General Information

General program details are posted on our website at http://www.neias.org under the “Best Practices” links. Please visit our website for pricing, partial scholarship applications, lodging options and reservation instructions, and online registration. After the course lists below, please refer to detailed course descriptions to help you make your course selections.

Courses

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

M = Monday
T = Tuesday
W = Wednesday
Th = Thursday

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

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

"I felt like I walked away with a lot of information."

Course Offerings:

A variety of courses has been developed for clinicians, managers, clinical supervisors, those working toward becoming a manager or supervisor, criminal justice professionals, and people from related disciplines. Courses are designed to help professionals work on licensure or certification, specialty certifications, keep abreast of evidence-based practices and current clinical topics, and bring specific behavioral healthcare integration skills to their organization in the current healthcare reform environment.

The following pages include lists of courses by track, lists by day, and more detailed course descriptions. We encourage you to review the course descriptions carefully as you make your selections.

On the online course registration form, in addition to your first choice course selections, you are asked to make backup course selections for each day, as backup for the unlikely event of a course cancellation due to circumstances beyond our control.
2015 Best Practices School Courses (by Track)

Track 1: Operational Management Certification Track (Management, Fiscal Management, and Human Resources Management)
  • 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
  • 1.Th Human Resource and Labor Laws (Thursday)

Track 2: Clinical Supervision
  • 2.T Clinical Supervision Recertification (Tuesday)
  • 2.W.Th. Clinical Supervision Foundations (Wednesday - Thursday on site; with pre-event and post-event online meets 30 hours)

Track 3: Integrating Treatment with Primary Care
  • 3.T Opioid Treatment Program Health Homes: A collaborative model for development and implementation (Tuesday)
  • 3.W Integrated Primary Care Behavioral Health Program Assessment (Wednesday)

Track 4: Clinical Strategies in Integrated Behavioral Health Treatment
  • 4.M. Mindfulness – Based Stress Reduction and Co-Occurring Disorders (Monday)
  • 4.T Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 2 (Tuesday)
  • 4.Th Trauma Informed Services (Thursday)

Track 5: Strategies in Client Centered Care
  • 5.M DSM 5 for Addiction Clinicians (Monday)
  • 5.T Understanding and Using the Revised ASAM Criteria (Tuesday)

Track 6: Evidence – Based Clinical Practices
  • 6.M.T Integrated Change Therapy: Brief Treatment for Adults with Substance Use and Co-Occurring Disorders Assessment and Treatment Planning (Monday – Tuesday)
  • 6.W.Th Dialectical Behavioral Therapy (Wednesday – Thursday)

Track 7: Implementation of Evidence-Based Practices, for Criminal Justice
  • 7.M Development of Community Corrections Performance Competencies (Monday)
  • 7.T Treatment Planning (MATRS) for Criminal Justice (Tuesday)
  • 7.W.Th Evidence-based Criminogenic Risk Reduction Group Facilitation (Wednesday - Thursday)

Track 8: Working toward Specialty Certifications
  • 8.M.T Department of Transportation/Substance Abuse Professional Qualification or Requalification Training (Monday – Tuesday) (IC & RC DOT/SAP Written Examination is available on site)

Track 9: Serving Families Affected by Substance Use
  • 9.M All about Women and Addiction: Motherhood, Babies, Drugs, and Jailed (Monday)
  • 9.T Lifetime Impact: Children with Criminal Justice Involved Parents (Tuesday)
  • 9.W Family Regeneration Networking (Wednesday)

Track 10: Enhancing Clinical Efforts
  • 10.M Medication Assisted Treatment Overview (Monday)
  • 10.W.Th Neurobiology of Addiction (Wednesday – Thursday)

Track 11: Supporting Clinical Efforts
  • 11.T Training of Trainers (Tuesday)
  • 11.W Advanced Ethics (Wednesday)
  • 11.Th The Role of Treatment in the Recovery Process (Thursday)
2015 Best Practices School Courses (by Day)

Monday:
- 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
- 4.M. Mindfulness – Based Stress Reduction and Co-Occurring Disorders (Monday)
- 5.M DSM 5 for Addiction Clinicians (Monday)
- 6.M.T Integrated Change Therapy: Brief Treatment for Adults with Substance Use and Co-Occurring Disorders Assessment and Treatment Planning (Monday – Tuesday)
- 7.M Development of Community Corrections Performance Competencies (Monday)
- 8.M.T Department of Transportation/Substance Abuse Professional Qualification or Requalification Training (Monday – Tuesday) (IC & RC DOT/SAP Written Examination is available on site)
- 9.M All about Women and Addiction: Motherhood, Babies, Drugs, and Jailed (Monday)
- 10.M Medication Assisted Treatment Overview (Monday)

Tuesday:
- 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
- 2.T Clinical Supervision Recertification (Tuesday)
- 3.T Opioid Treatment Program Health Homes: A collaborative model for development and implementation (Tuesday)
- 4.T Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 2 (Tuesday)
- 5.T Understanding and Using the Revised ASAM Criteria (Tuesday)
- 6.M.T Integrated Change Therapy: Brief Treatment for Adults with Substance Use and Co-Occurring Disorders (Monday – Tuesday)
- 7.T Treatment Planning (MATRS) for Criminal Justice (Tuesday)
- 8.M.T Department of Transportation/Substance Abuse Professional Qualification or Requalification Training (Monday – Tuesday) (IC & RC DOT/SAP Written Examination is available on site)
- 9.T Lifetime Impact: Children with Criminal Justice Involved Parents (Tuesday)
- 10.T Training of Trainers (Tuesday)

Wednesday:
- 1.M.T.W Effective Management and Fiscal Oversight (Monday – Wednesday)
- 2.W.Th. Clinical Supervision Foundations (Wednesday - Thursday on site; with pre-event and post-event online meets 30 hours)
- 3.W Integrated Primary Care Behavioral Health Program Assessment (Wednesday)
- 6.W.Th Dialectical Behavioral Therapy (Wednesday – Thursday)
- 7.W.Th Evidence-based Criminogenic Risk Reduction Group Facilitation (Wednesday - Thursday)
- 9.W Family Regeneration Networking (Wednesday)
- 10.W.Th Neurobiology of Addiction (Wednesday – Thursday)
- 11.W Advanced Ethics (Wednesday)

Thursday:
- 1.Th Human Resource and Labor Laws (Thursday)
- 2.W.Th. Clinical Supervision Foundations (Wednesday - Thursday on site; with pre-event and post-event online meets 30 hours)
- 4.Th Trauma Informed Services (Thursday)
- 6.W.Th Dialectical Behavioral Therapy (Wednesday – Thursday)
- 7.W.Th Evidence-based Criminogenic Risk Reduction Group Facilitation (Wednesday - Thursday)
- 10.W.Th Neurobiology of Addiction (Wednesday – Thursday)
- 11.Th The Role of Treatment in the Recovery Process (Thursday)
Course Descriptions

Certification in Operational Management: Addiction Field Concentration:

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

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

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

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

Summer School Session (June 2016):
- Marketing Substance Abuse Treatment, Prevention and Recovery Programs
- Developing Leaders within Your Organization
- Strategic Planning and Project Oversight
- Increasing Revenue? Is the focus dollars and cents or dollars and sense?

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

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

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

Effective General Management: First 1.5 days
This course will examine what research has taught society about effective management approaches, including using appropriated management styles for working with individuals and groups; situational leadership and conflict management; communication and listening skills; and the role and importance of organizational behavior.

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

During this session, beginning participants intending to earn the Certification in Operational Management within the Addiction Field will develop two management learning goals that will guide their contribution in the program.
THE PRESENTER: Peter Smith, MBA is an organizational consultant with over 24 years of experience working with senior managers, management teams, work groups, and individuals in organizational and team effectiveness, conflict management, work redesign, strategic planning and management, and coaching. His clients include over 80 organizations from a range of sectors including: health care, human services, engineering, energy services, and high technology. He was a faculty member with the Department of Organization & Management at Antioch University New England, where he taught courses in organization development and change leadership, work redesign, systems, group development, organizational strategy, and leadership for 20 years. Peter also developed and delivered the New England Leadership Institute for Substance Abuse Professionals for several years.

Fiscal Management and Financial Oversight: Second 1.5 days
Managers in human service agencies are often trained as addiction counselors, social workers, and professional counselors, or have public administration degrees. While such backgrounds are necessary to understand the target audience and mission of the agency, these backgrounds do not necessarily address the skills necessary to oversee the critical fiscal aspects of a small business. This session is designed to build a concrete understanding of the following:

LEARNING OBJECTIVES: The following information will be discussed:

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

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

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

LEARNING OBJECTIVES: Participants will be able to:

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

THE PRESENTER: Michelle Gray, President of HR Synergy, LLC holds over 20 years of experience in the field of human resource management in various industries, including biotechnology, construction, real estate investment, property management, engineering, information technology, manufacturing, and healthcare. As a Human Resource Generalist, Michelle has experience in all areas of HR to include coaching and consulting for senior management, policy development and implementation, benefits management and administration, compensation structure development, recruiting and retention, performance management, employee relations, training and development as well as management of worker’s compensation. Michelle has worked with businesses varying in size from 1-1500 employees, and businesses with one location or multiple locations in different states. Recently, she developed and implemented HR policies for a rapidly
The online course will introduce individuals to theories, definitions, roles, issues and practices germane to developing supervisory skills. Upon completion of the online course, participants will acquire fundamental clinical supervision knowledge and basic skills at their own pace.

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

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

A two-hour online follow up course will also be required after the program. Course participants will be expected to join a Webex based learning collaborative for a period of six months following this event. The learning collaborative will consist of a 1 hour monthly Webex on-line meeting. In addition, participants will be provided with on-line consultation with the Trainers and Technology Transfer Specialists for the six month period to address implementation issues.

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

THE PRESENTERS:

Maggie Hooker serves as an Addiction Therapist, Veteran’s Administration, White River Junction, Vermont. Trained as a trainer for this national SAMHSA Addiction Technology Transfer Center clinical supervision model, Maggie delivers training for the New England Addiction Technology Transfer Center with the New England Addiction Technology Transfer Center, of Brown University Center for Addiction Studies.

Jaime Richardson is the Counselor Supervisor in the Addiction Services Unit of the Connecticut Department of Corrections, where she has worked in addiction services for the criminal justice population and served as a clinical supervisor for many years. Jaime has also been trained as a trainer for this national SAMHSA Addiction Technology Transfer Center clinical supervision model, and is involved in New England ATTC criminal justice regional advisory efforts and training efforts.

Track 3: Integrating Treatment with Primary Care

3.T Opioid Treatment Program Health Homes: A collaborative model for development & implementation (Tuesday)

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

LEARNING OBJECTIVES: Participants will be able to:

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

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

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

3. WIntegrated Primary Care Behavioral Health Program Assessment (Wednesday)
When considering integration of behavioral health services within federally qualified health centers (FQHCs) and other primary care settings, planning efforts can benefit from an initial assessment of current capacity and program design. The purpose of this program survey is provide a framework to determine a program baseline and to map the progress of administrative staff, clinical champion leaders, and professionals working together to implement primary care and behavioral health integration (PCBHI) including screening, brief intervention, and referral to treatment (SBIRT) strategies. Survey results may help inform implementation priorities, objectives, goals and implementation strategy, in addition to determining program progress during the implementation process. This survey was developed by Bill McFeature, Ph.D.; Kirk Strosahl, Ph.D.; and Joseph Hyde, LMHC, CAS and aligns to NCQA’s Patient Centered Medical Home (PCMH) standards for the integration of behavioral health and primary care. Respondents should use this scale to inform the clinic’s current capacities, baseline integration, integration priorities, readiness, implementation plans and progress toward each of the 30 target parameters.

LEARNING OBJECTIVES: Participants will be able to utilize the integrated primary care behavioral health program assessment tool to:

• Provide a program baseline and assessment of capacity and program design;
• Develop program priorities; and
• Measure progress toward primary care and behavioral health integration priorities and target parameters.

TARGET AUDIENCE: Program managers, clinical supervisors, and other administrators

THE PRESENTER: Joseph Hyde, LMHC, CAS has 35 years of experience in the behavioral health field. He has directed community based behavioral health prevention, intervention and treatment programs and has served as a behavioral health consultant to primary care providers. He plans, leads, and conducts training and technical assistance programs for community health and behavioral health centers and State agencies adopting clinically preventative and early intervention strategies (SBIRT), addressing health and behavioral health risks and adoption of evidence based treatment for adults with substance use and mental disorders. He has planned and delivered multiple training and technical assistance activities addressing evidence based behavioral health services, program implementation, sustainability and other topics. He has also planned and delivered technical assistance to primary care and community behavioral health providers supporting successful integration of brief treatment procedures within primary care settings.

Track 4: Clinical Strategies in Integrated Behavioral Health Treatment

4. M. Mindfulness – Based Stress Reduction and Co-Occurring Disorders Part 1 (Monday)
This training course will cover the details and skills in Mindfulness-Based Stress Reduction (MBSR), as well as limited exposure to MBCT (Mindfulness Cognitive Therapy) and MBRP (Mindfulness-Based Relapse Prevention). Since psychological stress, relapsing conditions, and depression come with addictions, the course tries to cover all three
treatment areas. Participants will work within a tripartite model of lecturer-discussion, live demos and role plays, as well as in-depth discussion of experienced skills. The core of the course deals with MBSR in applications for clients with co-occurring disorders. Additional skills information and practice will include MBCT for depression and MBRP for addictions. By completing the entire course (including practice demos), participants should have the minimum necessary skills to bring these skills into their work with clients.

**LEARNING OBJECTIVES:** Participants will be able to:

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

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

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

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

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

4.Th Creating Cultures of Trauma - Informed Care (Thursday)

While most people who experience a traumatic event will recovery, the impact of any trauma is immediate and long lasting impacting a variety of areas including disruption in emotion regulation, impulse control, and immune system reactivity. Trauma impacts interpersonal perception and makes the most important part of recovery, engaging healthy long term relationships, challenging to access. Systems of care serving trauma survivors can work with these known impacts to create meaningful change. This course will address:

- Foundations of trauma, its impact, and how trauma informed principles can improve treatment success;
- The key elements of a trauma-informed service system including awareness, safety, trustworthiness, choice, collaboration, and empowerment and key methods and opportunities to enhance trauma informed service delivery within multistakeholder organizations; and
- Empirically supported manualized treatment approaches to treating trauma and addiction in vulnerable populations, and ways to incorporate them into existing programs.

**LEARNING OBJECTIVES:** Participants will be able to:

- Describe the nature of trauma and its impact on addiction and recovery;
- Assess the service systems degree of trauma informed service delivery readiness;
- Develop an awareness of the core competencies of trauma-informed care; and
- Compare empirically validated manualized treatment approaches for trauma and addiction and understand how to incorporate them into existing models of care.

**TARGET AUDIENCE:** Addiction clinicians, behavioral health clinicians, program managers, clinical supervisors, and other healthcare or behavioral healthcare professionals interested in learning more about trauma informed service delivery.
THE PRESENTER: Loretta L.C. Brady, Ph.D., APA-CP is a professor of psychology at St. Anselm College and a licensed clinical psychologist with additional certifications in leadership coaching, addiction treatment, infant mental health, and conflict mediation. Her research and consulting work focuses on risk and resilience with special emphasis on marginalized populations and her work has been published and presented internationally. Her clinical work has served a variety of populations ranging from veterans, organizational teams, entrepreneurs, chronic pain patients, homeless families, human trafficking survivors, and incarcerated women. In addition to research on risk and resilience, Dr. Brady’s firm BDS Insight provides behavioral science consultation on crisis, culture, and conflict management to high growth and high demand organizations. She serves on the New Hampshire Psychological Association’s Ethics Committee and Research Division, is a columnist for Manchester Ink Link and for New Hampshire Business Review. As a 2012/2013 J. William Fulbright Fellow to Cyprus she evaluated and improved the country’s service system capacity for trauma informed addiction treatment. Most recently she was a speaker for TEDx Amoskeag Millyard 2014 and hosted TEDx Amoskeag Millyard Women 2015.

Track 5: Client Centered Care Strategies

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

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

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

TARGET AUDIENCE: Addiction clinicians

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

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

5.T Understanding and Using the Revised ASAM Criteria (Published in October, 2013) (Tuesday)
This presentation will describe the changes in the revised ASAM criteria which include the rationale for change in the name of the criteria, linkage to the new DSM-5, changes in language to be more patient-centered ad positive, changes in the numbering system, and the addition of four special populations for which application of the criteria has been difficult in the past (parents with children, people in safety-sensitive occupations, older adults and people in the criminal justice system). New sections on tobacco, gambling and managed care will be discussed.
LEARNING OBJECTIVES:
At the conclusion of the presentation, participants will be able to:

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

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

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

Track 6: Evidence – Based Clinical Practices

6.M.T Integrated Change Therapy: Brief Treatment for Adults with Substance Use and Co-Occurring Disorders Assessment and Treatment Planning (Monday – Tuesday)
The Integrated Change Therapy brief treatment approach for substance use disorder and co-occurring disorders introduced in this training is an evidence based clinical intervention that draws essential elements of brief treatment from multiple sources. Specific innovations in this new practice model are influenced by Screening, Brief Intervention, and Referral to Treatment (SBIRT) models, integrated with motivational interviewing (MI), motivational enhancement therapy (MET), functional analysis, and cognitive behavioral therapy (CBT). The Interventions are designed to fit within conventional models of service and can span diverse practice settings, with specific utility for general outpatient services embedded within primary care settings such as federally qualified health centers (FQHCs), as well as general outpatient substance use disorder or mental health settings. A primary goal in creating this intervention was to respond to the needs of the working clinician in today’s changing service delivery environment, with particular attention to behavioral health clinicians practicing in primary care settings. The ICT model was developed by Win Turner PhD, Karen Gallucci Steinberg PhD and Joe Hyde LMHC and supported in part through resources provided by the SAMHSA Center for Substance Abuse Treatment.

TRAINING GOAL: In this highly interactive and skills focused training, participants are oriented to the use of an evidence based brief treatment model for adults with substance use disorders.

LEARNING OBJECTIVES: Participants will:

• Describe an Integrated Change Therapy approach that incorporates motivational interviewing, cognitive behavioral therapy (MET/CBT) and selected recovery supports;
• Review background supporting evidence this approach;
• Utilize this Brief Treatment Guide;
• Practice core sessions of the ICT model;
• Practice use of Personal Reflective Discussions (PRD) to enhance motivation and to create individualized treatment plans;
• Practice motivational sessions, skills training sessions and recovery support sessions;
• Discuss and determine how this practice model can be adopted within clinic settings; and
Utilize protocols that will support skills adoption and practice fidelity.

**IMPORTANT NOTE:** Implementation Training Overview

This implementation training incorporates an evidence based blended training approach. In advance of classroom training participants will review a primer in brief treatment and a copy of the brief treatment guide. The two day in vivo training will largely focus on sills training and application in the practice setting. A learning community, including three to six months of follow up monthly telephone coaching will be provided supporting implementation and fidelity to model.

**TARGET AUDIENCE:** Addiction clinicians, behavioral health clinicians, program managers, clinical supervisors

**THE PRESENTER:** Joseph Hyde, LMHC, CAS has 35 years of experience in the behavioral health field. He has directed community based behavioral health prevention, intervention and treatment programs and has served as a behavioral health consultant to primary care providers. He plans, leads, and conducts training and technical assistance programs for community health and behavioral health centers and State agencies adopting clinically preventative and early intervention strategies (SBIRT), addressing health and behavioral health risks and adoption of evidence based treatment for adults with substance use and mental disorders. He has planned and delivered multiple training and technical assistance activities addressing evidence based behavioral health services, program implementation, sustainability and other topics. He has also planned and delivered technical assistance to primary care and community behavioral health providers supporting successful integration of brief treatment procedures within primary care settings.

6.W.Th Dialectical Behavioral Therapy Primer (Wednesday – Thursday)

Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients. This training is meant to give participants knowledge of the origins and effectiveness of DBT, how to treat clients with Borderline Personality Disorder, learn aspects of mindfulness, dialectics, and knowledge of some useful DBT skills. Examples of appropriate DBT services for both adolescents and adults will be discussed.

**OBJECTIVES:** Participants will be able to:

- Describe the history, theory behind, and modern day uses of adherent, evidence based DBT;
- Review validation, dialectics, and basics of mindfulness, including didactic ways to teach mindfulness; and
- Utilize a variety of DBT skills within the emotional regulation, interpersonal effectiveness and distress tolerance modules, and introduced to behavioral chain analysis.

**TARGET AUDIENCE:** Behavioral health clinicians who wish to familiarize themselves with the approach

**THE PRESENTER:** Christina Fay, LCSW, LADC, CCS works as the Clinical Coordinator for Spurwink Services. In her role, she works as a clinician, trainer, consultant, group leader, policy implementer and provides co-occurring prevention services in the community. She received Intensive Training in Dialectical Behavioral Therapy through Behavioral Tech in 2011. She has also worked for Crossroads Behavioral Health as a clinician, clinical supervisor, direct care worker, and has lead IOP. In her early social work career she worked for the Department of Health and Human Services as a children’s services caseworker. Christina lives with her fiancée near Little Sebago Lake in Windham, Maine.

**Track 7: Implementation of Evidence-Based Practices, Especially for Criminal Justice**

7.M Development of Community Corrections Performance Competencies (Monday)

The New England Addiction Technology Transfer Center’s Criminal Justice Curriculum Development Subcommittee has developed performance competencies for community corrections professionals providing addiction services. The foundational competencies will be reviewed, and ways that they can be disseminated and used to enhance behavioral health services for the criminal justice population.
Members of the New England Addiction Technology Transfer Center’s Criminal Justice Advisory Committee will discuss the use of these competencies for the Criminal Justice/Substance Use Disorder Treatment workforce.

OBJECTIVES: Participants will be able to:

- Name performance competencies for community corrections professionals providing addiction services;
- Describe how three of these performance competencies can be utilized to improve behavioral health services for this population; and
- Review ways that these performance competencies can be disseminated to enhance behavioral health services for the criminal justice population.

THE PRESENTER: Jonathan Hurtig is a Chief U.S. Probation Officer, District of New Hampshire. He serves as the Community Corrections Competencies Development Subcommittee Chair for the New England Addiction Technology Transfer Center at Brown University. He arrived in New Hampshire after spending 16 years in the District of Massachusetts, the last seven as Deputy Chief U.S. Probation Officer.

7.7 Criminal Justice Treatment Planning (MATRS): Utilizing Criminogenic Risk Assessment to Develop Effective Treatment Plans (Tuesday)

An adaptation of the National Institute on Drug Abuse/SAMHSA blending product: Treatment Planning MATRS curriculum, using criminogenic risk assessment tools, [i.e. Ohio Risk Assessment System (ORAS), Level of Service Inventory-Revised (LSI-R), and the Federal Post Conviction Risk Assessment (PCRA),] will be reviewed. These tools identify treatment needs and barriers of the criminal justice population with substance use disorders. This training combines an evidence-based criminogenic risk assessment with an evidence-based treatment planning curriculum in order to help substance use disorder treatment providers and case management personnel work more effectively with offender and community re-entry populations.

LEARNING OBJECTIVES: Participants will:

- Examine the use of evidence-based risk assessment tools; and
- Describe treatment needs and barriers of the criminal justice population with substance use disorders.

TARGET AUDIENCE: Those who work with the criminal justice population

THE PRESENTERS:

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

Susan Garian, MEd, LMHC, RYT has worked a a re-entry counselor for the past eight years with federal correction inmates transitioning via community confinement and/or serving on supervised release, with a treatment focus on reducing criminogenic risk factors for recidivism. She has 30 years of experience in the mental health and substance use disorder fields in a variety of settings, including psychiatric hospitals, partial hospitalization programs, residential, outpatient, schools, and federal drug court. Susan’s clinical responsibilities have involved group, individual, and family counseling, substance use assessment and diagnosis, crisis intervention, suicide intervention, and clinical supervision.
She also has 10 years of experience teaching yoga, including developing seminars on anxiety/stress management via yoga practice.

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

OBJECTIVES: Participants will be able to:
- Discuss the process for selecting appropriate evidence – based group interventions for the criminal justice population;
- Utilize group facilitation skills in evidence – based group interventions; and
- Name two important considerations for retaining curriculum fidelity within service delivery.

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

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

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

Track 8: Working toward Specialty Certifications

8.M.T Substance Abuse Professional’s Role and Responsibilities as Defined in the US Department of Transportation Regulations: DOT/SAP Qualification or Re-qualification Training and the IC & RC DOT/SAP Written Examination (Monday – Tuesday)
Co-Sponsored by the Professional Training Center, Inc.
A $50 additional course fee will be charged for this course to cover materials (manual, and CD with regulations and SAP guidelines) and consultation with the instructor (2 consultations every year for the next three years).

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

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

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

**LEARNING OBJECTIVES:** Participants will learn:

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

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

**IMPORTANT NOTES:**

- The two day training can be used as a refresher course for the individual who is already a qualified SAP as it meets the DOT/SAP re-qualification criteria for the 12 contact hours. This course may meet longer than the other Monday – Tuesday courses in order to meet for the required 12 contact hours.
- Those wishing to take the IC & RC SAP exam on site: An exam fee of approximately $125 will be payable to The Professional Development Center directly to take the exam. The exam will be offered on the morning of the third program day, or participants may schedule to take the exam at a different time during the program if they will be taking other courses.
- A $50 additional course fee will be charged for this course to cover materials (manual, and CD with regulations and SAP guidelines) and consultation with the instructor (2 consultations every year for the next three years).

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

Track 9: Serving Families Affected by Substance Use

9.M All about Women and Addiction: Motherhood, Babies, Drugs, and Jailed
Description: The workshop will provide a comprehensive overview of the impact of addictions for childbearing-age women and women in custody. Treatment approaches must be women-centered and responsive to sets of circumstances and hardships surrounding these women. We will examine the cascade of harm from addiction for maternal health (pre-natal and post-partum), women’s health, and the compounded distress from incarceration. The workshop will also highlight best practices in addressing these women’s many complex treatment needs from both a counseling and a Medication Assisted perspective. Lecture, discussion, and small group analysis of cases for treatment planning will be used.

LEARNING OBJECTIVES: This workshop will:

- Discuss the effects of drugs and alcohol for pregnancy and for the neonate, and for women’s health;
- Review treatment approaches that are responsive to women’s needs and highlight the barriers to treatment faced by many women;
- Examine medication assisted treatment and its helpfulness for pregnancy and beyond; and
- Explore the treatment needs of women in custody and the implementation of treatment approaches in the correctional setting or for women under supervision.

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

9.T Lifetime Impact: Children with Criminal Justice Involved Parents (Tuesday)
Unmet basic human needs during the formative years create a complex web of causation making it difficult for children to realize their full potential. A parent’s criminal justice involvement generally erodes the parent, child and family’s social capital, employability and other defenses against poverty and needs fulfillment.

LEARNING OBJECTIVES: By the end of training, participants will be able to:

- Discuss the unintended cost of mass arrest/incarceration;
- Discuss the role and the consequences of children’s unmet basic needs;
- Examine the impact of witnessing traumas (live socio drama);
- Identify the emotional, psychological and developmental impact; and
- Discuss positive youth development strategies used in Connecticut.

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

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

Active chemical dependency represents an ongoing change process for the family. The family makes slow, incremental, adaptive changes over time in response to the steady progression of the disease. The solution often becomes worse than the problem. Proven and accepted family techniques in the right measure and right order, reverse this toxic process. Participants will know the core regeneration networking principle, and be able to identify four techniques for using this technology with families affected by substance use disorders.

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

- Describe the change process for a family affected by addiction; and
- Review core regeneration networking principles.

TARGET AUDIENCE:
Clinicians, those working in recovery support, and others interested in learning more about supporting families

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

Track 10: Enhancing Clinical Efforts

10.M Medication Assisted Treatment and Recovery for Substance use Disorders (Monday)

This course will provide the National Institute on Drug Abuse and Substance Abuse and Mental Health Services Administration’s Blending Initiative product, entitled “Buprenorphine Treatment: A Training for Multidisciplinary Professionals”. The primary goal of this training package is to create awareness among addiction professionals about buprenorphine in the treatment of opioid dependence. The course includes information about what to expect when someone is treated with this medication, information about the legislation that permits office – based buprenorphine treatment, the science of addiction, the mechanism of buprenorphine, patient selection criteria, and associated patient, counseling, and therapeutic issues. In addition to the NIDA product presentation on buprenorphine, Methadone and Vivitrol, and the criteria for determining appropriate candidates for each therapy for opiate dependence, will be reviewed. Other current medications approved for the treatment of non-opiate substance use disorders will also be addressed.

LEARNING OBJECTIVES: Participants completing this course will:

- Name three counseling and therapeutic issues to consider when working with someone who is being treated with buprenorphine; and
- Describe an appropriate candidate for buprenorphine treatment; and
  Name two other medications and appropriate candidates for pharmacotherapies for substance use disorders.

TARGET AUDIENCE: Counselors, therapists, psychologists and all seeking better understanding of the utilization of pharmacotherapy in treatment

THE PRESENTER: Michael Gaudet, LICSW earned his undergraduate degree in 1981 at Bridgewater State College and his MSW from Rhode Island College in 1984. He is currently the Director of Quality Assurance for ten outpatient mental health and substance abuse programs in Massachusetts, with a primary office at Arbour Counseling Services, Norwell, MA, serves as the organization’s Compliance and Privacy Officer and is a surveyor for CARF International. He has extensive clinical and supervision experience in mental health and substance use disorder treatment. Mr. Gaudet trains and consults across the
country on clinical and professional growth topics, and, since 1986, is a faculty member of the New England Institute of Addiction Studies. He has been involved in several projects designed to advance the use of medication in addiction recovery, including the use of Methadone, Buprenorphine and Vivitrol, through the Addiction Technology Transfer Center of New England.

**10.W.Th Neurobiology of Addiction (Wednesday – Thursday)**
Cognitive neuroscience, where psychology meets biology, has enabled us to clarify some of the biological basis for substance use and other addictive disorders. This workshop will examine connections between the brain changes and psychological/emotional/behavioral components of addictive disorders. The progression of these disorders will be discussed along with their increasing resistance to change and the implications for treatment.

**LEARNING OBJECTIVES:** Upon successful completion of this workshop, participants will be able to:

- List brain structures implicated in these disorders and their roles;
- Describe the effects of drugs of abuse;
- Describe the process by which these disorders take on a life of their own;
- List three strategies to help clients loosen the grip of addictive disorders; and
- Describe the actions of psychotropic meds and their value in treatment of these disorders.

**THE PRESENTER:** John Nicolas Ruf, LADC, MA has been an instructor and coordinator for Maine’s impaired driver countermeasures programs (DEEP). He has taught undergraduate and graduate courses in addiction biology and co-occurring disorders, and has presented workshops on these topics to substance abuse and mental health professionals, medical and school personnel, and other interested parties from Maine to Hawaii to the Caribbean for more than 20 years.

**TARGET AUDIENCE:** Behavioral health clinicians, prevention professionals, those working in recovery support, and allied professionals who wish to learn more about this topic

**Track 11: Supporting Clinical Efforts**

**11.T Training of Trainers (Tuesday, with 4 Virtual Quarterly Learning Collaboratives)**
This course, meant for people who are currently trainers or are interested in becoming trainers, will be grounded in the Addiction Professional Competencies, as described in SAMHSA’s TAP 21. Strategies for planning and organizing effectively to develop a productive adult learning experience will be discussed.

In addition to the “in person” course at the Best Practices School, there will be 4 quarterly Training Learning Collaborative sessions after the program, through videoconference and/or conference call. Those wishing to receive a “Training of Trainers” certificate must attend both the on site session and 3 of the 4 virtual sessions. The content of the Learning Collaborative sessions will be driven by participants’ needs and interests.

The following topics will be addressed:

- Introduction to Technology Transfer
- Adult Learning Theory and Culturally Responsible Pedagogies
- Skills and Techniques on Facilitation
- Identifying and Developing Content
- Utilizing Technologies
- Face-To-Face and Distance Learning Forums

**LEARNING OBJECTIVES:** Participants will be able to:

- Name two important considerations for ensuring culturally appropriate training using adult learning theories;
- Utilize steps for identifying and developing learning objectives and content outlines;
- Describe one effective use and one ineffective use of technology in training; and
- Discuss the principle of technology transfer and potential resources.
TARGET AUDIENCE: Trainers with a working knowledge of addiction treatment, recovery support, or prevention, particularly those training the behavioral health workforce, or aspiring trainers for the behavioral health workforce. Class enrollment priority will be given to trainers who are currently providing training within New England regional behavioral workforce development initiatives.

IMPORTANT NOTES:

- Interested course participants will be asked to submit some brief information for the presenters to ensure that the above prerequisites have been met.
- Class enrollment priority will be given to trainers who are currently providing training within New England regional behavioral workforce development initiatives.
- In addition to the “in person” course at the Best Practices School, participants will participate in a 4 quarterly Training Learning Community sessions after the program, through videoconference and/or conference call.

THE PRESENTERS:

Haner Hernández, Ph.D., CADCI, LADC is originally from Puerto Rico and has lived in the United States since 1968. He is bilingual and has worked for over 20 years in the human service field developing, implementing, and evaluating culturally and linguistically competent youth and adult health prevention, intervention, treatment, and aftercare programs. Dr. Hernández has many years of experience in delivering addiction counseling and clinical supervision to professional in the field. Furthermore, he is a professional trainer and facilitator and provides individualized technical assistance and support to organizations that provide addiction and recovery services to the Latino population. Haner is a person in long-term recovery from addiction, and for the past 20 years has been committed to eliminating health disparities by working at the national, state, and local levels.

Dr. Hernández has served a consultant to several federally-funded initiatives in the areas of behavioral workforce development, HIV/AIDS, addiction prevention and treatment, PTSD and veterans, and pediatric asthma. Dr. Hernández serves as faculty at the New England School of Addiction Studies since 1998, has taught a number of undergraduate and graduate courses, and has presented at several national and state conferences. Dr. Hernández serves on the Board of Directors of the Massachusetts Board for Voluntary Certification of Drug and Alcohol Counselors and was appointed to the Springfield Public Health Council in 2006. He earned a Bachelor of Science in Human Services from Springfield College and a Master of Education with concentrations in Counseling Psychology and Addiction Studies from Cambridge College in Massachusetts. His doctoral degree was earned at the School of Public Health and Health Sciences at the University of Massachusetts, Amherst. His major was Community Health Education and his minor was Social Justice Education. In addition, Mr. Hernandez holds an advance Certification in Drug and Alcohol Counseling at the reciprocal level and is licensed in Massachusetts.

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

Michael Gaudet, LICSW earned his undergraduate degree in 1981 at Bridgewater State College and his MSW from Rhode Island College in 1984. He is currently the Director of Quality Assurance for ten outpatient mental health and substance abuse programs in Massachusetts, with a primary office at Arbou Counseling Services, Norwell, MA, serves as the organization’s Compliance and Privacy Officer and is a surveyor for CARF International. He has extensive clinical and supervision experience in mental health and substance use disorder treatment. Mr. Gaudet trains and consults across the country on clinical and professional growth topics, and, since 1986, is a faculty member of the New England Institute of Addiction Studies. He has been involved in several projects designed to advance the use of medication in addiction recovery, including the use of Methadone, Buprenorphine and Vivitrol, through the Addiction Technology Transfer Center of New England.
11. W Advanced Ethics for Today’s Counselor (Wednesday)
Whether you are a fresh-out-of-school counselor or a veteran supervisor, we are all faced with maintaining and upholding an ever-changing code of ethics. Some decisions are clear, some are kind of gray. This dynamic and engaging one-day training will push your buttons and test the limits of your ethical boundaries and awareness! Through didactic presentation, group participation, and the use of experiential activities, this training will enhance awareness of each attendee’s ethical responsibilities, mandates, and biases.

**LEARNING OBJECTIVES:** Participants will be able to:

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

**TARGET AUDIENCE:** Addiction Counselors, Program Managers, Clinical Supervisors

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

11. Th The Role of Treatment in the Recovery Process (Thursday)
This course will review the role of treatment in the larger recovery process. The pathway to recovery may include one or more episodes of psychosocial and/or pharmacological treatment. The role of the treatment team in supporting recovery will be discussed.

Participants will:

- Understand the varieties of the recovery experience;
- Review the role of treatment within the recovery experience; and
- Articulate how clinicians can support recovery.

**TARGET AUDIENCE:** Counselors, licensed mental health professionals, social workers, recovery coaches, peer supporters, prevention specialists, and other social service professionals

**THE PRESENTER:** Stephen J. Gumbley MA, LCDP has been working in human services for more than 30 years, specializing in substance abuse education, prevention and treatment since 1988. He is a master’s level, licensed clinician, and has served as clinical supervisor and program director in a variety of treatment settings. He recently retired after serving as the director of the Addiction Technology Transfer Center of New England at Brown University. Mr. Gumbley served on a CSAT national task force on Substance Abuse Treatment Issues for Sexual Minorities (Special Populations Workgroup); he has been a member of the Equity Action Advisory Council, the Rhode Island Foundation’s resource and funding development project for the LGBTQ community. A nationally-recognized trainer, Mr. Gumbley has taught at the regular and advanced schools of the New England Institute on Addiction Studies, the Addiction Technology Transfer Center of New England, and the Drug And Alcohol Treatment Association of Rhode Island, including courses on treatment issues for LGBT clients. He is an adjunct faculty member in the Chemical Dependency and Addiction Studies track at Rhode Island College and has taught at the Community College of Rhode Island. He has served as chair of the Board of Directors of Faces & Voices of Recovery, a national enterprise that organizes and mobilizes the recovery community.