014 Best Practices School Courses (by Track)

Track 1: Operational Management Certification Track (Management, Fiscal Management, and Human Resources Management)

- 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
- 1.Th Human Resource and Labor Laws

Track 2: Collaboration with Primary Care

- 2.T Criminal Justice Populations, Healthcare Reform, and Behavioral Health Business Practices (Tuesday)
- 2.W Opioid Treatment Program Health Homes: A collaborative model for development and implementation (Wednesday)
- 2.Th Connecting Medicine and Addiction Services (Thursday)

Tracks 3: 3.M.T.W.Th Clinical Supervision (Monday – Thursday; 30 hours are available)

Track 4: 4.M.T. Clinical Supervision Foundations (Monday - Tuesday on site with pre-event and post-event online; meets 30 hours)

Track 5: Co-Occurring Disorders

- 5.M. Mindfulness – Based Stress Reduction and Co-Occurring Disorders (Monday)
- 5.T Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 2 (Tuesday)
- 5.W.Th Sensitization and Kindling in Co-Occurring Disorders (Wednesday – Thursday)

Track 6: Implementation of Evidence-Based Practices

- 6.M Criminal Justice - Risk Reduction Implementation: a systemic adoption of evidence-based practice (Monday)
- 6.T Buprenorphine Treatment with the Criminal Justice Population (Tuesday)
- 6.W.Th Evidence-based Criminogenic Risk Reduction Group Facilitation (Wednesday - Thursday)

Track 7 – Evidence-Based Practice Implementation – Motivational Interviewing:

- 7.M.T Motivational Interviewing (Monday – Tuesday)
- 7.W.Th Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA – STEP) (Wednesday – Thursday)

Track 8: Assessment, Treatment, and Recovery Planning

- 8.M DSM 5 Updates for Addiction Clinicians (Monday)
- 8.T Update on ASAM Criteria Revisions (Tuesday)
- 8.W Recovery Planning (Wednesday)

Track 9: DOT/SAP: 9.M.T Department of Transportation/Substance Abuse Professional Qualification or Requalification Training (Monday – Tuesday)

(IC & RC DOT/SAP Written Examination is available on site)

Track 10: Current and Emerging Issues

- 10.M Trauma Informed Supervision (Monday)
- 10.W Advanced Ethics (Wednesday)
- 10.Th Opioid Overdose Prevention (Thursday)

Track 11: Serving Families Affected by Substance Use

- 11.W Cultural Competence: Addressing The Needs of Children With Criminal Justice Involved Parents (Wednesday)
- 11.Th Child Welfare and Families Affected by Substance Abuse - Assessment (Thursday)

Track 12 - National Institute on Drug Abuse Evidence-Based Practices – Blending Products

- 12.W National Institute on Drug Abuse Evidence-Based Blending Products: Treatment Planning: Translating Required Paperwork into Clinically Useful Information (Wednesday)
- 12.Th NIDA/SAMHSA Evidence - Based Blending Products - Using Motivational Incentives to Enhance Outcomes and Effective Use of Buprenorphine in Opioid Dependence Treatment (Thursday)

2014 Best Practices School Courses (by Day)

Monday:

- 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
- 3.M.T.W.Th Next Generation of Clinical Supervision: A Blended Model (Monday – Thursday)
- 4.M.T. Clinical Supervision Foundations (Monday – Tuesday)
- 5.M. Mindfulness – Based Stress Reduction and Co-Occurring Disorders (Monday)
- 6.M Implementation of Criminogenic Risk Reduction Services & Advisory Collaborative Session (Mon)
- 7.M.T Motivational Interviewing (Monday – Tuesday)
- 8.M DSM 5 Updates for Addiction Clinicians (Monday)
- 9.M.T Department of Transportation SAP Qualification/ Requalification (Mon – Tues)
- 10.M Trauma Informed Supervision (Monday)

Tuesday:

- 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
- 2.T Criminal Justice Populations, Healthcare Reform, and Behavioral Health Business Practices (Tuesday)
- 3.M.T.W.Th Next Generation of Clinical Supervision: A Blended Model (Monday – Thursday)
- 4.M.T. Clinical Supervision Foundations (Monday – Tuesday)
- 5.T Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 2 (Tuesday)
- 6.T Buprenorphine Treatment with the Criminal Justice Population (Tuesday)
- 7.M.T Motivational Interviewing (Monday – Tuesday)
- 8.T Understanding and Using the New Revised ASAM Criteria (Tuesday)
- 9.M.T Department of Transportation/SAP Qualification / Requalification (Mon – Tues)

Wednesday:

- 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
- 2.W Opioid Treatment Program Health Homes: A collaborative model (Wednesday)
- 3.M.T.W.Th Next Generation of Clinical Supervision: A Blended Model (Monday – Thursday)
- 5.W.Th Sensitization and Kindling in Co-Occurring Disorders (Wednesday – Thursday)
- 6.W.Th Evidence-based Criminogenic Risk Reduction Group Facilitation (Wednesday – Thursday)
- 7.W.Th Motivational Interviewing Assessment: Supervisory Tools (MIA – STEP) (Wednesday – Thursday)
- 8.W Recovery Planning (Wednesday)
- 10.W Advanced Ethics (Wednesday)
- 11.W Cultural Competence: Addressing Needs of Children With Criminal Justice Involved Parents (Weds)
- 12.W National Institute on Drug Abuse Evidence-Based Blending Products: Treatment Planning: Translating Required Paperwork into Clinically Useful Information (Wednesday)

Thursday:

- 1.Th Human Resource and Labor Laws (Thursday)
- 2.Th Connecting Medicine and Substance Use Services (Thursday)
- 3.M.T.W.Th Next Generation of Clinical Supervision: A Blended Model (Monday – Thursday)
- 5.W.Th Sensitization and Kindling in Co-Occurring Disorders (Wednesday – Thursday)
- 6.W.Th Evidence-based Criminogenic Risk Reduction Group Facilitation (Wednesday – Thursday)
- 7.W.Th Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA – STEP) (Wednesday – Thursday)
- 10.Th Opioid Overdose Prevention (Thursday)
- 11.Th Child Welfare and Families Affected by Substance Abuse - Assessment (Thursday)
- 12.Th NIDA/SAMHSA Evidence - Based Blending Products - Using Motivational Incentives to Enhance Outcomes and Effective Use of Buprenorphine in Opioid Dependence Treatment (Thursday)

Course Descriptions

Certification in Operational Management: Addiction Field Concentration:

The Addiction Technology Transfer Center of New England and NEIAS will jointly offer the courses necessary to earn a Certificate in Operational Management: Addiction Field Concentration the New England School of Addiction Studies and at the at the Best Practice School. Those wishing to earn the certification must attend all eight days of training. However, each course is open to interested attendees who may attend only the days that are relevant to their interests and earn appropriate continuing education credits.

The curriculum for the certification has been designed specifically to address the non-treatment aspects of running an agency or large program within a governmental agency, a private nonprofit or a business. Too often, strong clinicians don't get the training and assistance they need to grow into effective chief operating officers. This certificate has been designed to meet that clear need within the field.

The certificate program consists of two parts that each includes four days of training. Four days of training are offered at the Best Practices School in 2014 and the other four days will be offered at the Summer School in June 2015. In addition, there will be some follow up through distance learning.

Best Practices Session (August 25 – 28, 2014, Waterville Valley, NH):

- Effective Human Services Management
- Fiscal Management and Financial Oversight
- Human Resource and Labor Laws

Summer School Session (June 2015, Worcester, MA):

- Marketing Substance Abuse Treatment, Prevention and Recovery Programs
- Developing Leaders within Your Organization
- Strategic Planning and Project Oversight
- Increasing Revenue? Is the focus dollars and cents or dollars and sense?

Target Audience:

This program is intended for those in the substance use disorder treatment, prevention, recovery and related professions who are tasked with the responsibility of effectively managing the functions of a department, program, or agency (or who aspire to such a role).

Track 1: Certification in Operational Management: Addiction Field Concentration:

1.M.T.W Effective Management and Fiscal Oversight of Human Services Organization (Monday – Wednesday)

Effective General Management: First 1.5 days

This course will examine what research has taught society about effective management approaches, including using appropriated management styles for working with individuals and groups; situational leadership and conflict management; communication and listening skills; and the role and importance of organizational behavior.

The course will emphasize management skills development through professional exploration and focused skill development. An assessment of the numerous skills that are necessary to be an effective manager will help participants to evaluate strengths and challenging areas.

During this session, beginning participants intending to earn the Certification in Operational Management within the Addiction Field will develop two management learning goals that will guide their contribution in the program.

THE PRESENTER: Peter Smith, MBA is an organizational consultant with over 24 years of experience working with senior managers, management teams, work groups, and individuals in organizational and team effectiveness, conflict management, work redesign, strategic planning and management, and coaching. His clients include over 80 organizations from a range of sectors including: health care, human services, engineering, energy services, and high technology. He was a faculty member with the Department of Organization & Management at Antioch University New England, where he taught courses in organization development and change leadership, work redesign, systems, group development, organizational strategy, and leadership for 20 years. Peter also developed and delivered the New England Leadership Institute for Substance Abuse Professionals for several years.

Fiscal Management and Financial Oversight: Second 1.5 days

Managers in human service agencies are often trained as addiction counselors, social workers, and professional counselors, or have public administration degrees. While such backgrounds are necessary to understand the target audience and mission of the agency, these backgrounds do not necessarily address the skills necessary to oversee the critical fiscal aspects of a small business. This session is designed to build a concrete understanding of the following:

LEARNING OBJECTIVES: The following information will be discussed:

- Accounting systems;
- Function of auditing/need for internal controls;
- Sharing fiscal information with board and staff;
- Role of budgeting as a planning and control tool;
- Introduction to use of financial tools to include managing collections and other relevant reporting information; and
- Identification of appropriate financial indicators of performance.

Tim Floyd is currently the Director of Finance for Crisis and Counseling Centers, Inc., a medium size non-profit organization which provides mobile crisis, outpatient mental health and substance abuse treatment, and medication management services to the central Maine and mid-coast area. He formerly worked as a senior accountant with MacPage LLC, one of Maine's largest public accounting firms, specializing in non-profit auditing, consulting and QuickBooks support. He is a certified QuickBooks advisor and has presented QuickBooks trainings for the Maine Association for Nonprofits for the past several years.

1.Th: Human Resource and Labor Laws (Thursday)

This course will include Human Resource best practices for staff recruiting, retention, and development. Topics include general Human Resource law and practices (some which will vary depending on the state and other factors), employee performance evaluation essentials, role and provision of employee training, and elements of an effective pay for performance system.

LEARNING OBJECTIVES: Participants will be able to:

- Identify two strategies for staff recruitment and retention; and
- Describe three important Human Resource practices.

Maureen Marshall, BSBA is Vice President of Human Resources & Business Systems at Northern Rhode Island Community Services, a role she has held for 18 years.

Track 2: Behavioral Health Collaboration with Primary Care

2.T Behavioral Health Business Practices in a Health Care Reform Environment (Tuesday)

This course will provide an update on resources available through SAMHSA's BHbusiness Initiative and a review of strategies that can help organizations prepare for the new opportunities that expanded access to coverage, resulting from the Affordable Care Act and Federal Parity law, holds for underserved populations with addiction treatment needs. It will present an overview of the potential "game changer" these policies may represent for justice-involved clients, as the paradigm shift from criminalization to medicalization unfolds. Special emphasis is placed on how organizations can craft services and contracts that maximize covered care available to individuals entering the recovery continuum from various points of intersection with the justice system.

TARGET AUDIENCE: Program managers, supervisors, clinicians, and prevention specialists from all modalities wishing to learn more about this topic; addiction professionals that serve clients involved in the justice system, from diversion and court involvement to community re-entry and probation or parole

THE PRESENTERS:

Gabrielle de la Guéronnière, J.D., Director for National Policy, Legal Action Center leads the Center's federal policy advocacy to expand and improve the health responses to drug and alcohol addiction, and to end discrimination against people with drug and alcohol histories and criminal records. Ms. de la Guéronnière directed the Center's federal advocacy toward passage into law of the Second Chance Act reentry legislation and successful inclusion of strong addiction and mental health provisions in the Affordable Care Act. Ms. de la Guéronnière currently works with Congress and the Administration to increase funding for drug and alcohol prevention, treatment, recovery, and research programming; to ensure that the federal health care reform law is implemented well for people with addiction and mental health service needs; and to eliminate legal and policy barriers faced by people with criminal records and drug addiction histories. Ms. de la Guéronnière coordinates and helps to direct strategy for the Coalition for Whole Health, a coalition of national addiction and mental health organizations, and is a frequent presenter on health and criminal justice policy at national and state-wide conferences. Ms. de la Guéronnière joined the Legal Action Center's Washington, DC, office in 2003, and, after serving in various policy positions at the Center, she became Director for National Policy in 2008. Ms. de la Guéronnière is a graduate of Boston University and American University's Washington College of Law.

Becky DeLozier Vaughn, MEd, is CEO of the State Associations for Addiction Services (SAAS). Becky has been working in the addictions field for more than 25 years. She was a member of the founding board of The Georgia Association for the Prevention and Treatment of Substance Abuse in 1992 and became their first Executive Director in 1994. Her responsibilities included training and advocacy at the local, state, and national level. In July of 2000 GAPTSA merged with an Atlanta coalition creating The Georgia Council on Substance Abuse (GCSA) where she served as President and CEO until 2007. Her work continued there as an advocate at the Legislature and catalyst in the community on issues related to prevention, treatment,

recovery, homelessness, and drug courts with the goal of reducing the impact of substance abuse on GA communities. Her work included passage of many bills addressing substance use disorder solutions as well as securing budget resources. Beginning in 2008 she took over the helm of the State Associations for Addiction Services (SAAS) as their CEO after serving on its Board since 2000. She has served on numerous state and federal committees and panels and speaks on the issue in a variety of settings. Becky received her degrees from the University of GA and GA State University. She grew up in Atlanta, but is enjoying being part of the DC community. As a former teacher and the mother of four, she is passionate about preventing and finding solutions to the far-reaching problems caused by untreated addiction.

Niki Miller, M.S., CPS is a senior program manager at Advocates for Human Potential, Inc. (AHP) with more than 25 years' experience with individuals and systems on addiction prevention and recovery at the intersection of criminal justice, trauma, and public health. She founded the NH Taskforce on Women & Recovery, which was nationally recognized for its advocacy on behalf of women and families with integrated service needs. Prior to coming AHP, she served as Administrator of Women Offenders and Family Services for the state of NH, overseeing policies and programs, statewide. Ms. Miller has helped conceive and pilot innovative re-entry projects that have incorporated gender responsive elements, trauma-informed approaches, and peer and recovery community supports. Ms. Miller also directed a federal initiative to address prison sexual assault and staff misconduct. She began her career in clinical services, specializing in integrated treatment approaches for co-occurring eating disorders and alcohol/drug problems. She is a certified prevention specialist and has served on the research team for the federal Pregnant and Post-Partum Women's grant program. She had help develop curricula for the National Center on Domestic Violence, Trauma and Mental Health, providing technical assistance for the SAMHSA Women and Families Treatment program, and serves as lead for curriculum development for the BJA-funded National RSAT Technical Assistance and Training Center. Her manuals, eLearning courses, and webinars on trauma-informed care, HIV/AIDS, and medication assisted treatment have reached a national audience of justice professionals. Recent projects include developing a web-based shared decision making aide on medication assisted treatment for opioid dependence and authorship of a book chapter on women and addiction, published by the United Nations Office on Drugs and Crime. She also works in partnership with the Legal Action Center on their BJA cooperative agreement, providing technical assistance on Affordable Care Act implementation in the justice system.. Recent projects include an issue brief on HIV/AIDS and minority women, a shared decision making tool for medication-assisted treatment for opioids, and a book chapter on gender and addiction for the United Nations Office of Drugs and Crime. Ms. Miller is also a recipient of the YWCA Susan B. Anthony award, a Commission on the Status of Women annual recognition award, and a Robert Wood Johnson, Community Health Leader nominee. Her Master's of Science in Human Services is from Springfield College and Bachelor of Arts in Human Development from Eckerd College.

2.W Opioid Treatment Program Health Homes: A collaborative model for development & implementation (Wednesday)

Through CMS, States may establish Health Homes to coordinate care for people with Medicaid who have chronic conditions. Health Home providers integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person within the context of a comprehensive recovery oriented system of care. The ongoing therapeutic relationships and regular, often daily, patient contact in Opioid Treatment Programs (OTPs) intrinsically supports health homes. Recognizing this resource, the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals, began a Health Home submission planning process including Medicaid, other indicated State agencies and OTP providers, with input solicited from consumers, physicians and researchers. The plan was submitted to CMS and approved in October of 2013. This workshop provides a planning and implementation outline

identifying essential partners, target population, needs assessments, cost benefits, data system development for quality and outcome measures and the State Plan Amendment submission process.

LEARNING OBJECTIVES: Participants will be able to:

- Discuss the benefits and components of an Opioid Treatment Program Health Home; and
- Describe a planning and implementation process for implementing OTP health homes.

TARGET AUDIENCE: All interested in learning more about this innovative model

THE PRESENTER: Linda E. Hurley, MA, CAGS, LCDCS, CCJP has been working in substance abuse treatment and behavioral healthcare for more than 20 years and has been with CODAC, Inc. since 1993. Ms. Hurley is a Licensed Chemical Dependency Supervisor and a Licensed Chemical Dependency Professional in the State of RI. Her certifications include Advanced Chemical Dependency Professional I and II, Chemical Dependency Supervisor and Certified Criminal Justice Professional. After serving as CODAC's Director of Outpatient Services from 2004-2008, Ms. Hurley was promoted to the position of Chief Operating Officer and Director of Clinical Services in the summer of 2008 and continues to hold these titles through the present. In addition to her responsibilities at CODAC, Ms. Hurley teaches graduate and post-graduate level courses in clinical counseling at Salve Regina University; has presented at the national AATOD conference on topics ranging from successful approaches to collaboration to issues in methadone treatment for menopausal women; has taught classes at the RI Drug and Alcohol Treatment Association; and provides technical assistance to a number of agencies in the New England area, including the New England Addiction Technology Transfer Center (ATTC). Ms. Hurley has served on the boards of numerous social service organizations in RI; has been a mentor for the emerging leaders through an ATTC/NIDA New England Workforce Development initiative; and has been an active member of local and regional task forces and community councils. She has been a leader in supporting the coalition model of service delivery. Ms. Hurley has worked to bring systems wide change to CODAC, introducing new Evidence Based Practices and clinical modalities—most recently, Motivational Interviewing and Contingency Management—that show positive results for substance abuse and behavioral healthcare treatment. Ms. Hurley also has a history of working to effect policy change in RI in order to improve systems development. She is currently the co-chair of the RI Pharmacotherapy Exchange Council, which was established as part of a RI Department of Corrections project to promote change in individual attitudes and departmental culture to optimize the use of medication assistance treatment in both corrections and community settings.

2.Th Connecting Medicine and Substance Use Services (Thursday)

There is documented epidemiological evidence revealing 72 conditions requiring hospitalizations that are wholly or partially attributable to the abuse of substances (Center for Addiction and Substance Abuse). In outpatient primary care practices it is estimated that up to 70% of all medical appointments are related to psychosocial issues of which 8% are related to substance use. Connecting Medicine and Substance Use Services is a preliminary course designed to support substance use and mental health clinicians entering the realm of integrated medical and behavioral health care. We will discuss the role of Behavioral Health clinicians in integrated primary care clinics, medical practices and hospitals as well as the value of adding primary care to mental health and substance use services. This course will explore the physical health issues that commonly occur with substance use and mental health conditions and the value of collaboration in initiating prevention, intervention, treatment and recovery using a holistic framework.

LEARNING OBJECTIVES: Participants will:

- Become familiar with 3 screening tools to identify risky substance use behaviors;
- Identify the difference in criteria for Brief Intervention vs Treatment Referral;

- Understand the biological and medical complications caused by various substances; and
- Understand the benefits of integrated care for the patient, the medical staff and you.

TARGET AUDIENCE: Clinicians

THE PRESENTER: Diane Geyer, LADC, LCPC, CCS, NCC is licensed as an alcohol and drug counselor (LADC), a clinical professional counselor (LCPC), a certified clinical supervisor (CCS) and holds national certification as a National Clinical Counselor (NCC). She has a degree in Human Development and her Masters degree in Counseling Psychology from Lesley University in Cambridge Massachusetts. Diane has worked as a Program Director and Supervisor in integrated medical and behavioral health settings at multiple levels of care. Diane has participated in assisting in the development of clinical competencies for clinicians working in medication assisted treatment and served on the Co-occurring State Integration Initiative to develop Maine Clinical Guidelines for Integrated Substance Use and Mental Health Care. She is certified in Integrated Primary Care Behavioral Health through UMass Medical School and is active in the integration of medical and behavioral health care to support Holistic service and treatment in outpatient and inpatient settings. For more than 10 years, Diane has been in private practice in Scarborough Maine and provides consultative services for other practitioners interested in providing integrative holistic services. In addition to her practice, she works for AdCare Educational Institute providing quality assurance for their Prime for Life Program and is an instructor for Addiction Technology Transfer Center (ATTC).

Track 3: Clinical Supervision

3.M.T.W.Th The Next Generation of Clinical Supervision: A Blended Model of Clinical Supervision (Monday – Thursday)

Treatment programs are changing constantly with new diagnostic and patient placement standards. The bar of credential requirements is always being raised. Clinical supervision provides the most important resource available for training, management decision-making and quality assurance. Supervision is also a critical element of the counseling process, enhancing client outcome and employee satisfaction. The Blended Model of Supervision was developed by Dr. David Powell to address the changes in the substance abuse field. This course will address these changes: bridging the gap between mental health and addictions; new ethical and legal standards and requirements; working in a managed care world; new techniques of clinical supervision, such as Motivational Interviewing in supervision. Additional approaches will be compared and contrasted. This course will examine the credentialing requirements for clinical supervisory certification and training in ethics. It addresses the four performance domains of ICRC: assessment/evaluation; counselor development; management/administration, and professional responsibilities. Participants will be aided in forming their own model of supervision as well as being oriented to a range of supervision models and techniques.

LEARNING OBJECTIVES: Participants will be able to:

- Articulate their model of supervision and at least five other models;
- Articulate the latest ethical principles for working in a managed care environment;
- Define the basic skills and techniques of solution-focused supervision, and motivational interviewing supervision;
- Define at least ten characteristics of three levels of counselor development and supervision approaches with each level;
- Identify five problems in supervision and procedures to overcome these obstacles;
- Demonstrate knowledge and skills in the use of media in clinical supervision;
- Articulate an understanding of the contemplative model of supervision and develop an implementation plan for integration into their own model.

TARGET AUDIENCE: Participants should be managers, supervisors or administrators in treatment programs, or interested in becoming clinical supervisors.

SPECIAL NOTE: This course has been approved by many states for CCS crediting by the I.C.R.C. for the clinical supervisor credential. Participants wishing to meet the 30 contact hour requirements of the I.C.R.C. must attend all major presentations (including evening presentations) and must complete the follow up course assignments. More information will be provided in class.

THE PRESENTER: *Alan Lyne, LCSW, ICADC, ICCS*, is the Director of Training for the Phoenix Center of Greenville, SC. He is concurrently the clinical supervisor for the SAMHSA SBIRT grant in SC, after completing a similar position for the five year SBIRT initiative in Macon, Georgia. He is a co-author of the book, *Game Plan: A man's guide to achieving emotional fitness*. He has served as Director of a gender specific treatment program in Florida, and began his career as a social worker in an inpatient mental health facility. He received a Masters Degree in Social Work from Barry University, is a MINT recognized Motivational Interviewing trainer, an internationally certified Clinical Supervisor and Addictions Counselor.

Track 4: 4.M.T. Clinical Supervision Foundations (Monday - Tuesday on site with pre-event and post-event online; meets 30 hours)

4.M.T. Foundations of Clinical Supervision (Monday – Tuesday, with pre- and post- event online coursework; meets 30 hours)

Sponsored by the New England Addiction Technology Transfer Center

This course consists of two interconnected components: an online course and a face-to-face training, and is intended for supervisors in substance use disorder (SUD) treatment and recovery settings. The course totals 30 contact hours and introduces clinical supervisors, along with persons preparing to become supervisors, to the knowledge and skills essential to the practice of supervision.

Prior to the Best Practices School, participants of the Clinical Supervision Foundations course will first complete an online ATTC course for 14 contact hours. The online course will introduce individuals to theories, definitions, roles, issues and practices germane to developing supervisory skills. Upon completion of the online course, participants will acquire fundamental clinical supervision knowledge and basic skills at their own pace.

The second part of the Clinical Supervision Foundations course is a 14 hour face-to-face training on site at the Best Practices School and a two hour worksite assignment (16 contact hours in total).

IMPORTANT NOTES ABOUT ONLINE PORTIONS OF COURSE:

The 14-hour pre-event online course **MUST** be completed by August 18, 2014. Participants acquire fundamental clinical supervision knowledge and basic skills at their own pace. The second part of the Clinical Supervision Foundations course is a 14 hour face-to-face training on site at the Best Practices School and a two hour worksite assignment (16 contact hours in total).

A two-hour online follow up course will also be required after the program. Course participants will be expected to join a Webex based learning collaborative for a period of six months following this event. The learning collaborative will consist of a 1 hour monthly Webex on-line meeting. In addition, participants

will be provided with on-line consultation with the Trainers and Technology Transfer Specialists for the six month period to address implementation issues.

TARGET AUDIENCE: The Clinical Supervision Foundations course is especially suited for: Beginning clinical supervisors; Clinical Supervisors who would like to enhance or review the fundamental skills needed to be a successful clinical supervisor; Counselors who are being groomed to become clinical supervisors; and Behavioral healthcare professionals who want to learn more about clinical supervision.

THE PRESENTER: Maggie Hooker

Track 5: Co-Occurring Disorders

5.M. Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 1 (Monday)

This training course will cover the details and skills in Mindfulness-Based Stress Reduction (MBSR), as well as limited exposure to MBCT (Mindfulness Cognitive Therapy) and MBRP (Mindfulness-Based Relapse Prevention). Since psychological stress, relapsing conditions, and depression come with addictions, the course tries to cover all three treatment areas. Participants will work within a tripartite model of lecturer-discussion, live demos and role plays, as well as in-depth discussion of experienced skills. The core of the course deals with MBSR in applications for clients with co-occurring disorders. Additional skills information and practice will include MBCT for depression and MBRP for addictions. By completing the entire course (including practice demos), participants should have the minimum necessary skills to bring these skills into their work with clients.

LEARNING OBJECTIVES: Participants will be able to:

- Use core components of MBSR in their case management, counseling and therapy;
- Describe aspects of Mindfulness-Based Cognitive Therapy (MBCT - more like CBT-M) and Mindfulness-Based Relapse Prevention skills (MBRP);
- Practice activities so participants can internalize new skills for use with their clients.

IMPORTANT NOTE: This workshop will offer participants an option for either one day or two days of learning and practice. The one-day session on Monday includes review of skills and experiential skills practice; the second day session deepens content and extends mindfulness skills practice.

THE PRESENTER: Anthony R. Quintiliani, Ph.D., LADC has more than 38 years of work experience in community clinics and higher education. His community clinics work included 28 years as a Clinical Director; his higher education work included 34 years teaching clinical courses at The University of Vermont Graduate Counseling Program, Southern New Hampshire University Program in Community Mental Health, and Saint Michael's College. He has also published several articles and treatment manuals, and for 25 years has provided clinical workshops mainly in New England (south as far as Alexandria, VA. and west as far as San Diego, CA.). He has been the lead trainer in the Howard Center's Vermont Addictions Academy for 25 years. Dr. Quintiliani has also worked for many years as a State of Vermont Clinical Trainer and Consultant.

5.T Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 2 (Tuesday)

IMPORTANT NOTE: Participants must take 5.M Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 1 on Monday. Those wishing to continue the course for a second day may sign up for this course. This second day session deepens content and extends mindfulness skills practice.

5.W.Th Sensitization and Kindling in Co-Occurring Disorders (Wednesday – Thursday)

Disorders like addiction, depression, OCD, and anxiety follow a developmental course from symptom to syndrome. As they progress they increasingly restrict one's options. Cognitively, emotionally, and behaviorally the noose tightens until the disorder manifests itself as autonomous and automatic. This workshop will describe the neurological, brain center, and psychological changes in structure and function that take place in these and similar disorders. Treatment implications will be discussed.

LEARNING OBJECTIVES: Participants will be able to:

- List brain structures implicated in these disorders;
- Distinguish between symptom presentation and the actual disorder;
- Describe the process whereby individuals lose control of their feelings and behaviors;
- Describe the roles of sensitization and kindling in compulsion and loss of control;
- List three strategies to help clients loosen the grip of covered disorders; and
- Describe the actions of psychotropic medications and their value in treatment of these disorders.

THE PRESENTER: Nicolas Ruf, MA, LADC, has been conducting classes and workshops on addiction biology, co-occurring disorders, and psychopharmacology for more than twenty years. He has taught graduate courses in the subject(s) for Southern NH University, University of Southern Maine, University of Maine at Augusta, and Johnson State College, and conducted workshops from Hawaii to Alaska to the Caribbean. He has been Coordinator of DEEP's Weekend Intervention Program for impaired drivers and taught the NEIAS Summer School faculty for many years.

Track 6: Implementation of Group Evidence-Based Practices – Criminal Justice

6.M Criminal Justice - Implementation of Criminogenic Risk Reduction Services across a statewide system and Criminal Justice Advisory Collaborative Session (Monday)

Sponsored by the New England Addiction Technology Transfer Center

Monday morning: Implementation of Criminogenic Risk Reduction Services across a statewide system. A view of the State of Vermont adoption and implementation of Criminogenic Risk Reduction evidence based practices across the department of corrections. This adoption effort included state of the art training from the University of Cincinnati and an integrated technology transfer adoption and implementation plan in collaboration with the New England Addiction Technology Transfer Center at Brown University. A detailed review of the systemic change process utilized to adopt this technology and the adaptation of performance rubric based measurement to insure evidence based practice implementation with fidelity.

THE PRESENTER: Kim Bushey, Program Services Director, Vermont Department of Corrections

Monday Afternoon: Criminal Justice Advisory Committee Collaborative Session.

Members of the New England Addiction Technology Transfer Center's Criminal Justice Advisory Committee will discuss the training needs of the Criminal Justice/Substance Use Disorder Treatment workforce. Facilitated needs assessment discussions will be used to inform the future training products developed and offered by the New England ATTC at Brown University.

FACILITATED BY: Michael Torch, MA, MLADC, Technology Transfer Specialist, New England Addiction Technology Transfer Center at Brown University

6.T Buprenorphine Treatment with the Criminal Justice Population (Tuesday)

Sponsored by the New England Addiction Technology Transfer Center

This course will highlight the beneficial evidence of Medication Assisted Treatment approaches for the justice-involved population and will present the MAT science and practice features described in the National Institute of Drug Abuse and the Substance Abuse and Mental Health Services Administration Blending Product. The course will address the helpfulness of Medication Assisted treatment for Opioid addiction including the neurobiology of the medications used, and how MAT can promote recovery. Particular emphasis will be placed on MAT and the unique challenges working with this treatment modality for justice-involved individuals.

LEARNING OBJECTIVES: Participants will:

- Identify the effects of MAT to control opioid use and promote recovery;
- Compare and contrast the perspectives of the treatment community and justice community;
- Identify the common shared goals and treatment approaches between the treatment community and the justice community; and
- Examine the benefits of MAT for the justice-involved individual.

THE PRESENTER: Trudee Ettlinger Ph.D., APRN, LADC, CCS is currently the Chief Nursing Officer for the Vermont Department of Corrections. She has extensive experience working in the substance abuse field and has developed a state-level substance abuse prevention program addressing the risk for low-income women. She is very familiar with the challenges of MAT for both field and facility correctional professionals.

6.W.Th Evidence-based Criminogenic Risk Reduction Group Facilitation (Wednesday –Thursday)

Sponsored by the New England Addiction Technology Transfer Center

This two day course provides an overview of Criminogenic Risk Reduction group curriculums and the skills necessary to facilitate these manualized interventions with fidelity. This workshop will address the necessary knowledge to select appropriate evidence based group interventions, the skills necessary to facilitate such interventions as well as the skills necessary to retain curriculum fidelity within a program of service delivery. The first day will be reviewing group Evidence Based Practices (EBPs) for criminogenic risk reduction and the second day will be focused on the supervisory skills and procedures necessary to implement these interventions with fidelity. Although the course uses a criminal justice specific practice as a model, the course is useful to anyone who is implementing group based EBPs and/or supervising group based interventions.

TARGET AUDIENCE: Clinicians, managers, and supervisors, particularly those working with the criminal justice involved population. Although the course uses a criminal justice specific practice as a model, the course would be useful to anyone who is implementing group based EBPs and/or supervising group based interventions.

THE PRESENTERS:

John C. Gramuglia, MBA, LICSW, MLADC, LCS is Program Service Chief Clinical Specialist for the Vermont Department of Corrections. Mr. Gramuglia has spent the last 20+ years working specializing in both juvenile and adult offenders. Mr. Gramuglia has an MBA from Iona College and an MSW from Fordham University. He has earned advanced certification in Rational Emotive Behavioral Therapy (REBT) from the Albert Ellis Institute in New York City, studying directly with Dr. Ellis. Using the principles of SMART Recovery (Self Management and Recovery Training) he authored the SMART Recovery Teen Manual and facilitated the Inside Out SMART Recovery video for Inflexxion, developer of scientifically based programs designed to promote behavioral change. Mr. Gramuglia has extensive experience as an educator and trainer.

Michael Torch, MA, MLADC is an addiction treatment provider with over 30 years experience. He was recognized by the New Hampshire Alcohol and Drug Abuse Counselor's Association in 2002 with its "Life Time Achievement Award". Currently providing behavioral health consultation, evidence-based practice adoption consultation and training as well as technology transfer consultation. He currently serves as a member of the US Probation Service's New England Critical Incident Stress Management Team and is the Senior Technology Transfer Specialist for the Addiction Technology Transfer Center-New England at Brown University. Michael has been a trainer of alcohol and drug counselors for over 25 years with extensive experience treating chemically dependent adolescents, trauma victims, and individuals under the supervision of the criminal justice system. His professional experience includes practice in public schools, correctional environments, treating law enforcement personnel, inpatient chemical dependency programs, outpatient practice and consultant to a First Nation Healing Program.

Track 7 – Evidence-Based Practice Implementation – Motivational Interviewing:

7.M.T Motivational Interviewing (Monday – Tuesday)

Sponsored by the New England Addiction Technology Transfer Center

This two-day workshop provides intensive training in Motivational Interviewing. It is designed to familiarize participants with the spirit, skills, and strategies of the model, and equip them to use those elements to work toward beginning proficiency in this evidence-based practice. Methods used will include lecture and discussion, live and videotaped demonstration and coached practice.

Motivational Interviewing is a person-centered, directional method of conversation that engages a person's internal motivation to make positive changes in their lives. This evidence-based approach focuses on partnering with the person and drawing on their experiences and wisdom to develop reasons for change and strategies to achieve it. This course intends to prepare participants for training in the Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency workshop taking place on Wednesday and Thursday.

LEARNING OBJECTIVES: At the conclusion of the workshop, participants will be able to:

- Describe the spirit, skills, and strategies of Motivational Interviewing;

- Differentiate examples of Motivational Interviewing from other approaches; and
- Demonstrate the use of Motivational Interviewing skills and strategies in conversation.

THE PRESENTER: Bob Jope, LMHC is a member of the Motivational Interviewing Network of Trainers. He teaches Motivational Interviewing for the Massachusetts Department of Mental Health, and as adjunct faculty at Salve Regina University; he has also consulted with the Addiction Technology Transfer Center at Brown University and currently works as a Motivational Interviewing coder for a nationally-recognized coding agency. Holding a Master's degree in Clinical Psychology, Bob has worked in the mental health, child welfare, and substance abuse fields for the past twenty years. He was originally trained in Motivational Interviewing by Stephen Andrew in 2007, and has since trained with Ali Hall and Alan Lyme. Bob has also developed and taught program-specific MI training applications, and has trained hundreds of people in basic, intermediate, and advanced motivational interviewing.

7.W.Th Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA – STEP) (Wednesday – Thursday)

Sponsored by the New England Addiction Technology Transfer Center

This two day training will include effective methods of supervising workers and provide an opportunity to explore creative ways of integrating effective interventions with workers in motivating them to grow in skill and work with our most "challenging" clients. The experience of parallel process using motivational interviewing in supervision and coaching staff in using the spirit, structure and skills will be illustrated using case presentations and interactive exercises. This course offers a worker centered guiding method for enhancing the intrinsic motivation within the worker, by helping them to explore their countertransference, while using motivational interviewing as an client centered, evidence based model of treatment with clients in ambivalence. This course will feature the National Institute on Drug Abuse and Substance Abuse and Mental Health Services Administration's Blending Team Product, the MIA:STEP (Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency). This empirically supported mentoring product is designed to enhance the Motivational Interviewing skills of treatment providers, as well as supervisory tools to fortify a supervisor's ability to provide structured, focused, and effective clinical supervision. MIA:STEP introduces an effective strategy for observation-based clinical supervision, the use of which has potential to improve counselor skills beyond Motivational Interviewing.

LEARNING OBJECTIVES: Participants will:

- Identify the eight stages of learning motivational interviewing.
- Use the Standardized Coding Systems (MITI) and the MIA-STEP for evaluating the competency of staff to utilize motivational interviewing; and
- Describe how to create a coaching climate that motivates your supervisees to become proficient, competent in motivational interviewing.

TARGET AUDIENCE: Experienced clinical substance abuse professionals and clinical supervisors who have an understanding of the core concepts of motivational interviewing.

IMPORTANT NOTE: Participants MUST have had some previous motivational interviewing coursework or have taken the Monday – Tuesday Motivational Interviewing course.

THE PRESENTER: Stephen R. Andrew, LCSW, LADC, CCS, CGP is a consultant, author and trainer/consultant with over 35 years of experience with substance abuse issues, a master's degree specializing in group work, and several years specifically with Men's and dual diagnosis support groups. Mr. Andrew has trained extensively in over 100 hours in different aspects of Motivational Interviewing and is a member of MINT (Motivational Interviewing Network of Trainers) since 2003. Stephen has been a trainer for ATTC-

New England in MIA-STEP since 2008. He maintains a recovery, compassionate based private practice in Portland, ME.

Track 8: Assessment, Treatment, and Recovery Planning

8.M The DSM 5 Updates for Addiction Clinicians (Monday)

This presentation will begin with the controversies surrounding the development of the DSM-5. It will go on to describe the new diagnostic criteria for substance use disorders comparing the DSM -IV and the new DSM-5 and the implications for the old diagnoses of abuse and dependence. Emphasis will be placed on the new diagnostic category of Substance Use and Addictive Disorders and those mental health disorders most like to be found co-occurring with substance use disorders. A two-item screen for Gambling Disorders will be offered. A risk model for determining severity of addictive disorder keyed to the DSM-5 Substance Use Disorder Criteria and associated treatment interventions will be presented.

LEARNING OBJECTIVES: At the conclusion of the presentation, participants will be able to:

- Compare the diagnostic criteria for substance use disorders in the DSM-IV and DSM-5;
- Describe how the DSM-5 categories of Mild, Moderate and Severe compare to the DSM-IV categories of Abuse and Dependence;
- Understand the value of maintaining the DSM-IV Axis system for purposes of assessment, if not for diagnosis;
- Identify the 5 most common mental health disorders that co-occur with substance use disorders; and
- Explain why some people described as “alcoholics” can apparently return to non-problem drinking.

TARGET AUDIENCE: Addiction clinicians

NOTE: This course may be especially useful in combination with the ASAM course on Tuesday.

THE PRESENTER: *Gerald D. Shulman, M.A., M.A.C., FACATA*, has an over 40 year history of providing direct treatment services, providing clinical supervision, and administering treatment programs in single and multi-site systems in the not-for-profit and proprietary sectors. He is a licensed psychologist, a Master Addiction Counselor, a Fellow of the American College of Addiction Treatment Administrators and Board Certified by the American Academy of Psychologists Treating Addiction. He is an author of all three editions of the ASAM Patient Placement Criteria and provides extensive training and implementation consultation on the Criteria, co-occurring disorders, treatment planning and documentation, relapse prevention and evidenced-based practices. He was a workgroup facilitator for CSAT's Tip #26, Substance Abuse among Older Adults. He is committed to helping treatment programs and systems provide persons with substance use disorders appropriate clinical services in efficient and cost-effective approaches.

8.T Understanding and Using the New Revised ASAM Criteria (Published in October, 2013) (Tuesday)

This presentation will describe the changes in the new ASAM criteria which include the rationale for change in the name of the criteria, linkage to the new DSM-5, changes in language to be more patient-centered and positive, changes in the numbering system, and the addition of four special populations for which application of the criteria has been difficult in the past (parents with children, people in safety-sensitive occupations, older adults and people in the criminal justice system). New sections on tobacco, gambling and managed care will be discussed.

LEARNING OBJECTIVES:

At the conclusion of the presentation, participants will be able to:

- Compare the continuum of substance use and gambling disorders;
- Perform an ASAM Criteria dimensional assessment for gambling disorders;
- Understand the links between smoking and relapse to other primary drugs addictions;
- Discuss the differences in assessment and treatment for at least one of the special populations; and
- Use the new Level of Care numbering system.

TARGET AUDIENCE: Addiction clinicians

NOTE: This course may be especially useful in combination with the DSM course on Monday.

THE PRESENTER: Gerald D. Shulman, M.A., M.A.C., FACATA, has an over 40 year history of providing direct treatment services, providing clinical supervision, and administering treatment programs in single and multi-site systems in the not-for-profit and proprietary sectors. He is a licensed psychologist, a Master Addiction Counselor, a Fellow of the American College of Addiction Treatment Administrators and Board Certified by the American Academy of Psychologists Treating Addiction. He is an author of all three editions of the ASAM Patient Placement Criteria and provides extensive training and implementation consultation on the Criteria, co-occurring disorders, treatment planning and documentation, relapse prevention and evidenced-based practices. He was a workgroup facilitator for CSAT's Tip #26, Substance Abuse among Older Adults. He is committed to helping treatment programs and systems provide persons with substance use disorders appropriate clinical services in efficient and cost-effective approaches.

8.W Recovery Planning (Wednesday)

Because recovery is a self-directed and empowering process, the person in recovery is the 'agent of recovery' and has the authority to exercise choices and make decisions based on his or her recovery goals. This training is intended to assist the counselor in understanding the difference between a treatment plan and a recovery plan, and how to assist persons in recovery to chart their own course for success.

LEARNING OBJECTIVES: Participants will:

- Understand what recovery is and the guiding principles that underlie successful recovery;
- Understand the concept of recovery management and the varieties of the recovery experience;
- Clarify the professional's strengths and difficulties in honoring the varieties of the recovery experience and the many pathways to recovery; and
- Learn the elements of an effective recovery plan.

TARGET AUDIENCE: Clinicians, those working in recovery support, and others interested in the topic

THE PRESENTER: Stephen Gumbley, MA, ACDP II, began working in human services in 1968, and has been specializing in education, prevention, treatment and recovery of substance use disorders since 1988. He is a master's level clinician, and has served as clinical and programmatic administrator of a wide range of treatment programs. He recently retired as the Director of the Addiction Technology Transfer Center of New England at Brown University. Steve is currently Acting Director and previously chaired the board of Faces & Voices of Recovery, a national recovery advocacy organization. He serves on the board of RI Communities for Addiction Recovery (RICARES). He has been in sustained recovery from addiction since 1986.

Track 9: Substance Abuse Professional Qualification or Requalification

9.M Substance Abuse Professional's Role and Responsibilities as Defined in the US Department of Transportation Regulations: DOT/SAP Qualification or Re-qualification Training and the IC & RC DOT/SAP Written Examination

A \$50 additional course fee will be charged for this course to cover materials (manual, and CD with regulations and SAP guidelines) and consultation with the instructor (2 consultations every year for the next three years).

Effective January 1, 2004, professionals are prohibited from providing DOT substance abuse evaluations unless they have met the revised criteria outlined in the DOT regulations (49 CFR, Part 40, Subpart O, 40.281). The revised criteria requires the substance abuse professional to receive training in nine areas of study and to successfully complete an examination related to the training.

This course includes two days of training (12 CEU's) related to the nine (9) domains of education required by the DOT regulations. It will be followed by the administration of the IC&RC written examination on the morning of the third day, or participants may schedule the examination at a different time during the Best Practices School. Participants who successfully complete the training and receive a passing score on the written IC&RC DOT /SAP examination will meet the revised DOT/SAP qualification criteria. (See Important Notes below.)

The two days of training will provide participants with a comprehensive understanding of the revised DOT alcohol and drug testing procedures and clearly define the role and responsibilities of the substance abuse professional. Participants will also receive two consultations with the instructor every year for the next three years. (See Important Notes below.)

LEARNING OBJECTIVES: Participants will learn:

- Background, rationale, and coverage of the DOT drug testing program;
- 49CFR part 40 and the 6 DOT agencies' drug and alcohol testing rules;
- Key DOT drug testing requirements including collection, laboratory testing, MRO review, and problems in drug testing;
- Key DOT alcohol testing requirements including the testing process, the role of BATs and STTs, and problems in alcohol testing;
- SAP qualifications and prohibitions;
- The role of the SAP and the returning to duty process including the initial employee evaluation, referrals for education and/or treatment, follow-up evaluation, continuing treatment recommendations, and the follow-up drug and alcohol testing plan;
- SAP consultation/communication with employers, MROs, and treatment providers;
- Reporting and record keeping requirements;
- Legal and ethical issues that SAPs confront in carrying out their duties; and
- Referral resources for the SAP that meets all qualification criteria.

TARGET AUDIENCE: Participants who wish to qualify or re-qualify for the DOT Substance Abuse Professional
IMPORTANT NOTES:

- The two day training can be used as a refresher course for the individual who is already a qualified SAP as it meets the DOT/SAP re-qualification criteria for the 12 contact hours.
This course will meet longer than the other Monday – Tuesday courses in order to meet for the required 12 contact hours.
- Those wishing to take the IC & RC SAP exam on site: An exam fee of approximately \$125 will be payable to take the exam. The exam will be offered on the morning of the third program day, or participants may schedule to take the exam at a different time during the program if they will be taking other courses.

THE PRESENTER: William L. Mock, Ph.D., LISW, LICDC, SAP is the Executive Director of the Center for Interpersonal Development, and Chief Trainer for the Ohio Institute for Addiction Studies in Lakewood, Ohio. He is the Principle Training Officer for Professional Training Center, a professional development service specializing in DOT drug and alcohol and Drug Free Workplace issues. His academic degrees include a Doctorate in Psychology and Masters in Social Work. He is a clinical member of the American Association of Marriage and Family Therapy, a licensed Clinical Psychologist, Licensed Independent Social Worker, Licensed Independent Chemical Dependency Counselor and DOT qualified SAP. He has expertise in chemical dependency treatment, family systems treatment and organizational systems development. He has provided training and consultation in several countries to such diverse groups as treatment/prevention providers, family therapists, industry leaders, educators, administrators, SAP's and criminal justice personnel.

Track 10: Current and Emerging Issues

10.M Trauma Informed Supervision (Monday)

This workshop is for supervisors who have already received an "Introduction" level training on trauma-informed care. To promote trauma-informed care, supervisors must model trauma-informed interactions in their work with supervisees, and support the development of specific competencies that supervisees need to deliver treatment services in a trauma informed manner. After a brief review of trauma-informed care in general, this workshop will address strategies for hiring appropriate staff, and then present the principles that should guide supervisors' interactions with their supervisees. It will then go on to describe how supervisors can help staff members develop the competencies they need to deliver trauma-informed care. Specific tools will be provided to support the implementation of trauma-informed supervision, and participants will have the opportunity to practice using them.

LEARNING OBJECTIVES: Participants will learn about:

- The core principles of trauma informed care;
- The impact of trauma on staff;
- Strategies for organizations to use to reduce secondary trauma;
- Strategies for workers to use to reduce secondary trauma;
- The self-care checklist and staff self-care plans;
- Strategies for selecting job applicants with appropriate skills and attitudes;
- The principles of trauma-informed supervision;
- A supervisor self-check to help supervisors focus on interacting with supervisees in a trauma-informed manner;
- Trauma-informed competencies for staff;
- How supervisors can elicit trauma-informed competencies in staff; and
- A Supervisee Learning Review that can be used to set goals and monitor progress for an individual staff member.

THE PRESENTER: Laurie Markoff, Ph.D., is the Director of Trauma Integration Services for the Institute for Health and Recovery in Cambridge, Massachusetts. In her current position, she assists agencies providing a range of human services in enhancing their capacity to provide trauma-informed, integrated care. She has provided training and technical assistance in Massachusetts for programs funded by the Department of Public Health/Bureau of Substance Abuse Services, Department of Mental Health, Department of Correction, Department of Transitional Assistance, and others. From 1998-2004 she was the Director of the Women Embracing Life and Living (WELL) Project, one of 9 sites of the Substance Abuse and Mental Health Administration's Women, Co-Occurring Disorders and Violence Study. This study demonstrated the effectiveness of trauma-informed integrated models of care for women with co-occurring mental health and substance abuse disorders who have histories of being physically or sexually abused, and their children. Dr. Markoff conducts training locally and across the country on topics such as women, families and substance abuse; women, co-occurring disorders and trauma; and substance abuse and domestic violence. Dr. Markoff has published articles on topics such as case management, systems change, co-occurring disorders in women, and trauma-informed treatment.

10.W Advanced Ethics (Wednesday)

This course will provide an opportunity for experienced clinicians to explore advanced ethical issues in an in-depth, interactive format. Different roles in which counselors may find themselves within the legal system, the ethical and procedural issues which these different roles demand, and the potential ethical conflicts which may arise as a result. Effective techniques for dealing with legal efforts to pierce confidentiality as well as for presenting information in court will be explored. Current issues will be reviewed.

LEARNING OBJECTIVES: Participants will:

- Review clinical implications of the decisions they make regarding the application of client confidentiality;
- Increase understanding of the different roles the counselor may play when dealing with the legal system; and
- Identify and resolve complicated ethical conflicts that may arise in a counselor's scope of practice.

TARGET AUDIENCE: Substance Abuse Counselors, Program Managers, and Clinical Supervisors

10.Th Opioid Overdose Prevention (Thursday)

Opioid misuse - use of an illegal opioid (e.g., heroin) and/or misuse of a prescription drug that contains an opioid - is a major preventable cause of overdose and death in the US. Communities throughout the country are struggling to address opioid misuse and its related consequences, such as illegal sales, overdoses, excessive use of emergency care, psychiatric and cognitive impairments, and the increased need for costly addiction treatment services. Opioid overdose is a preventable event and opportunities for intervention abound. This day-long course will provide an introduction to Opioid Overdose examining national and local trends, overdose prevention and intervention strategies, stigma, and highlights from selected promising practices. Topics will include an overview of Opioids (natural, semi-synthetic and synthetic), overdose prevention 101 (signs, symptoms and response including nasal naloxone), the models of Opioid primary and secondary prevention (consumption and consequences), and a review of recent stigma research and its impact on opportunities for treatment and recovery. Participants will learn about some of the highly successful programs that have been implemented in, and will also have an opportunity to share promising practices that foster cross-community networking and discussion.

TARGET AUDIENCE: Prevention, intervention, treatment, recovery support and other professionals and others interested in this topic

Track 11: Serving Families Affected by Substance Use

11.W Cultural Competence: Addressing The Needs of Children With Criminal Justice Involved Parents (Wednesday)

Caring for criminal justice involved families starts with culturally competent care. This interactive workshop will provide participants with knowledge and practice strategies to support a practice shift toward working with families that have these unique needs.

LEARNING OBJECTIVES: To facilitate a culturally responsive practice shift, participants will:

- Examine the intersectionality of culture, ethnicity, race, gender, poverty and criminal justice involvement;
- Examine National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) Standard applicability;
- Increase awareness and presumptions about criminal-justice involved families;
- Identify barriers to engaging children and families; and
- Learn engagement strategies for partnership with parents to promote positive outcomes of safety, permanency, and overall well-being.

TARGET AUDIENCE: Clinicians, prevention specialists, educators, criminal justice advocates, youth service directors, foster caregivers, family therapist, school social workers and public safety officers could benefit from this approach to culturally competence service delivery.

THE PRESENTER: *Ida M. Terry*, LADC has over 20 years of experience with the Connecticut Department of Correction, where she is currently responsible for the department's statewide addiction assessments and DUI Home Confinement Programs. She also provides clinical supervision and training to correctional substance abuse counselors within correction and in the community. In 2007, her extensive criminal justice experience motivated her to establish the Annual Post Incarceration Chronicle of Success Conference for REACH Training and Consulting. In addition, Ida Terry has over 15 years of experience as an independent contracted youth services family therapist where she facilitates culturally responsive services. She is a nationally recognized trainer, whose presentations are enthusiastic and innovative.

11.Th Child Welfare and Families Affected by Substance Abuse Assessment (Thursday)

In November 2001, the Maine's Office of Substance Abuse (OSA) and Department of the Human Services (DHS) established the Substance Abuse and Child Welfare Committee. The creation of this committee represented a commitment from the top administrators responsible for substance abuse and child welfare to develop a uniform system of screening and assessment. In addition to their support, this initiative was endorsed by the Legislature's Health and Human Services Committee. As a result, Maine has instituted and maintained a system for universal substance use screening and assessment for families referred to the Office of Child and Family Service's-Child Protective Services division of Maine's Department of Health and Human Services. Maine has also established a process for identifying, training, and managing a network of clinicians to provide specialized substance use assessment and evaluation report writing services. This process included developing protocols related to network referrals, reimbursement, quality assurance, and sustainability. The road to developing this system was filled with twists and turns and successfully navigating through these required persistence, strategic initiatives, ongoing collaboration, and adequate good fortune.

This training will provide information related to this longstanding initiative. Areas to be addressed include: the implementation of a universal substance use screening, assessment, and report writing process and the development of the network of clinicians providing specialized substance use assessment and evaluation services. This training will also provide a synopsis of the *“lessons learned”* on the long and winding road in Maine’s efforts to improve outcomes for children and families affected by the impact of the use of an ever evolving variety of substances.

LEARNING OBJECTIVES: Participants will be able to describe a process necessary to:

- Assess the Relationship Between Substance Abuse & The Risk of Child Maltreatment;
- Complete the core elements of the specialized Substance Abuse and Child Welfare Assessment/Evaluation;
- Write Useful Substance Abuse and Child Welfare related Assessment/Evaluation Reports; and
- Create and Maintain a State-Wide Clinical Assessment Network.

TARGET AUDIENCE: Clinicians, program managers, clinical supervisors, child welfare professionals, and state Substance Abuse and Child Welfare agency staff

THE PRESENTER: Robert Long, LADC, LCPC, CCS has over 38 years experience in providing co-occurring program development, administrative, and treatment services. Bob is currently the Administrator for Substance Abuse Services at Kennebec Behavioral Health located in Maine. Bob is also a member of the DHHS Child Welfare and Substance Abuse Committee. In September of 2011, Bob presented a seminar- Planning, Implementing and Sustaining a Process for Universal Substance Abuse Screening and Assessment-at the National Conference on Substance Abuse, Child Welfare and the Courts in National Harbor, MD. Maine is considered the first state to implement such universal screening and assessment protocols, this seminar presented the process, and outcomes related to the committee's work on this initiative. Bob has provided a variety of training programs and consultation services to both the public and private organizations and agencies. As a clinician, with a specialty in substance abuse and co-occurring disorders, Bob has provided individual, family and group psychotherapy to clients throughout his career in behavioral health services. Bob has Bachelor's Degree in Business Administration from the University of Wisconsin-Milwaukee and a Masters Degree in Counseling from the University of Wisconsin at Whitewater. Bob is licensed as an alcohol and drug counselor, a clinical professional counselor, and is a certified clinical supervisor.

Kathleen Friedrich is the Coordinator for Clinical Consultation and Grant Services at Kennebec Behavioral Health. She provides clinical consultation in the application, development and implementation of new grant programs and contracts. Kathleen also provides clinical coordination and consultation for both the Outpatient and Substance Abuse Service areas’ co-occurring enhanced programming. Beginning in 2005, Kathleen helped redesign the core elements of the Substance Abuse and Child Welfare Assessment/Evaluations (SA/CW Evaluation/Assessment) including the specialized focus on the parents' relationship with substances and the implications of that relationship for the care, protection, and nurturance of his/her children. She is the designated trainer and clinical consultant for the State of Maine’s Substance Abuse and Mental Health Services in the certification of professionals to provide substance abuse/child welfare evaluations. This included designing both web based and in person training formats. Kathleen has done over 100 of these specialized assessments and consulted extensively with DHHS on how to most effectively implement these reports in the reunification process. For the past several years, she has provided onsite consultation, skill building, and assessment instrument/report interpretation services for DHHS staff in effectively addressing substance related issues in their work with adults, adolescents and children. She continues to provide individual, family and group therapy and is a Behavioral Health Consultant in a large family medical practice.

Track 12 - National Institute on Drug Abuse Evidence-Based Practices – Blending Products

12.W National Institute on Drug Abuse Evidence-Based Blending Products: Treatment Planning: Translating Required Paperwork into Clinically Useful Information (Wednesday)

Sponsored by the New England Addiction Technology Transfer Center

Treatment planning is most effective when the treatment objectives are defined in measurable, attainable, time limited, realistic and specific terms. This training, based on the NIDA/SAMHSA Blending Product: Treatment Planning MATRS, will present tools and training resources that can help substance abuse treatment providers transform required "paperwork" into clinically valuable information. Participants will learn how to use the data collected via an assessment instrument (e.g., ASI) to assess patients' substance abuse, to develop effective treatment plans, and to monitor outcomes. Research shows that after providers administer assessment instruments, they often file the findings instead of using them to customize effective treatments for their clients. This training is designed to change that practice and help clinicians, supervisors, and managers make good use of the data that is collected. Using this information appropriately can help treatment providers address the specific needs of individual clients and improve treatment outcomes.

LEARNING OBJECTIVES: At the conclusion of this training, participants will:

- Learn how to use assessment data for useful clinical applications and program evaluation;
- Identify differences between program-driven and individualized treatment planning processes;
- Address the process of treatment planning and how the data that is collected can be used in recovery planning; and
- Define basic guidelines and legal considerations in documenting client status.

TARGET AUDIENCE: Clinicians, managers, and clinical supervisors

THE PRESENTER: Margaret O'Hagan-Lynch, M.S., LPC is the Division Director for Addiction Services at CT Valley Hospital in Middletown, CT and maintains a private practice in Wallingford, CT. She has worked in the behavioral health field for 30 years and is known for her expertise in working with people who have co-occurring substance use and psychiatric disorders. Her degree in Rehabilitation Counseling, with a concentration in psychiatric rehabilitation, brings a unique perspective to treatment issues. She has vast experience in program design/implementation, staff development, training and consultation, community networking, and remains active in addressing treatment needs on both a local and statewide level. She has experience working in various levels of care in both the private and public sectors. She has implemented and maintained several Evidence Based Practices throughout these treatment settings. She has been working with the Addiction Technology Transfer Center of New England since 2003 and is a faculty member of the New England School of Addiction Studies.

12.Th National Institute on Drug Abuse (NIDA)/ Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence - Based Blending Products - Using Motivational Incentives to Enhance Outcomes and Effective Use of Buprenorphine in Opioid Dependence Treatment (Thursday):

Sponsored by the New England Addiction Technology Transfer Center

Accelerating the dissemination of research-based drug abuse treatment into clinical practice is a priority for the National Institute on Drug Abuse (NIDA) and represents the core mission of the NIDA/SAMHSA Blending Initiative. Based on recently tested research from NIDA's Clinical Trials Network, the Blending Teams design user-friendly tools or "products" for treatment providers to facilitate the adoption of science - based interventions in their communities at nearly the same time that research results are published in peer-reviewed journals. This course will provide an **overview of two** NIDA Blending Team protocols that are currently available for clinicians and agencies to use in their practice.

A Proven Approach to Treatment: Using Motivational Incentives to Enhance Outcomes Why use motivational incentives? The answer is simple: Motivational Incentives (i.e., Contingency Management) lead to higher rates of retention in treatment programs and help patients modify and change a specific behavior. This course is designed to build awareness of motivational incentives as a clinically effective research-based therapeutic strategy.

Promoting Awareness of Motivational Incentives (PAMI) is an introductory training that exposes organizations to the principles of Motivational Incentives. As a supplement to therapy, it is an effective strategy in the treatment of substance use disorders, and can lead to a therapeutic culture centered on affirmation and celebration

How to Use Buprenorphine Effectively to Treat Opioid Dependence

Multidisciplinary professionals need to be informed about all effective opioid treatment options. Expanding treatment choices can make treatment more attractive, expand access and reduce stigma. This training will provide an overview of buprenorphine as a treatment option. With its partial agonist effects, buprenorphine is mildly reinforcing, encouraging medication compliance. Participants will gain a broad understanding of the utility of medication treatment in general and buprenorphine treatment specifically.

LEARNING OBJECTIVES: At the conclusion of this training, participants will be able to:

- Identify three stages of buprenorphine opioid treatment—induction, maintenance and medically-assisted withdrawal;
- Define the role of the addiction program/professional in providing buprenorphine treatment; and
- Describe issues of the necessity for counseling with medication for recovery.
- Obtain suggestions for overcoming barriers to implementing motivational incentives;
- and
- Identify the 7 core principles of Motivational Incentive Programs.

TARGET AUDIENCE: Counselors, therapists, and other professionals

THE PRESENTER: Margaret O'Hagan-Lynch, M.S., LPC is the Division Director for Addiction Services at CT Valley Hospital in Middletown, CT and maintains a private practice in Wallingford, CT. She has worked in the behavioral health field for 30 years and is known for her expertise in working with people who have co-occurring substance use and psychiatric disorders. Her degree in Rehabilitation Counseling, with a concentration in psychiatric rehabilitation, brings a unique perspective to treatment issues. She has vast experience in program design/implementation, staff development, training and consultation, community networking, and remains active in addressing treatment needs on both a local and statewide level. She has experience working in various levels of care in both the private and public sectors. She has implemented and maintained several Evidence Based Practices throughout these treatment settings. She has been working with the Addiction Technology Transfer Center of New England since 2003 and is a faculty member of the New England School of Addiction Studies.

