

FORWARD MARCH

TRAINING SEMINAR AND SYMPOSIUM
OCTOBER 24 - 25, 2017



MOVING FAMILIES FORWARD
DURING CHALLENGING TIMES

Southern Regional
AHEC | Area Health
Education Center



The Barry Robinson Center
A Behavioral Health System for Youth

PROGRAM INFORMATION

OCTOBER 24 - 25, 2017

8 a.m. - 4:30 p.m. both days

LOCATION

Iron Mike Conference Center
2658 Reilly Road, Fort Bragg, NC 28310

FEE

Both days: \$169 Student (w/current ID): \$84.50
Single day Registration: \$99 Student (w/current ID): \$49.50

DESCRIPTION

Welcome to the 8th Annual Forward March Training Seminar and Symposium. We are proud of the innovative nature of Forward March in bringing together over 75 different organizations to educate, train, and enhance the professional practice of over 1500 professionals from across our region in order to improve outcomes for veterans, service members, and their families.

So many aspects of veteran and military family life have changed dramatically since the major world conflicts of the early 20th century yet those who have sacrificed so much for our nation continue to experience challenges that require the support of their community to help them overcome. This is why the work of Forward March is so critically important. Military culture is a culture of community, and Forward March is so powerfully impactful due to the way in which it joins together forces from every facet of the community touching the lives of these families. We thank you for your being an integral part of Forward March and the larger support system. We are all dependent upon the work you do every day.

Forward March is not just a 2-day seminar and symposium, it's a grassroots movement to continuously improve the way we support those who have and those who continue to defend our freedom and way of life. Beyond this focus, Forward March enhances the overall resiliency of the entire community, both civilian and military, as it helps to form collaborations and improves professional practice.

For more information about Forward March or Military Initiatives, please contact: La-Lisa Hewett-Robinson, MA, Southern Regional AHEC (910) 678-7293
la-lisa.hewett-robinson@sr-ahec.org

For more information about Living in the New Normal, please contact: Mary F. Sonneberg, M.Ed., Government & Military Affairs Liaison with the Partnership for Children (910) 826-3102 / msonnenberg@ccpfc.org

TARGET AUDIENCE

This Training Seminar and Symposium will be beneficial to substance abuse professionals, psychologists, social workers, case managers, counselors, school personnel, clergy, military



Special VIP Dinner Option Limited Availability

October 24th, 6 p.m. - 9 p.m.
Cost: \$30

Airborne Special Ops Museum
100 Bragg Boulevard Fayetteville, NC 28301

personnel, military community group, veteran services, government, faith-based and community resources, non-profit, and private organizations. Other interested mental health or human service professionals are welcome to attend.

CREDITS/REFUNDS

CEU: 1.2

Contact Hours: 12.0

Credit will be awarded to participants who attend 100% of the program. SR-AHEC adheres to NAADAC Education Guidelines Provider #843 (Substance Abuse Credit). The program will provide 12.0 contact hours (category A) continuing education credit to NC Psychologists.

This program does not provide specific NBCC Credits. However, per LPC licensure guidelines, you may submit up to 15.0 contact hours of continuing education per renewal period, by attending programs by affiliates of the National Area Health Education Center Education (NAO). NBCC credit will not be offered at this Training Seminar and Symposium.

As part of the NC AHEC system, SR-AHEC is an NCBPTE approved provider of continuing competence with regards to activities directly related to physical therapy. The program will award 12.0 contact hours for NCBPTE.

No partial credit will be given. Individuals arriving 15 minutes or more after the program has started will not receive credit.

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 2 business days (Monday - Friday) before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 2 business days (Monday - Friday) before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 2 business days (Monday - Friday) before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Please bring a light jacket or sweater for your own comfort; the temperature of the rooms are controlled by thermostat and we are unable to make any adjustments.

THANK YOU TO OUR EVENT HOST SPONSOR



The Barry Robinson Center

A Behavioral Health System for Youth

The Barry Robinson Center (BRC) was established over 80 years ago as The James Barry Robinson Home For Boys, an orphanage and school built under the terms of a charitable trust left by Norfolk businessman Frederick J. Robinson. It is a residential treatment center serving boys and girls, including community-based services for children of all ages.

The center is located on the beautiful, modern residential campus with several of the original colonial-style buildings dating from when it was established. This combination makes it one of the most beautiful and unique residential treatment centers in the region. The sprawling 32-acre wooded campus, conveniently located on the border of Norfolk and Virginia Beach.



The Barry Robinson Center provides a serene setting for programs designed to help at-risk youth and their families overcome emotional and behavioral difficulties.



TRICARE Accepted

BarryRobinson.org

443 Kempsville Road • Norfolk, VA 23502 • (800) 221-1995

PROGRAM AGENDA

TUESDAY, OCTOBER 24, 2017

- 8 a.m. **Opening Remarks**, *John Freudenberg*
Presentation of Colors, *Westarea Elementary School "Men of Promise"*
National Anthem
- 8:05 a.m. **Defining Moments**
- 8:10 a.m. **Fort Bragg Community Welcome**
- 8:20 a.m. **Greetings and Introduction of Plenary Speaker**, *Mary Sonnenberg, M.Ed*
Opening Plenary - National Center for Telehealth & Technology (T2)

Alternatives to In-Person Care

As the health care needs of the U.S. military change, there are demands for alternatives to in-person care. The Defense Department's National Center for Telehealth & Technology (T2) produces web- and mobile-based psychological health care resources that support service members, veterans and their families anywhere, at any time. These resources are based on clinical evidence and developed in collaboration with DCoE, the military services, the Department of Veterans Affairs, academia and other government agencies.

The mission of T2 is to lead the innovation of health technology solutions for psychological health and traumatic brain injury across all the services, and deliver tested, valued health solutions that improve the lives of service members, veterans and their families. T2 leads the DoD in applying existing and emerging technologies to deliver evidence-based, psychological health care resources and tools that support the military community.

Objectives:

- Discuss The Defense Department's National Center for Telehealth and Technology (T2); and
- Identify T2 resources

- 9:20 a.m. **The Barry Robinson Center**, Rob McCartney
- 9:30 a.m. Break
- 9:40 a.m. **Plenary**

Enhancing Behavioral Treatment with PTSD and Addiction and Working with Veterans

Dr. Zach Rosenthal, PhD.

Dialectical Behavior Therapy (DBT) was developed for civilians as a treatment for borderline personality disorder (BPD). However, it also has been studied and implemented in military populations. DBT has been shown to reduce self-injurious behavior (e.g., cutting), suicidal ideation, depression, anxiety, anger, hospitalization, substance use, and a range of other outcomes associated with BPD. Because BPD co-occurs with many other psychiatric diagnoses and behavioral problems, it is a treatment designed to be comprehensive across patient presenting problems, including those commonly found among military populations. For example, DBT provides a framework to change symptoms of BPD as well as PTSD, major depression, and substance use. In this presentation, the structure, modes, and functions of DBT will be briefly introduced, followed by a discussion of the ways in which DBT treatment strategies can be used when treating active duty military personnel and veterans. The goal of this presentation is to provide the audience with an overview of DBT and several considerations when using DBT with military populations.

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Objectives:

- Identify at least two reasons why DBT strategies may be useful for military populations; and
- Identify at least two considerations when adapting DBT strategies for use with military populations

11:10 a.m. Networking Break, Visit Exhibit tables and Lunch (provided)

11:50 a.m. **Introduction of Plenary**

Lunch Plenary

Integrated Medicine: What? Why? How?

Dr. John Lesica, MD

This session will delve into the best practices of both national and regional endeavors. This speaker will identify strengths that are being implemented on Fort Bragg for integrated health.

Objectives:

- Discuss current state of behavioral health locally and nationally
- Define integrated behavioral health;
- Review indications for this change including examining possible barriers to change and expected outcomes;
- Explore possible applications in our community; and
- Identify current efforts of behavioral health at Fort Bragg.

12:55 p.m. **Defining Moments**

1 p.m. Break

1:15 p.m. **Breakout Sessions**

A) Understanding the Learning Style of Autism Spectrum Disease (ASD)

Celeste Carter, MSHE, MA, Ed

This breakout session will discuss the different learning styles for someone diagnosed with ASD.

Objectives:

- Learn core symptoms of autism and how autism affects the learning style of individuals on the spectrum;
- Identify why learning style differences may result in challenging behaviors;
- Explore the structured TEACCH'ing intervention as it relates to learning styles of ASD;
- Learn about the UNC TEACCH Autism Program statewide service model; and
- Discuss the UNC TEACCH Autism Program statewide service model.

B) Innovation in Collaborative Relationships: The Military Student Transition Consultant (MSTC) Program

Dr. Kimberly Vannest, PhD., Jacqueline Matlock, M.A., Ashlee Ivy, M.Ed. and MSTC Representatives

Do you need tools that will help you transition military connected students? An MSTC program directly addresses school-related challenges associated with moving and adjustment. An MSTC program focuses on maximizing the well-being of students to increase their success in schools and beyond. Pillars of the program include problem solving, making connections, advocacy and education. MSTC collaborations improve student outcomes in social, emotional, behavior, and academics through data and collaboration. The session will start with a brief learner assessment, transition into new content explained by differing roles, the audience will join in a case study and activity before transitioning to smaller groups and Q&A. Join this session to learn how MSTC + Innovative Collaboration = a Network of Support for Military Connected Students. Learning outcomes will be measures via smart-phones through tech aps for participation.

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Objectives:

- Learn tools to transition military connected students (what an MSTC is and how they work to support military connected students, families, schools and communities);
- Discuss strategies for moving and adjustment;
- Review pillars and the foundational 8 MSTC objectives;

C) Mindfulness Based Interventions for Children and Adolescents

Rob Schooley, MSW, LCSW

Many mental health professionals understand the importance of incorporating mindfulness into practice; however, children need to be taught the components of the mindfulness before they can be expected to practice this skill. This program will focus on techniques used to teach this population the core components of mindfulness practice. Participants will be able to engage in activities that will help further their understanding of mindfulness practice. With this knowledge, participants can begin to teach their clients how to establish a strong mindfulness practice.

Objectives:

- Examine the skills necessary for children and adolescents to establish a mindfulness practice;
- Demonstrate the skills to effectively teach children and adolescents mindfulness practice; and
- Discuss how to incorporate these methods into practice.

D) Dialectical Behavior Therapy (DBT) and Care for those with Borderline Personality Disorder (BPD) and their Family Members

Dr. Zach Rosenthal, PhD.

Dialectical Behavior Therapy (DBT) is widely considered to be the gold standard treatment for borderline personality disorder (BPD). Studied across the world for several decades, DBT has been shown to reduce self-injurious behavior (e.g., cutting), suicidal ideation, depression, anxiety, anger, hospitalization, substance use, and a range of other outcomes associated with BPD. Because BPD co-occurs with so many other psychiatric diagnoses and behavioral problems, DBT is a long and comprehensive approach with multiple components. Lasting one year, DBT includes weekly group skills training, weekly individual therapy, weekly therapist team meetings, and ad hoc telephone consultation between therapist and patient. In addition, family members commonly are involved in treatment in an effort to help ensure treatment gains maintain and generalize. In this presentation, the structure, modes, and functions of DBT will be reviewed, with an emphasis on ways in which family members can be involved and integrated into treatment. The goal of this presentation is to provide the audience with an overview of DBT for those with BPD and their family members, and to contrast this approach with other treatments commonly used to help adults with BPD.

Objective:

- Identify the modes of DBT and their functions
- Contrast DBT with other treatments commonly used to help adults with BPD
- Describe at least two ways in which DBT can integrate family members into treatment

E) Alzheimer's Dementia in the Military: A Path Forward

Dr. Len Lecci, PhD.

The incidence and cost of dealing with dementia of the Alzheimer's type has been growing rapidly, and military personnel are especially susceptible to this diagnosis later in life because of experiences such as traumatic brain injuries, PTSD, and depression. An understanding of the risk factors and a proactive focus on early detection and treatment can have a significant impact on the lives of our retired veterans.

Objectives:

- Identify the risk factors for Alzheimer's dementia (AD), and how military personnel are at a heightened risk.

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- Discuss and understand the role of early detection and its potential impact on AD and mild cognitive impairment (MCI).
- Identify and name the intervention options available for those with AD and MCI.

2:45 p.m. Break

3 p.m. **Closing Plenary**

The Effects of PTSD, Depression, and Anxiety on the Whole Family

Jill E. Palmer

This breakout session will identify and summarize the impact of PTSD, Depression, and Anxiety from the perspective of the family including the developmental impact on children.

Objectives:

- Discuss a brief overview of PTSD, Depression, and Anxiety from the perspective of the family;
- Demonstrate an understanding of the developmental impacts on children; and
- Apply effective strategies and coping skills in working with military-connected families.

4:30 p.m. **Closing Remarks / Adjourn Day 1**

WEDNESDAY, OCTOBER 25, 2017

8 a.m. **Opening Remarks, John Freudenberg**

8:05 a.m. **Defining Moments**

8:10 a.m. **VA Community Welcome**

8:20 a.m. **Greetings and Introduction of Plenary Speaker**

Dr. Deborah Teasley, PhD., RN, FACHE

Opening Plenary

Unique Challenges in Working with Military Families

Dr. Patricia Lillquist, MD

Military families offer great diversity in their composition as well as their challenges with frequent changes and adjustments. We will review the basic demographics, common changes and adjustments for each family member. This session will discuss my transition as a provider in the community to working on base in a Naval Health Clinic while learning to work with the different Commands. We will review ways to decrease stress and support strengths in military family members.

Objectives:

- Discuss the variability among military families (family structure, family members, involvement of extended family);
- Identify differences in working on base vs. in the community with service members; and
- Review ways to decrease stress and support resiliency with many changes facing our military families

9:15 a.m. **Defining Moments Video Presentation**

9:20 a.m. Break

9:30 a.m. **Breakout Sessions**

A) PCIT – Parent Child Interaction Therapy

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Darden White, LPC

Parent-Child Interaction Therapy (PCIT) is a strong evidence-based treatment for young children (2-7) and their parents/caregivers. Originally developed for children with significant disruptive behaviors, its effectiveness has been shown with children with adjustment disorders, anxiety disorders, ASD, FASD, and children with a history of maltreatment. Recent adaptations of PCIT include helping military families cope with deployment stressors. This workshop will provide an overview of PCIT and examine how PCIT may fit into the service array of programs serving children and families in North Carolina. State-wide dissemination efforts will be discussed. Finally, this is a program based on PCIT and other evidence-based parenting programs (CARE) for use with all adults interacting with children of any age.

Objectives:

- Define at least 3 populations appropriate for PCIT;
- Identify the core components of the two phases of PCIT;
- Review at least 3 positive outcomes for families completing PCIT; and
- Discuss how PCIT can be implemented in services for children and families.

B) Education Transitions & Understanding the Interstate Compact

Panel – Kristen Curran, MEd., Cathy Hurley, Gretchen Walker, MEd., and Joyce Raezer, M.A

All transitions and moves can be difficult, but adding the challenges of changing schools is even worse. For our military families who tend to move as often as every two years, these educational transitions can potentially negatively impact a child's graduation and schools. Fortunately, there is now a process in place using the Military Interstate Compact that helps make military moves and education/school transitions easier. During this session, a panel of experts will review what the Compact entails, how to help advocate for a military child's education, discuss best practices, and answer questions. It will be interactive, informative, and open to any individual that deals with military families.

Objectives:

- Review the details of the Military Interstate Compact;
- Discuss how to help advocate for a military child's education; and
- Identify best practices for the Military Interstate Compact.

C) Behavioral Sleep Medicine – Sleep across the Life Span

Dr. Cindy Swinkels, Ph.D.

Behavioral Sleep Medicine (BSM) encompasses several empirically supported behavioral interventions to help improve sleep. This session will review basic sleep principles and sleep need across the lifespan to give a foundation to the underlying concepts in BSM. There will also be a review of how to evaluate the various sleep disorders in children and adults. Finally, this session will discuss the most prominent sleep disorders by age and possible treatment options based on best clinical practice.

Objectives:

- Define and introduce Behavioral Sleep Medicine (BSM);
- Identify key areas for assessment in both children/adolescents and adults; and
- Describe treatment options for most common sleep disorders.

D) Increasing Effective Communication Strategies for Military Couples: Using Research Driven Tools to Promote Respect, Affection, Bonding and Connection

Nichole Johnson, LCSW, LCAS

This session will discuss how the high demands of military life impact military couples creating

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feelings of distance, disconnected, and disengagement. This session is designed to help couples and professionals learn research-driven tools that help foster healthy couples' relationships.

Objectives:

- Learn the impact of trauma and attachment on marriage and couples' relationships;
- Explore behaviors that contribute to disconnection and separation; and
- Apply research-proven strategies that increase closeness, bonding, and communication

E) Learning From the Strength of Military Families: A Trauma Informed Approach

Julia Yeary, ASW, LCSW

Military families are remarkably resilient, and cope daily with challenges their civilian counterparts may never have to face. And yet, they are not invulnerable. As they deal with the very real challenges in their lives, it is important to remember their strength. As practitioners, we can learn from this strength. Using a reflective practice model, professionals will find they not only engage military-connected families more readily, they also learn a great deal from these families' experiences. This session will focus on strategies for using Protective Factors and a strength-based approach for honoring the strength of the families you serve.

Objectives:

- Learn the reflective practice model;
- Identify strategies for using protective factors; and
- Review a strength-based approach for honoring the families served.

11 a.m. Networking Break, Visit Exhibitor Tables and Lunch (provided)

11:45 a.m. **Lunch Plenary**

The Opioid Crisis: Turning the Tide

Dr. Vera Reinstein, PharmD, BCPS

This plenary will help attendees understand the impact of the opioid overdose epidemic in the United States and in North Carolina. The attendees will appreciate the added risk of coingestion of polysubstances, especially involving benzodiazepines, on the risk of opioid overdose and death. Multiple initiatives, from national to local, intended to stem the tide of this opioid overdose epidemic will be presented; the focus will be on the role, availability, and appropriate use of naloxone for those most at risk for overdose.

Objectives:

- Review the opioid overdose epidemic in the US and North Carolina;
- Identify cutting edge psychopharmacy and clinical updates on relevant medications and approaches to psychiatric treatment; and
- Describe effective clinical practice guidelines and interventions to serve the populations in North Carolina.

1:15 p.m. **Defining Moments Video Presentation**

1:20 p.m. Break

1:30 p.m. **Breakout Sessions**

A) Best Practices and Evidence Based Research for Assessing and Treating PTSD: Focus on Families

Dr. Kate Nooner, Ph.D.

This presentation will share evidence-based assessments and treatments pertaining to trauma symptoms that can make a family member with PTSD hard to get along with or cause him or her to

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withdraw from the rest of the family. This will include a presentation of family based treatments for PTSD as well as a discussion of secondary trauma that may impact family members, including children. Just as people have different reactions to traumatic experiences, families also react differently when a loved one is traumatized. In this portion of the presentation, different types of reactions to a family member with PTSD are discussed along with targeted treatment recommendations. Information will be applicable for male and female veterans and for diverse families with children in age ranging from toddlers to adolescents.

Objectives:

- Describe common reactions of family members of individuals with PTSD including: sympathy, fear, avoidance, anger, and guilt/shame. This will include discussion stress and strain in marital, interpersonal and parenting relationships;
- Identify how they can seek help for someone that they think may have PTSD or for a family member living with someone with PTSD. This will include specific information for providers on ways to help families of trauma survivors; and
- Learn about evidence-based assessments and treatments for family based approaches to PTSD. This will include methods for treating PTSD in a family context and coping with recurrent trauma triggers and problems that can occur in a family setting.

B) Difficult Conversations - Helping Families Find Resilience in Challenging Times

Julia Yeary, ASW, LCSW

You suspect a young child may be in need of early intervention services; or a young child has witnessed something traumatic, or a parent is dealing with an illness. How do you have that tough conversation with parents or with a young child? This session will explore opening difficult conversations with families to ensure they are connected with the support and services they need. We will also explore how we help parents move through accepting their child may have a special need that needs their attention.

Objectives:

- Learn to learn to explore difficult conversations; and
- Identify how to help parents move through accepting their child may have special needs that needs their attention.

C) Coaching Into Care - A National VA Call Center for Family and Friends of Veterans

Dr. Cindy Swinkels, Ph.D.

Coaching Into Care (CIC) is part of a collaborative project between the Mental Illness Research, Education, and Clinical Care Center (MIRECCC) in Durham, West Los Angeles, and Philadelphia VA Medical Centers. This project focuses on engaging veterans in VA services, particularly for addressing behavioral health needs, through outreach to veterans who may have not accessed VA care, but many veterans are reluctant or may not recognize their need to access care. Family members and friends of military veterans, however, are very aware of veterans' mental health difficulties and seek to play a positive role in helping veterans seek help that they need. This project seeks how to reach out to family members and help them use the most supportive and effective strategies to empower their veteran to seek help. This session will provide an overview of the CIC program, those who have been helped, and preliminary outcome data that has been collected. This session will also discuss reasons why veterans may refuse care and communication strategies that may assist in having more productive conversations around mental health.

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Objectives:

- Describe Coaching Into Care;
- Define at least 3 reasons people refuse to seek care; and
- Identify at least 2 ways to improve communication when talking about seeking care.

D) Overview of EMDR and Working with Military Families

Chris Floro, LMFT and Bethany Matheson, M.Ed.

EMDR has been empirically validated as an effective treatment not only for PTSD but also for maladaptive beliefs associated with many psychological disorders. This session will seek to give an overview of EMDR and make caregivers aware of the different applications and outcomes for service members, their spouses and their children.

Objectives:

- Learn an overview of EMDR;
- Define how EMDR is effective with warriors;
- Identify how to utilize EMDR with spouses of the military; and
- Describe how to use EMDR with children

E) Resilience

Faith Boehmer, BS

Researchers have recently discovered a dangerous biological syndrome caused by abuse and neglect during childhood. As the new documentary “Resilience” reveals, toxic stress can trigger hormones that wreak havoc on the brains and bodies of children, putting them at a greater risk for disease, homelessness, prison time, and early death. While the broader impacts of poverty worsen the risk, no segment of society is immune. “Resilience,” however, also chronicles the dawn of a movement that is determined to fight back. Trailblazers in pediatrics, education, and social welfare are using cutting-edge science and field-tested therapies to protect children from the insidious effects of toxic stress — and the dark legacy of a childhood that no child would choose.

Objectives:

- Learn about the ACE (adverse childhood experience) study that was conducted in the mid-90’s and how the findings are considered one of the biggest public health threats of our lifetime;
- Review examples of trauma-informed initiatives across the country that are working to break the cycle of ACEs; and
- Discuss action steps you can take in your community and learn more about the Community Child Abuse Prevention Plan initiative in Cumberland County

3 p.m.

Break

3:10 p.m.

Introduction of Plenary

Closing Plenary

Enduring Warrior

4:15 p.m.

Closing Remarks

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Old Vineyard Behavioral Health Services, located on a beautiful, spacious campus in Winston-Salem, North Carolina, provides intensive, individualized mental health and behavioral health treatments for rehabilitation of adolescents and adults. Our facility provides a relaxing, comforting environment to our patients, families, staff and visitors.

OldVineyardBHS.com

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For over 30 years, Springbrook Behavioral Health has existed for one sole purpose: to bring vital, immediate care to those who need it most. Originally designed for individuals suffering from post-traumatic stress disorder, Springbrook's range of services expanded over time to include children and adolescents, as well as adult clients.

Springbrook Behavioral Health strives to provide compassionate Adult and Adolescent mental health care for individuals with unique and critical needs. We are ready to work with people with immediate challenges, and to help create a structure for success.

(864) 834-8013

One Havenwood Lane • Travelers Rest, SC 29690

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BREAKOUT SESSIONS

BREAKOUT SESSION 1 - OCTOBER 24 AT 1:15 P.M.

- 1A) Understanding the Learning Style of ASD
- 1B) Innovation in Collaborative Relationships: The Military Student Transition Consultant (MSTC Program
- 1C) Mindfulness Based Interventions for Children and Adolescents
- 1D) DBT and Care for those with BPD and their Family Members
- 1E) Alzheimer's Dementia in the Military: A Path Forward

BREAKOUT SESSION 2 - OCTOBER 25 AT 9:30 A.M.

- 2A) PCIT - Parent-Child Interaction Therapy
- 2B) Education Transitions & Understanding the Interstate Compact
- 2C) Behavioral Sleep Medicine – Sleep Across the Life Span
- 2D) Building More Effective Communication in a Military Family
- 2E) Learning From the Strength of Military Families: A Trauma Informed Approach

BREAKOUT SESSION 3 - OCTOBER 25 AT 1:30 P.M.

- 3A) Best Practices and Evidence Based Research for Assessing and Treating PTSD: Focus on Families
- 3B) Difficult Conversations- Helping Families Find Resilience in Challenging Times
- 3C) Coaching Into Care - A National VA Call Center for Family and Friends of Veterans
- 3D) Overview of EMDR and Working with Military Families
- 3E) Resilience

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We offer Free Confidential Assessments, 24 hours day, every day.

Since 1983, Brynn Marr Hospital has specialized in providing quality behavioral health services through a comprehensive, integrated system of inpatient treatment and residential programs.

We offer high quality acute and residential treatment services for children, teens and adults struggling with a mental illness or substance use disorder.

BrynnMarr.org

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A Psychiatric and Addictive Disease Health System for Children and Adults

For over 35 years, Holly Hill Hospital has equipped patients with the skills needed to return to their communities as healthier individuals. Located in Raleigh, North Carolina, Holly Hill continues to be a leader in psychiatric and addictive disease treatment by providing excellence in individualized, clinical care.

Our ability to individualize care is further enhanced through the separation of our Adult and Children's Campuses. Each campus is designed with features specific to providing top-quality treatment for the age group it houses. We invite you to choose a campus to explore.

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Registration Form

Form may be duplicated.

Forward March 2017
CASCE #53602 / MH171024

Phone: 910-678-7226 **Fax:** 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53602>

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Circle one: Dr. Mr. Mrs. Ms.

Name _____ Last 4 digits of SS# _____

Certifications/Degrees _____ Specialty Area _____ Are you an NCC? _____

Employer _____ Job Title _____

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A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Email (primary) _____ (secondary) _____

Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies _____

Payment Information

Check (Make payable to SR-AHEC)

Mastercard / Visa # _____ Expiration Date (mm/yy) _____

Name on Card _____ Signature _____

Choose Your Breakout Sessions

Breakout Session 1

- 1A) Understanding the Learning Style of ASD
- 1B) Innovation in Collaborative Relationships: The Military Student Transition Consultant (MSTC) Program
- 1C) Mindfulness Based Interventions for Children and Adolescents
- 1D) DBT and Care for those with BPD and their Family Members
- 1E) Alzheimer's Dementia in the Military: A Path Forward

Breakout Session 2

- 2A) PCIT - Parent-Child Interaction Therapy
- 2B) Education Transitions & Understanding the Interstate Compact
- 2C) Behavioral Sleep Medicine – Sleep Across the Life Span
- 2D) Building More Effective Communication in a Military Family
- 2E) Learning From the Strength of Military Families: A Trauma Informed Approach

Breakout Session 3

- 3A) Best Practices and Evidence Based Research for Assessing and Treating PTSD: Focus on Families
- 3B) Difficult Conversations- Helping Families Find Resilience in Challenging Times
- 3C) Coaching Into Care - A National VA Call Center for Family and Friends of Veterans
- 3D) Overview of EMDR and Working with Military Families
- 3E) Resilience

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Limited Availability
Cost: \$30

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____