

# 2018

## CLINICAL UPDATE AND PSYCHOPHARMACOLOGY REVIEW

February 28 - March 1

**Location:**

Raleigh Marriott Crabtree Valley  
4500 Marriott Drive, Raleigh, NC 27612

Southern Regional  
**AHEC** | Area Health  
Education Center

# Featured Speakers



**Fred Osher, M.D.**, Director of Health Systems and Services Policy, oversees the health components of the Council of State Governments Justice Center's initiatives. The CSG Justice Center is a national nonprofit organization that serves policy makers at the local, state, and federal levels from all branches of government. Dr. Osher also provides technical assistance to state and local governments across the country seeking to improve their response to people with mental health and/or substance use disorders who are involved in the criminal justice system. Before joining the CSG Justice Center, Dr. Osher served as the director of the Center for Behavioral Health, Justice, and Public Policy and as an associate professor of psychiatry at the University of Maryland School of Medicine. He has published extensively in the areas of homelessness, community psychiatry, co-occurring mental health and addictive

disorders, and effective approaches to people with behavioral health disorders within criminal justice settings. He received his B.A. from Harvard University and his M.D. from Wayne State University.

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**Attorney General of North Carolina Josh Stein, B.A., J.D., M.P.P.**, taught high school English and economics in Zimbabwe for two years after graduating from Dartmouth College.

After earning his law and public policy degrees from Harvard University, Josh worked with the Self-Help Credit Union, transforming abandoned drug houses in Durham into affordable single-family homes, and the North Carolina Minority Support Center, raising capital to invest in small businesses across North Carolina.

Josh also worked as legal counsel in the United States Senate for a couple of years.

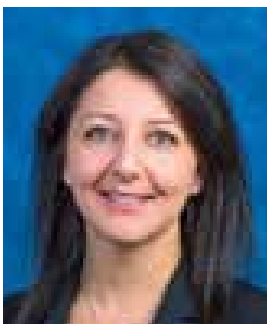
As a lawyer with the law firm Smith Moore Leatherwood, Josh represented the Monitor of the \$25 billion National Mortgage Settlement to ensure that the nation's biggest banks live up to

the terms of the Settlement and treat their home loan customers fairly.

For three years, Josh co-chaired the capital campaign for Interact, Wake County's domestic violence organization. He helped Interact raise \$5 million to move into a wonderful facility that has enabled the organization to become a national model in protecting women and children from abuse. For his efforts, Interact awarded Josh its volunteer of the year for 2008 and the Mutual of America Foundation presented Josh an award in 2010.

Josh currently serves on the Advisory Board of Triangle Family Services, an organization dedicated to building healthy and secure families, and recently stepped down from the Board of the Downtown Raleigh Alliance, which strengthens an important regional economic engine.

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**Secretary Mandy K. Cohen, M.D., M.P.H.**, was appointed to provide leadership over the N.C. Department of Health and Human Services in January. Dr. Cohen, and her team have worked tirelessly to improve the health safety and well-being of North Carolinians. DHHS is a cabinet-level agency with approximately 16,000 employees and an annual budget of \$20 billion. Among her top priorities are combating the opioid crisis, building a strong, efficient Medicaid program, and improving early childhood education.

Cohen is an internal medicine physician and has experience leading complex health organizations. Before coming to the North Carolina Department of Health and Human Services, she was the Chief Operating Officer and Chief of Staff at the Centers for Medicare & Medicaid Services (CMS). She brings a deep understanding of health care to the state and has been

responsible for implementing policies for Medicare, Medicaid, the Children's Health Insurance Program and the Federal Marketplace.

A graduate of Cornell University, she received her medical degree from Yale School of Medicine, a Master's in Public Health from the Harvard School of Public Health and trained in Internal Medicine at Massachusetts General Hospital.

# 2018 Clinical Update & Psychopharmacology Review

## This annual conference is in association with:

Southern Regional AHEC  
Wake AHEC  
Duke Department of Psychiatry  
UNC Department of Psychiatry

North Carolina Psychological Association  
North Carolina Psychiatric Association  
North Carolina Division of MH/DD/SAS  
Governor's Institute on Substance Abuse

## Conference Description

Clinical Update & Psychopharmacology Review continues its tradition of providing practitioners quality information on the most recent therapeutic and medical approaches to the treatment of mental illness, developmental disabilities and substance abuse in North Carolina. Important topics covered will include The Crisis of Mental Illness in our Criminal Justice System: Stepping Up to Reduce Over-representation; Reducing the Number of People with Mental Illnesses in Your County Jail: Answering Six Questions to Guide Your Effort; Screens, Tweens, and Teens; Mental Health Diagnoses in IDD; Office-Based Opioid Treatment; Executive Functions: Conceptual Foundations, Assessment, and Clinical Applications; Update on Autism Treatment and Pediatric Anti-psychotic Treatment; At the Crossroads of Behavioral Disorders and the Judicial System Recovery Courts: Same People, Different Outcomes; Therapeutic Community Model of Treatment; Acceptance Commitment Therapy (ACT); Gender Variance Awareness; Bipolar/Depression; Social Determinants of Addiction; Mental Health and Substance Abuse Services including the Opioid Epidemic in North Carolina; New and Emerging Treatments for Mild TBI (Traumatic Brain Injury) / Concussion; Kids Can't Leave: The Effects of Intimate Partner Violence on Children; Cognitive Behavioral Therapy (CBT) for Insomnia; Moving Beyond Burnout Toward Physician and Provider Wellness and Engagement; the State of Mental Health Services in North Carolina. Fred Osher and Secretary Mandy Cohen will be the featured plenary speakers at Clinical Update and Psychopharmacology Review 2018.

## Target Audience

Psychiatrists, psychologists, pharmacists, nurses, therapists, counselors, case managers, substance abuse professionals, and others will find a variety of topics on the agenda designed to meet their educational needs.

## Objectives

Upon completion of this conference, participants will be able to:

- Provide information on the most recent therapeutic and medical approaches to the treatment of mental illness, developmental disabilities, and substance abuse disorders;
- Identify psychopharmacology advancements 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.

## Planning Committee

### **Tamika Perkins, M.S.**

Southern Regional AHEC

### **Sally Cameron**

North Carolina Psychological Association

### **La-Lisa Hewett-Robinson, M.A.**

Southern Regional AHEC

### **Robin Huffman**

North Carolina Psychiatric Association

### **Jack Naftel, M.D.**

University of North Carolina, Chapel Hill

### **Sheree Hayes, MHA, BSN, RN**

Southern Regional AHEC

### **Russet Rogers, Ed.D**

Southern Regional AHEC

### **Marvin Swartz, M.D.**

Duke University Medical Center

# Agenda

**February 28, 2018**

9 a.m. – 10:15 a.m.

## **Opening Plenary - The Crisis of Mental Illness in our Criminal Justice System: Stepping Up to Reduce Over-Representation**

Fred Osher, M.D.

The over-representation of persons with mental illnesses in the criminal justice system is a national tragedy. In collaboration with criminal justice partners, community behavioral health providers have implemented innovative programs to address this phenomenon to improve public health and safety outcomes for people with mental and co-occurring substance use disorders involved with the justice system. Despite these efforts, challenges remain and progress is slow in reducing the overall prevalence of adults with mental illnesses in our jails. Long-term strategies that build on collaboration, yet are comprehensive in scope, and at a scale reflective of the large number of affected individuals, are required. This presentation will describe the Stepping Up Initiative, a national campaign, and discuss this approach and how behavioral health leaders can be a catalyst to develop effective systems-level responses to individuals with behavioral disorders in the criminal justice system.

### Objectives

- Describe the lessons learned from field experience at the County level, and strategies, to achieve positive public health and safety outcomes for individuals with behavioral disorders in contact with the justice system;
- Identify six factors contributing to high rates of people with mental illnesses in the criminal justice system;
- Describe key challenges to reducing the number of people with behavioral disorders under correctional supervision; and
- Discuss the four key outcome measures associated with reducing the number of people with mental illnesses in jails.

10:15 a.m. – 10:45 a.m.

## **Break Provided and Visit Exhibitors**

10:45 a.m. – 12:15 p.m.

## **Morning Breakout Session**

### **A.) Reducing the Number of People with Mental Illnesses in Your County Jail: Answering Six Questions to Guide Your Effort**

Fred Osher, M.D.

This workshop will describe a blueprint for systemic changes at the County level that are necessary to reduce unnecessary incarceration of people with mental illnesses. It will use the publication “Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need To Ask” to stimulate an interactive discussion about efforts in their communities to address the overrepresentation of people with mental illnesses in their jail. These topics will include screening and assessment of behavioral disorders, collecting baseline data and measuring progress, information sharing, and policy options.



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## Objectives

- Discuss the effectiveness of current efforts to work with persons who have mental illness who are involved with the justice system;
- Identify key elements in pre- and post-booking diversion initiatives to impact jail prevalence rates of mental illnesses; and
- Review the requisite treatment, supervision, and supports for people returning to communities from correctional settings.

## **B.) Screens, Tweens, and Teens: What Do We Know and What Can We Do?**

Christian F. Mauro, Ph.D.

A recent finding by the Common Sense Media Census (October, 2017) found that tweens (8-12) use an average of six hours and teens (13-18) use an average of nine hours of entertainment media per day, not including time spent using media for school or homework. As more and more of our children's lives are spent consuming media on screens, there is growing concern about the impact this has on their cognitive, social, and emotional development. This breakout session will review the most recent research, the most common concerns, and what clinicians and families can do to help tweens and teens navigate this area.

By the end of the session, participants will learn the most relevant research related to gaming and problematic media use, how this is connected to social and emotional well-being, and what clinicians can do to work effectively with tweens, teens, and their families.

## Objectives

- Define gaming addictions and video games;
- Identify problematic media use;
- Discuss social well-being; and
- Describe clinical implications.

## **C.) Mental Health Diagnoses in IDD (Intellectual Developmental Disabilities)**

Jill Hinton, Ph.D. and Anne LaForce, M.A.

People with intellectual and developmental disability (IDD) experience mental health conditions at a higher rate than the general population. Over 30% of individuals with IDD have co-occurring psychiatric disorders. Yet, they are often underdiagnosed or misdiagnosed due to lack of knowledge of the impact of underlying vulnerabilities related to developmental disability. This session will focus on some of the most common challenges associated with assessing and diagnosing mental health conditions in individuals with IDD. The importance of a biopsychosocial approach will be discussed.

## Objectives

- Review core deficits in people with IDD;
- Identify and become familiar with the four key challenges in assessment and diagnosis in individuals with IDD; and
- Describe the impact of biopsychosocial vulnerabilities on presenting symptoms.

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## **D.) Office-Based Opioid Treatment (OBOT): What Is It and How Does It Work?**

Jim Finch, M.D.

In response to the continuing opioid epidemic, it is critical that individuals have access to effective, evidence based treatment, including Medication-Assisted Treatment (MAT) with buprenorphine and naltrexone. Incorporating these modalities into medical and/or mental health office-based practices can be a vital component of improving this needed access, while also increasing the potential for collaborative medical and counseling services.

### Objectives

- Identify benefits and challenges of making Medication-Assisted Treatment (MAT) for opioid addiction available in the office-based setting;
- Define MAT basics including the pharmacology of buprenorphine and naltrexone formulations and the process of induction, stabilization and monitoring; and
- Discuss issues related to referral and collaboration between medical and counseling staff related to MAT.

12:15 p.m. – 1:30 p.m.

## **Lunch Provided and Visit Exhibitors**

1:30 p.m. – 3 p.m.

## **Afternoon Breakout Session I**

### **A.) Moving Beyond Burnout Toward Physician and Provider Wellness and Engagement**

Samantha Meltzer-Brody, M.D.

Provider burnout is a nationwide complex and systemic issue that is receiving increasing attention from those both within and outside the field of healthcare. Medicine is facing an era of rapid and continuous change in nearly every way: payment models, technology, standards for clinical practice, and consumer driven healthcare. These stressors have been documented to contribute to physician and provider burnout that can lead to decreased productivity, increased medical errors, poorer patient satisfaction, and provider attrition. Therefore it is critical to develop novel approaches to address the impact of burnout on physicians and providers.

### Objectives

- Describe symptoms and impact of burnout on the individual, their family, patients and overall health care system;
- Discuss individual level interventions that may increase resilience and engagement; and
- Review system level interventions needed to decrease provider burnout and increase engagement.

### **B.) Update on Autism Treatment and Pediatric Antipsychotic Treatment**

Linmarie 'Lin' Sikich, M.D.

This session will review current treatment strategies in autism; discuss new pharmacologic and behavioral strategies being explored that investigators hope will improve functioning in individuals with autism spectrum disorders; and review the current issues and guidelines related to the use of antipsychotics

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in children. There will be opportunities for discussion of clinical vignettes. In addition, opportunities for clinicians and families in NC to participate in ongoing and upcoming studies in these areas will be discussed.

## Objectives

- Identify at least two treatments that have been demonstrated to improve functioning in children and youth with autism spectrum disorders (ASD);
- Describe one effort that is underway to improve the lives of people with ASD; and
- Discuss three things that should be monitored regularly when youth are treated with antipsychotics.

## **C.) At the Crossroads of Behavioral Disorders and the Judicial System Recovery Courts: Same People, Different Outcomes.**

Judge Joe Buckner

This session will provide information about the Recovery Court model in use in North Carolina Judicial District 15B since 2000. This innovative model manages therapeutically, rather than punitively, the criminal cases of certain persons deemed to have severe and persistent mental illness.

## Objectives

- Discuss the Recovery Court Model;
- Describe ideas for Community Collaborative Model; and
- Discuss the financial implications of the Recovery Court Model.

## **D.) Therapeutic Community Model of Treatment**

Paul Nagy, LPC, LCAS, CCS

Therapeutic communities (TCs) are a long established and proven level of care for treating severe substance use disorders. Though little known and often misunderstood, the TC model uses a peer directed “community as method” approach and is typically provided within a long term residential setting. In response to the evolving science of addiction and recovery informing the development of a range of evidence based behavioral therapies, a number of TCs now blend traditional TC methods with more clinically oriented services. This workshop is intended to provide participants with a better understanding of the TC model and how and why it is effective. Staff and residents from TROSA, a therapeutic community operating for 25 years in Durham, North Carolina, will review their program experience as an example of a program that represents a comprehensive, integrated model of TC treatment.

## Objectives

- Identify the role of the community within the model of therapeutic communities;
- Identify the specific interventions used within traditional as well as modified therapeutic communities; and
- Discuss experiences of those who have participated in therapeutic communities.

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3 p.m. – 3:30 p.m.

## **Break Provided and Visit Exhibitors**

3:30 p.m. – 5 p.m.

## **Afternoon Breakout Session II**

### **A.) Acceptance and Commitment Therapy (ACT): What's All the Fuss About?**

Rhonda M. Merwin, Ph.D.

Acceptance and Commitment Therapy (ACT) is an evidence based contemporary cognitive behavioral therapy (CBT) that is gaining widespread interest and support for treating an array of clinical issues. Rather than change difficult or compelling thoughts and feelings, ACT focuses on increasing individuals' ability to behave in ways that are flexible, effective, and consistent with personal values in their presence. This session will provide an overview of the ACT model and the current state of the evidence (which is changing rapidly). Participants will sample ACT intervention strategies to facilitate a deeper understanding of the model and how it may be used to broadly improve human functioning and adaptability.

#### Objectives

- Identify the core principles of the ACT model; and
- Describe ACT's evidence base, including areas in which additional research is needed.

### **B.) Gender Variance Awareness**

Echo Meyer, M.D.

It was once believed that the distribution of gender was bimodal. Gender was thought of as being primarily determined by physical anatomy and socialization. A closer review of gender has led to the understanding that gender actually flows along a continuum. This session will provide an overview of gender dysphoria, gender variance, and the implications of the gender binary. The provision of care to the gender variant population in integrated care settings and emergent psychiatric complications will be explored. Attendees will have the opportunity to discuss case scenarios, share their own experiences, enhance awareness and gain increased knowledge and confidence with gender variant inclusive treatment.

#### Objectives

- Review the insight and knowledge into the experience of Gender Dysphoria;
- Describe the assessment of gender identity and gender expression following World Professional Association for Transgender Health (WPATH) standard of care guidelines; and
- Discuss current treatment guidelines for gender non-confirming clients between the ages of 10-24.

### **C.) A Clinician's Update for Bipolar Disorders**

John Beyer, M.D.

Bipolar Disorder has been recognized for centuries as a cycling mood disorder, but the past decade has witnessed a marked decrease in its stigmatization among the general population with a resulting increase in its diagnosis and treatment. This course is presented to update



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clinicians about the evolving understanding of bipolar disorder. We will provide an overview of bipolar disorders in adults, highlighting its signs and symptoms, risk factors, available treatment options, and resources for help.

## Objectives

- Review our current definition of bipolar disorder and describe the common signs, symptoms, risk factors, and methods of diagnosis;
- Discuss the evolving concept of bipolar disorder as understood by recent neuroimaging and genetic research;
- Describe the prevalence and course of the illness and the impact of the illness on the individual, family, and community with particular attention to marriage relationships, work, and suicide; and
- Summarize effective therapy interventions, medication management, and resources for support.

## **D.) Paying Attention to Social Determinants of Substance Use Disorder: A Matter of Life and Death**

Rita Anita Linger, Ph.D.

This session will focus on and describe a variety of social determinants, and the way these affect and influence those who are pre-disposed to or have substance use disorders.

## Objectives

- Describe the social determinants of substance use disorders;
- Describe interventions to lessen the effects of those determinants; and
- Review the uses of those interventions in assisting persons with substance use disorders.

## **March 1, 2018**

9 a.m. – 9:30 a.m.

### **Opening Plenaries**

#### **North Carolina Statewide Opioid Update**

Attorney General Josh Stein, B.A., J.D., M.P.P.

The plenary session will discuss North Carolina's response to the Opioid epidemic.

9:30 a.m. – 10:30 a.m.

#### **Treating Addiction in North Carolina: A Collaborative Effort**

Robyn Jordan, M.D., Ph.D.

This session will briefly discuss some initiatives in addiction treatment in North Carolina, including the inauguration of two Addiction Medicine fellowships slated to begin in July, 2018, as well as the creation of interprofessional teams that are collaborating to maximize patient care. Following this will be a panel discussion consisting of a treatment team and patient from the UNC Horizons program.

## Objectives

- Identify the two new Addiction Medicine Fellowships in NC;
- Discuss how interprofessional collaborations can be used in addiction treatment; and

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- Describe how Medication Assisted Treatment (MAT) can be used as a tool in addiction treatment.

10:30 a.m. – 10:45 a.m. **Break Provided and Visit Exhibitors**

10:45 a.m. – 12:15 p.m. **Morning Breakout Session**

## **A.) New and Emerging Treatments for Mild TBI (Traumatic Brain Injury) / Concussion**

Wesley R. Cole, Ph.D.

Advancing care for concussion and related symptoms requires research into valid and clinically feasible assessment measures as well as into novel treatment modalities. The Defense and Veterans Brain Injury Center (DVBIC) is conducting such research with active duty service members and veterans across numerous military sites. This breakout session will review DVBIC's emerging research on assessment and treatment of post-concussion symptoms. An emphasis will be placed on the DVBIC Clinical Recommendations for rest and activity restriction (i.e. Progressive Return to Activity). Though this talk will be based on research in military populations, the information may also be applied to civilian populations. Whenever possible, research findings will be translated to practical application, and limitations in current clinical approaches and future directions for improving clinical practice will be discussed.

### Objectives

- Identify current limitations with post-concussion assessments;
- Describe potential future directions for improving assessments metrics;
- Describe new and emerging treatments for post-concussion symptoms; and
- Discuss a clinical recommendation for progressively returning a patient to activity after concussion.

## **B.) Kids Can't Leave: The Effects of Intimate Partner Violence on Children**

Melinda Manning, J.D., MSW, LCSWA

About 1 in 7 children are exposed to intimate partner violence (IPV) during their childhood. If not addressed, the violence can have significant long term effects on children's mental health, physical health, behavior, and relationships. This workshop will explore some of the myriad ways that children can be impacted by IPV as well as strategies to help foster their resiliency and lessen the negative impacts.

### Objectives

- Describe the short and long term impacts of IPV on children;
- Identify situations in which exposure to IPV requires reporting to child protective services; and
- Describe strategies to foster resiliency of children exposed to IPV.

## **C.) Cognitive Behavioral Therapy for Insomnia**

Melanie Leggett, Ph.D., C.B.S.M.

Chronic insomnia is prevalent in the general population and a common co-morbidity with many medical and psychiatric disorders. Faced with few alternatives, many healthcare providers resort to prescribing sleep

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medications which are largely ineffective for the long-term management of insomnia. Cognitive Behavioral Therapy for Insomnia (CBT-I) is a non-pharmacologic insomnia treatment that is now recognized as the best evidence based treatment approach for insomnia. This session will provide an overview of CBT-I, including its theoretical framework, treatment components, and efficacy.

## Objectives

- Review the conceptual model of insomnia and the therapeutic rationale for CBT-I;
- Describe CBT-I and the treatment components; and
- Discuss the indications and contraindications for CBT-I.

## **D.) Executive Functions: Conceptual Foundations, Assessment, and Clinical Applications**

Ken Benedict, Ph.D.

The term “executive functioning” has become an increasingly recognized construct in the field of neuropsychology and the practice of psychology in general. From a historical perspective, the study of executive functions has its roots in the assessment and treatment of individuals with various forms of head injury or medical-neurologic disorders, although over the last two decades the study of neurodevelopmental disorders has become another central thrust in the understanding of executive functions. Concurrently, the burgeoning interest in executive functions has also resulted in the application of this concept to a number of well-established psychiatric disorders.

This session will review the convergence of research and practice related to acquired, developmental, and psychiatric disorders that bear on executive functioning, and hence the material presented will apply to children, adolescents, and adults. Encompassed within this foundational context will be a more specific review of the broad array of different executive functions, with an appreciation of the need for greater clarity of terms and an organizational heuristic. Some of the most effective assessment tools currently available for evaluating executive functions will be examined, and clinical examples and applications will be provided, that are relevant not only for the neuropsychologist, but for any mental health professional involved in assessment and treatment of psychiatric and psychological disorders.

## Objectives:

- Identify the historical underpinnings related to the most current conceptual understanding of executive functioning;
- Identify methods to evaluate executive functioning at a behavioral and clinical level in the absence of standardized assessment tools; and,
- Discuss different options available to help support and attenuate problems with executive functioning and apply them to clients.

12:15 p.m. – 1:20 p.m.

**Lunch Provided and Visit Exhibitors**

# Agenda

- 1:20 p.m. – 1:30 p.m.     **Presentation: The Fourth Annual Advancing Evidenced Based Practices Award**
- 1:30 p.m. – 2:30 p.m.     **Addiction and Recovery – The Family Experience**  
Paul Nagy, LPC, LCAS, CCS  
Substance Use Disorders impacts the individual and their family system. This session will provide an overview of the complexity of the process of family engagement and structure in treatment. These families deal with various challenges in their lives and it is important to emphasize their strength and resiliency.  
Objective:
  - Describe how substance use disorders can affect a family;
  - Discuss treatment options.
- 2:30 p.m. – 3:15 p.m.     **Closing Plenary**  
**The State of Mental Health Services in North Carolina**  
Secretary Mandy K. Cohen, M.D., M.P.H.  
This plenary session will provide an update on mental health, substance abuse and intellectual developmental disabilities services in North Carolina.  
Objectives
  - Describe the current service delivery system in North Carolina and prospective changes to occur in 2018; and
  - Discuss how providers can be prepared for these changes to ensure the needs of consumers are met.



## The Annual Advancing Evidence Based Practices Award

The NCEBP Center's Annual Advancing Evidence Based Practices Award was established in 2014 to recognize an individual or agency that best exemplifies the advancement of Evidence Based Practices in the mental health field in North Carolina.

The award works to identify evidence based practice efforts made in research, staff and workforce development, implementation, and demonstration of measurable outcomes.

Criteria for selection include, but are not limited to:

- 1) Staff training provided on the use of evidence based models. The models selected are recognized as Evidence Based through SAMSHA
- 2) Models of Evidence Based Practices identified in program information: The models used by a given agency/individual are listed on websites, program literature, and so on.
- 3) Adherence to the fidelity of the models is demonstrated.
- 4) Outcome indicators have improved as a result of the utilization of the Evidence Based Practices.

Future Nomination Process:

The NC EBP Center will announce a "Call for Nominations" in November of each year. There will be a form to be completed by the nominating party that describes the criteria, and how the person/agency met the criteria. A selection committee based at SR-AHEC will review nominations and decide the selectee. The presentation will occur at each Clinical Update and Psychopharmacology Review in all subsequent years.

# Speaker Biographies

**Ken Benedict, Ph.D.**, Founder and Co-Director of the Center for Psychology & Education, PLLC. He is a Licensed Psychologist and Certified Health Care Provider in North Carolina. His interests and specialties include: psychological, psychoeducational, and developmental neuropsychological assessment with students who are three years of age or older, into adulthood; parent and school consultation; adolescent development; individual and family therapy; and pre-trial and post-conviction legal evaluations in capital cases. He has over 20 years of experience working with students who present with neurodevelopmental disorders including: attention and/or the full spectrum of learning disorders; pervasive developmental disorders; and traumatic brain injuries. He has a specific interest in students who are intellectually gifted and of “twice exceptional status.” Ken also enjoys consulting with public and private schools in developing appropriate student support plans, and with standardized testing agencies in the role of policy development and disability documentation reviews.

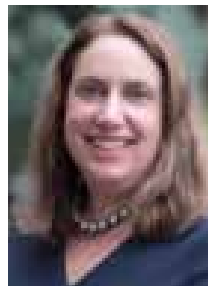
Ken's undergraduate training in psychology was completed at Dartmouth College; he received his master's and doctoral degrees from the University of North Carolina at Chapel Hill and completed clinical internships and postdoctoral training at Harvard Medical School, based primarily at the Massachusetts General Hospital in Boston, with secondary rotations at Mass Mental, McLean Hospital, and Boston's Children's Hospital. Before starting the Center for Psychology and Education, Ken worked in the Psychiatry Department at Massachusetts General Hospital, and locally at Chapel Hill Pediatric Psychology and North Carolina Neuropsychiatry. He has also held adjunct appointments at UNC where he has been involved in graduate-level teaching of developmental psychopathology and supervision of clinical psychology students.



**John Beyer, M.D.**, Professor of Psychiatry at Duke University Medical Center where he is the Director of the Geriatric Psychiatry division. He also serves as the director of the Duke Mood Disorders Clinic and is the Medical Director of the Duke Psychiatric Outpatient Clinic. He is board certified in Psychiatry (since 1995) and board qualified in Geriatric Psychiatry (since 1996).

Dr. Beyer completed his medical degree from Southwestern Medical Center at Dallas in 1989, and his residency in psychiatry at Duke University Medical Center in 1993. Prior to his return to Duke, Dr. Beyer was on the faculty at Vanderbilt University Medical Center serving as the Director of the Inpatient Services at the Nashville VA Hospital, and the interim Director of the Vanderbilt Mood Disorder Clinic. He has been active in community mental health programs, previously serving as the Medical Director for Agape Counseling Services in Nashville, TN, and Golden Care, a geriatric day program in Rock Hill, SC.

Dr. Beyer's main research is in the etiology and treatment of mood disorders, with special emphasis in the elderly population. He has written numerous journal articles and chapters on mood disorders in the elderly and in the neuroimaging of bipolar disorder. He has also published a textbook on ECT. Dr. Beyer has active studies in mood disorders sponsored by the National Institute for Mental Health and various pharmaceutical companies. Dr. Beyer maintains an active outpatient practice and teaches advanced psychopharmacology classes for Duke psychiatric residents. In addition, he is active in the local community, serving as the board chair for the Durham County Center for Senior Life



**Samantha Meltzer-Brody, M.D., MPH**, Associate Professor and Associate Chair of Faculty Development in the Department of Psychiatry. She is the Director of the UNC School of Medicine Wellness Initiative including the physician mental health Taking Care of Our Program and the institutional Integrated Emotional Support Program.

She also serves as Director of the UNC Perinatal Psychiatry Program of the UNC Center for Women's Mood Disorders.

Dr. Meltzer-Brody is the recipient of multiple NIH-funded grants that investigate epidemiologic and genetic predictors of postpartum mood disorders. She maintains an active clinical practice in both perinatal psychiatry and physician mental health and has published over 120 manuscripts and book chapters. She is a frequent contributor to the media including the New York Times, NPR, CNN, Huffington Post, and Time Magazine. Dr.



# Speaker Biographies

Meltzer-Brody is the 2016 recipient of the North Carolina Psychiatric Association Eugene A. Hargrove, M.D. Mental Health Research Award and past awardee of the Triangle Medical Journal "Top-10 Woman in Medicine" and the Arnold D. Kaluzny Distinguished Alumni Award from the UNC School of Public Health.



**Judge Joe Buckner**, Chief Judge of the North Carolina 15-B Judicial District serving Orange and Chatham counties. He was elected in 1994 as District Judge of 15-B and appointed Chief Judge in 1996 by the Chief Justice of the North Carolina Supreme Court. He received his J.D. degree from UNC in 1987 and was a partner in the

law firm Epting & Hackney from 1983-1994.

He has served as the President of the NC Association of District Court Judges Association and the NC Conference of Chief District Court Judges. Additionally, he has been an Appointee to the NC Governors' Crime Commission. He has received the John Baggett Award from the North Carolina Chapter of the National Alliance on Mental Illness.

Judge Buckner's specialized areas of study and training are Sexual Crimes Against Children, Drug and Alcohol Courts and Recovery, Mental Health Courts and Stabilization, Making Court Accessible for the Hearing Impaired, and the NC Child Support Council. Judge Buckner started North Carolina's first Mental Health Court to address unique needs of people with mental disabilities in criminal court proceedings as well as 15-B's first Drug Treatment Courts. Some of his other accomplishments for the Judicial District include beginning and refining two specialized Domestic Violence Courts and organizing Family Dependency Drug Courts.



**Wesley Cole, Ph.D.**, Senior Clinical Research Director for the Defense and Veterans Brain Injury Center (DVBIC) at Fort Bragg and a neuropsychologist with the Fort Bragg Intrepid Spirit center. He received a bachelor's degree in Psychology from James Madison University. He then received masters and doctoral degrees in Clinical

Psychology from the University of South Carolina. He completed a predoctoral internship and postdoctoral fellowships in pediatric psychology and neuropsychology

at the Kennedy Krieger Institute, an affiliate of the Johns Hopkins School of Medicine. In 2009, he joined the Womack Army Medical Center's Concussion Care Clinic, which has since moved into the Intrepid Spirit center, a state of the art facility providing comprehensive and holistic care of brain injury and related problems. Looking to expand his roles into research activities, he joined DVBIC at Fort Bragg in 2010. He became the Senior Clinical Research Director for DVBIC in 2013 and in this role he oversees a continually growing program of research that focuses on improving the way we understand, evaluate, and treat brain injury in service members. He has authored or co-authored over 20 peer reviewed publications and frequently presents at conferences and professional meetings on various topics related to brain injury.



**James W. Finch, M.D., FASAM**, was initially trained in Family Medicine. Following residency in Lancaster Pennsylvania and a fellowship at Duke University, he stayed on the faculty there with joint appointments in Family Medicine and Psychiatry and helped found and co-direct the Duke Addictions Program.

After leaving Duke he worked for many years in community mental health settings before opening a collaborative addiction and mental health practice in Durham called Changes By Choice, while continuing to be active in training and consultation.

Dr Finch is a Distinguished Fellow of the American Society of Addiction Medicine, Past-President of the NC Society of Addiction Medicine and Director of Physician Education for the Governor's Institute on Substance Abuse.

In his role with the Governor's Institute he develops and implements statewide clinical trainings, including co-directing the regional Addiction Medicine Conference held in Asheville each spring for the past 8 years.



**Jill Hinton, Ph.D.**, is a Clinical Psychologist with over 30 years of experience working with people with intellectual disabilities, autism spectrum disorders, and mental illness. Dr. Hinton is the Clinical Director with for The Center for START Services where she provides consultation and

# Speaker Biographies

training to START teams across the country as well as facilitating a monthly Clinical Directors Study Group. She currently serves as Project Manager for New York and is actively supporting the NY START teams through implementation of the model.

During her career, she has worked with the Autism Society of NC and The Arc of NC in provision of supports to individuals and families. More recently, she was the VP of Clinical Services for Easter Seals UCP NC & VA. In collaboration with the Medical Director, she oversaw the provision of services and supports to individuals with intellectual/developmental disability, autism spectrum disorder, and mental illness. She continues to provide clinical consultation to NC START and VA START in the provision of crisis intervention and prevention supports to individuals with developmental disabilities and co-occurring behavioral health issues.

Dr. Hinton provides consultation to the NC Practice Improvement as chair of the DD Subcommittee for the NC-PIC which researches and reviews emerging best practices in the field of IDD. Her interests include autism spectrum disorder, I/DD and co-occurring behavioral health disorders, and trauma informed approaches.

She obtained her B.S. in psychology from North Carolina State University and her Ph.D. in psychology from the University of North Carolina, Chapel Hill.



**Robyn A. Jordan, M.D., Ph.D.**, is a clinical assistant professor at UNC School of Medicine, department of psychiatry. Dr. Jordan trained at The University of Texas at Dallas, earning a BS in Molecular Biology, followed by The Pennsylvania State University, earning a PhD in biochemistry focusing on cancer research. Dr. Jordan came

to North Carolina for a postdoctoral fellowship at UNC and ultimately chose to go to medical school. She did a residency in psychiatry at UNC and focused on addiction medicine. She now spends her time working between UNC Chapel Hill and WakeBrook in Raleigh, with an interest in addiction medicine and improving systems of care for addiction treatment. Dr. Jordan spearheaded the creation of the UNC Addiction Medicine fellowship that will begin in July, 2018.



**Melanie K. Leggett, Ph.D., C.B.S.M.**, is a clinical psychologist in the Behavioral Sleep Medicine Clinic at the Veterans Affairs (VA) Medical Center (Durham, NC) and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center. She trains psychology

interns, post-doctoral psychology fellows, and neurology fellows on evidence based practice in behavioral sleep medicine. She also serves as an expert consultant in the VA Cognitive Behavioral Therapy for Insomnia Training Program, training VA providers nationwide to implement cognitive behavioral insomnia therapy. She received her doctorate in Clinical Psychology from the University of Memphis in 2001 and obtained certification in Behavioral Sleep Medicine from the American Academy of Sleep Medicine in 2004.



**Anne La Force, M.A.**, is the Clinical Director for the NC START Central Program and a member of the National Consultant team for the Center for START Services. Anne is a clinical psychologist with over 17 years of experience in the fields of intellectual/developmental disabilities and mental health conditions. She specializes

in providing assessment, consultation and intervention services for adults with developmental disabilities and co-occurring behavioral health issues. Anne also provides training and consultation to community-based providers on multiple topics including dual diagnosis, crisis prevention and planning, trauma, and positive behavioral supports.



**Rita Anita Linger, Ph.D., CPC, CMBP**, is a Human Scientist and the Executive Director of Recovery Communities of North Carolina (RCNC). She has worked as a mind-body therapist, an academic researcher and as an advocate within government/legislative and community systems both nationally and internationally advocating on

behalf and working with those suffering from substance use disorders, their families, allies and other support systems. She is an award-winning community health and

# Speaker Biographies

wellness professional, having worked within healthcare and community systems to improve the quality of care for both healthcare consumers and those who work with them by creating patient-centric programming/ services and selfcare supportive therapies for those who work with patients/consumers. She is an Integrative Health Practitioner with a background and practice in Contemporary Neuroscience, Psycho-Physiology, Mind-Body Medicine, Psychology, Holistic Therapy and Business. Her work also focuses on the impact on individuals and communities of trauma, poverty, substance use disorders, chronic disease and mental illness.

She understands well the impact of addiction as she is a mother who has lost two children to a substance use disorder (one to an opioid overdose), as well as two nephews and her younger sister. She commits her life to service and is an internationally renowned community advocate, organizer, trainer, facilitator, holistic therapist, university professor and published author. Dr. Linger serves as Supervisor/Faculty with the Center for Mind-Body Medicine, since 2009. She has worked to promote resiliency and reduce experiences of trauma both in the U.S. and internationally for over 30 years. Dr. Linger is also a corporate systems efficiency expert and coach working with Fortune 500 corporations and non-profits to increase their efficiency, build effective teams and leaders, resolve conflict, enhance performance, create a culture of wellness and implement diversity initiatives. She is a family member of a person in long term recovery and a recovery ally.



**Melinda Manning, J.D., MSW, LCSWA,** is the director of UNC Hospital's Beacon program. She coordinates a multidisciplinary team that works with patients and hospital employees experiencing child abuse, domestic violence, sexual assault, vulnerable adult abuse, and human trafficking.

She also serves as secretary of the Board of Directors for the North Carolina Coalition Against Sexual Assault. She presents and writes about intimate partner violence, ethics, victim advocacy and Title IX.



**Chris Mauro, Ph.D.,** is an Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences and Division of Medical Psychology at Duke University Medical Center. Dr. Mauro is the Director of the Psychosocial Treatment Clinic where he supervises and trains graduate students, psychology interns, and

psychiatry residents on evidence based practice for children and adolescents. He received his doctorate in Clinical Psychology from Miami University in Ohio and completed his internship at Duke University Medical Center. Dr. Mauro has been a certified cognitive behavioral therapist on a number of NIMH funded clinical trials including The Child and Adolescent Anxiety Multimodal Treatment Study (CAMS) and the Pediatric Obsessive Compulsive Treatment Study II (POTS II). He specializes in individual and family therapy for children with anxiety disorders.



**Rhonda Merwin, Ph.D.,** is an Assistant Professor at Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, and the Founder and Director of the ACT at Duke Program. Dr. Merwin completed her Ph.D. at the University of Mississippi under the mentorship of Dr. Kelly Wilson and a clinical internship and

NIH-sponsored postdoctoral fellowship in Behavioral Medicine at Duke before joining the Duke faculty in 2008. Her research program focuses on the mechanisms and treatment of eating disorders (generally and among individuals with type 1 diabetes) and is funded by NIMH and NIDDK. Her forthcoming book (to be published by Guilford Press) provides clinical guidance on using Acceptance and Commitment Therapy (ACT) to treat anorexia nervosa. Dr. Merwin is a peer-reviewed ACT trainer. She regularly provides ACT workshops for professionals and is core teaching faculty at the Duke School of Medicine.

# Speaker Biographies



**Echo Meyer, Ph.D.**, graduated Summa Cum Laude from Emory University, with a B.A in Psychology and Biology. Dr. Meyer completed graduate school with the University of Massachusetts with training in Boston and Cambridge hospitals. Dr. Meyer completed a Child and Adolescent Internship and Child and Adolescent Fellowships at

the University of North Carolina. Dr. Meyer is a licensed Clinical Psychologist. After graduating from fellowship, Dr. Meyer joined the Departments of Psychiatry and Pediatrics with the University of North Carolina School of Medicine Consultation and Liaison Programs (2004). Throughout Dr. Meyer's career, the experience of multidisciplinary care has been prominent. Dr. Meyer is experienced in working with individuals and family in various stages of personal transition. Dr. Meyer formalized the Gender Equality clinic at UNC this year along with her colleagues in psychiatry, endocrinology, primary care, and surgery. The UNC Gender Equality Psychiatry clinic provides integrated and coordinated, high-quality and gender-informed care for transgender and gender non-conforming individuals and their families exploring or undergoing gender affirming treatment in the state of North Carolina and the local Southeast region.



**Paul Nagy, M.S., LPC, LCAS and CCS**, is an Assistant Professor in the Duke University School of Medicine where he has served as Program Director of the Duke Addictions Program and Director of Substance Abuse Clinical Training and Consultation in the Duke Department of Psychiatry and Behavioral Sciences for the

past 29 years. Mr. Nagy has over 34 years of clinical, administrative and teaching experience and conducts seminars and workshops to audiences throughout the United States. Mr. Nagy has also worked as an Expert Content Director overseeing the development of Treatment Improvement Protocols and Technical Assistance Publications for the Center for Substance Abuse Treatment and is a member of the Motivational Interviewing Network of Trainers (MINT).



**Linmarie Sikich, M.D.**, a child and adolescent psychiatrist, is an Associate Professor in the Department of Psychiatry and Behavioral Sciences and Associate Director of the Duke Center for Autism and Brain Development since 2015. Dr. Sikich received her BA, MA in developmental neurobiology and

MD from Washington University in St. Louis, Missouri and completed her general psychiatry residency and child psychiatry fellowship at Yale University. She also participated in the Yale Child Psychiatry Postdoctoral Training Program, prior to joining the faculty at University of North Carolina- Chapel Hill from 1995-2015. Dr. Sikich's research focuses on developing and evaluating interventions for neurodevelopmental disorders including autism spectrum disorders and early onset psychotic disorders. She has participated in over 50 randomized clinical trials for these disorders and has led three multi-site pediatric psychopharmacology studies. She has conducted additional research focused on reducing the adverse effects associated with treatments, such as reducing antipsychotic-associated weight gain. She is currently the Director of the ACE SOARS Network, which completed randomization of 290 children 3-17 years with autism spectrum disorder into a 6 month double blind placebo controlled trial of intranasal oxytocin, followed by 6 months of open label treatment and is currently being analyzed. She is beginning new studies looking at the multiyear safety of risperidone and aripiprazole in children and treatment strategies for very young children with autism and ADHD as part of the new NIH Duke Autism Center of Excellence (ACE).



# Credits, Fees, and Statement

## Professional Credit

AMA PRA Category 1 Credits™: 10.0 hours

## Credit Statement

Southern Regional AHEC designates this live activity, for a maximum of 10.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Accreditation

The activity has been planned and implemented in accordance with the Essentials and Standards of the North Carolina Medical Society through the joint sponsorship of Southern Regional AHEC and Duke Department of Psychiatry, UNC Department of Psychiatry, North Carolina Psychological Association North Carolina Psychiatric Association, North Carolina Division of MH/DD/SAS, and Governor's Institute on Substance Abuse. Southern Regional AHEC is accredited by the NCMS to provide continuing medical education for physicians.

## Disclosure Statement

Southern Regional AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Disclosure of faculty/planning committee members and commercial relationships will be made known at the activity. Speakers are also expected to openly disclose any discussion of any off-label, experimental, or investigational use of drugs services in their presentations.

## For Non-Physicians (Physician Assistants and Nurse Practitioners)

Additional Credit - Other health professionals will receive Southern Regional AHEC CEU and/or contact hours and a certificate of attendance from an AMA PRA Category 1 Credits™ activity. These certificates are accepted by the NC boards for physician assistants, nurse practitioners, nurses, physical therapists and athletic trainers. License requirements are subject to change. Southern Regional AHEC recommends that participants contact their licensing boards with specific questions. Southern Regional AHEC will provide 1.0 Continuing Education Units (10.0 contact hours) to participants upon completion of this activity.

## CEU and Contact Hours

Southern Regional AHEC will award 1.0 CEUs to each person who attends 100% of the program.

Southern Regional AHEC will award 10.0 Category A contact hours for NC psychologists who attend 100% of the program. Attendance verification will be required.

## NAADAC

SR-AHEC adheres to NAADAC Education Provider Guidelines Provider #843 (Substance Abuse Credit).

## NBCC

Southern Regional AHEC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5362. Programs that do not qualify for NBCC credit are clearly identified. Southern Regional AHEC is solely responsible for all aspects of the programs.

Credit will be awarded to participants who attend 100% of the program.

## Nursing

10.0 contact hours, CNE, will be awarded to nurses who attend 100% of the activity; credit is awarded by day. Day 1: 5.75; Day 2: 4.25. Southern Regional AHEC is an approved provider of continuing nursing

education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## ACPE

5.75 hours - Day 1  
ACPE#

4.25 hours - Day 2  
ACPE#

*In collaboration with UNC Eshelman School of Pharmacy.*



The University of North Carolina Eshelman School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. To receive CE credit, attendance must be acknowledged at the registration desk upon arrival at the program. Statements of credit will be uploaded to CPE Monitor within 4-6 weeks of completion of program. Participants will have access to print CE certificates from their CPE Profile under CPE Monitor.

Disclosure: Southern Regional AHEC adheres to the ACPE policies regarding commercial support. Disclosure of faculty/planning committee members and commercial relationships will be made known of the activity. Speakers are expected to openly disclose a discussion of any off-label, experimental or investigational use of drugs or devices in their presentations.

Participants must attend 100% of program time to receive credit. Partial credit will not be rewarded.

## Conference Registration Fee

\$189.00 for both days, if registration and payment are received by February 18, 2018; \$199 thereafter.

\$109 for one day, if registration and payment are received by February 18, 2018; \$119 thereafter.

## Substitutes/Refunds/Transfers - Information

If you register for a program and are not able to attend, you may:

- Send a substitute;
- Cancel three business days before the program and obtain a refund for 70% of the registration fee; or
- Cancel three business days before the program and receive a voucher for 100% of the registration fee for use at one future Southern Regional AHEC Mental Health program.
- Cancellations less than three business days before the program are non-refundable. If you register for a program you don't attend and don't pay, you will be billed for the full amount of the program registration fee.

## For questions regarding educational content or professional credit, please call:

La-Lisa Hewett-Robinson, MA, Administrator of Mental Health Continuing Education Southern Regional AHEC  
(910) 678-7293 / La-Lisa.Hewett-Robinson@sr-ahec.org

Melanie Wheeler, Program Assistant for Mental Health CE  
910-678-7209 / Melanie.Wheeler@sr-ahec.org

## Hotel Information

To make reservations at Raleigh Marriott Crabtree Valley with a discounted hotel group rate, [click here](#).





# Registration

Form may be duplicated.

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

**Online:** <https://www.southernregionalahec.org/courses-and-events/54046>

**Mail:** SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

I will attend:

- Both Days - \$189.00 before February 18, 2018; \$199 thereafter.
- February 28th only - \$109 before February 18, 2018; \$119 thereafter.
- March 1st only - \$109 before February 18, 2018; \$119 thereafter.

Circle one: Dr. Mr. Mrs. Ms.

Name		Last 4 digits of SS#	
Certifications/Degrees	Specialty Area	Are you an NCC?	
Employer	Job Title		
Work Address	City	State	Zip Code
Home Address	City	State	Zip Code
Phone (work)	(home)		

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)
<input type="checkbox"/> <u>Do not</u> send email announcements of upcoming SR-AHEC programs. <input type="checkbox"/> <u>Do not</u> share my information with participants and/or exhibitors.	

Special Needs / Food Allergies

## Payment Information

<input type="checkbox"/> Check (Make payable to SR-AHEC)	
<input type="checkbox"/> Mastercard / Visa #	Expiration Date (mm/yy)
Name on Card	Signature

The handouts for the program will be provided online. Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to:  
[https://www.southernregionalahec.org/?page\\_id=6196](https://www.southernregionalahec.org/?page_id=6196)

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

SR-AHEC.org  
1601 Owen Drive • Fayetteville, NC 28304  
(910) 678-7226

Southern Regional  
**AHEC** | Area Health  
Education Center

# Registration Form

Please choose one Breakout Session from each time frame for the day(s) you are attending. You will automatically be registered for the plenary sessions.

## Day 1 – February 28

### 10:45 a.m. – 12:15 p.m.

- A. Reducing the Number of People with Mental Illnesses in Your County Jail: Answering Six Questions to Guide Your Effort
- B. Screens, Tweens, and Teens: What Do We Know and What Can We Do?
- C. Mental Health Diagnoses in IDD (Intellectual Developmental Disabilities)
- D. Office-Based Opioid Treatment (OBOT): What Is It and How Does It Work?

### 1:30 p.m. – 3 p.m.

- A. Moving Beyond Burnout Toward Physician and Provider Wellness and Engagement
- B. Update on Autism Treatment and Pediatric Antipsychotic Treatment
- C. At the Crossroads of Behavioral Disorders and the Judicial System Recovery Courts: Same People, Different Outcomes.
- D. Therapeutic Community Model of Treatment

### 3:30 p.m. – 5 p.m.

- A. Acceptance and Commitment Therapy (ACT): What's All the Fuss About?
- B. Gender Variance Awareness
- C. A Clinician's Update for Bipolar Disorders
- D. Paying Attention to Social Determinants of Substance Use Disorder: A Matter of Life and Death

## Day 2 – March 1

### 10:45 a.m. – 12:15 p.m.

- A. New and Emerging Treatments for Mild TBI (Traumatic Brain Injury) / Concussion
- B. Kids Can't Leave: The Effects of Intimate Partner Violence on Children
- C. Cognitive Behavioral Therapy for Insomnia
- D. Executive Functions: Conceptual Foundations, Assessment, and Clinical Applications

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In affiliation with Duke University Medical Center, part of the NC AHEC Program