



# 2020 ANNUAL CONFERENCE INVITATION

SEPTEMBER 28-29  
EDEN RESORT & SUITES  
LANCASTER

**MONDAY**  
**SEPTEMBER 28<sup>TH</sup>**

**CONTINENTAL  
BREAKFAST  
NETWORKING AND  
EXHIBITS**  
7 AM–9 AM

**BREAK AND  
EXHIBITS**  
10:30 AM – 10:50 AM

**MORNING  
SESSIONS**  
9 AM–12:15 PM

## **RESISTANCE OR RESILIENCE: Mind and Body Responses**

*Intermediate: Clinical, Trauma-Informed*

*Diane Abatemarco, PhD, MSW, Alice Fischer, MSS, LSW, Kimberly Jones, MSW, LCSW*

This workshop explores clinician perceptions of power struggles and manipulation in client interactions through didactic and experiential practice. A primary objective is to enhance risk-reduction interactions through mindfulness-based trauma responsiveness. Participants will learn to reframe perceptions of resistance and manipulation by identifying and understanding survival mechanisms both as it applies to the clinician as well as the client interaction. We will explore resistance more thoroughly to develop a broader conceptual framework of these behaviors and explore specific clinical behaviors to support clients in recovery. Reframing behaviors as resilient in contrast to resistant encourages a freer and more productive method of engaging clients who are otherwise thought of as difficult.

### **LEARNING OBJECTIVES:**

1. *Participants will be able to define and identify trauma-informed policies and trauma-responsive treatment practices.*
2. *Participants will learn and practice mindfulness exercises to reduce their stress, emotional reactivity, physical responses, and thoughts that arise in reaction to a “resistant” client.*
3. *Participants will practice two or more clinical skills to use with clients they experience as resistant. These practical strategies will help clinicians to reinterpret and reframe client behaviors formerly experienced as “negative” to behaviors expressing resilience, thereby altering the clinical dynamic from one of struggle to one of support.*

# THE POWER OF ONE:

## How and When to Use Your Recovery Story

(Basic: Peer focused, MH/SUD)

*Donald Altemus, MS, CPS, CRS*

The recovery story can be a powerful tool to teach others about recovery and decrease stigma. In this workshop, participants will learn about all aspects of the recovery story. We will explore how the recovery story can be used to motivate clients, and as a tool to teach the treatment team, family, or other supports about what the individual is experiencing. We will discuss and identify elements for the most effective use of your recovery story; including **when** to share your story and **how** to best express your story. We will examine and identify elements of the recovery story that can

enhance individual motivation, improve advocacy within multiple environments, and educate others about mental illness and substance use disorders that are otherwise misunderstood. In addition to learning when to use our recovery story, we will also discuss **how** and **when** to refrain from sharing our own story and instead support the individual to learn how to share their own story. Participants will walk away with an understanding of how to use their recovery story in an effective way and how to best assist individuals in recovery storytelling to advocate for themselves.

# TREATING THE FAMILY SYSTEM: Addiction Beyond the Individual

(Intermediate: Clinical, Groups, Family)

*Ryan Bowers, PhD, LPC, CAADC, NCC, David Martinson, PhD, LPC, LPC-S, LAC, CCS, Joanne Cohen, PhD, LMFT, NCC*

Often times, individuals diagnosed with substance use disorders or process disorders are given only individual counseling or therapy, rather than be offered and/or given other modalities of treatment including family therapy. Treating these individuals with counseling alone is somewhat analogous to taking a withering tree out of a toxic environment and placing the tree in a healthy, stable environment where the tree can grow new leaves and become strong and healthy once again. When the tree is healthy and well again, it can leave the safe and positive confines of the healthy environment and be transplanted back to the toxic soil where the tree becomes susceptible to the fate of the past. This presentation aims to introduce models of therapy for the family of individuals who have been diagnosed with

substance use/process disorders. The presenters will offer an overview of Transgenerational Models of Family Therapy including Bowen's Family Therapy Model, Structural Family Therapy including Minuchin's Theory, and how treating the family system may be more effective than treating the individual alone. Attending this presentation will help attendees learn how to conceptualize the construct of addiction in the family, including co-dependency issues, family system issues, and generational issues, interventions that can be used with family members to treat the family system while keeping the individual diagnosed with substance use disorder/process disorder the focus of the treatment, and identifying possible transference and countertransference issues that may play out in family therapy sessions.

# ADDRESSING THE CREDIBILITY ISSUES IN THE FIELD

(Intermediate: Clinical, Peer, SUD focused)

*Jeffrey Quamme, MS, CNE, CNC*

The substance use disorder prevention, treatment and recovery disciplines have gone through a countless number of changes since various indigenous Americans formed the first documented mutual-aid groups within their tribes in the latter 18<sup>th</sup> century (White, 1998). Even today, changes are still occurring with the goal of meeting the needs of the individual served (Saloner & Karthikeyan, 2015). These changes, although beneficial, are often publicly criticized by both professionals and laypersons, and have led to many issues that have created a credibility problem for the industry. These include the rejection of fact-based information, practicing outside the scope of one's expertise, presenting philosophical differences as fact, and self-promotion overtaking the needs of the service recipient (Lange, 2018; Nayar & Quamme, 2019). This

presentation aims to identify and expose some of these credibility issues and allows for participants to discuss their genesis, their perpetuation, and develop practical applications to prevent and combat them in their own organizations. The presentation model of offering information with the ability for the audience to respond with their own experiences as a reference draws on established learning theory. Common industry publications will be used to provide background on these credibility issues (Wilson, 1952; Britton & Peters, 2018; Knopf, 2019). It is designed to be provocative and foster discussion. Attendees will be able to identify three common credibility issues in the industry, identify both their genesis and behaviors that reinforce the narrative, and discuss specific ways to address and combat these identified issues.

## LUNCHEON

12:15 PM – 1:30 PM

## AFTERNOON SESSIONS

1:30 PM – 4:45 PM

## BREAK AND EXHIBITS

3:00 PM – 3:20 PM

## DINNER ON YOUR OWN

# METHODS OF INFLUENCE FOR THE CHANGE AGENT'S TOOLBOX:

## Understanding and Structuring the Context for Influencing Participation

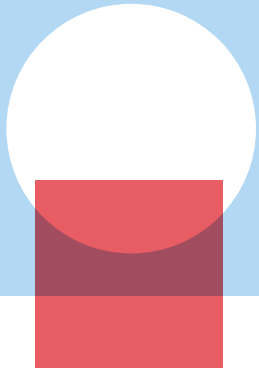
*(Intermediate: Clinical)*

*Thomas M. Baier, MHS, LPC, CADC, CCS*

Drawing from social psychology, this workshop will provide clinicians with an overview of those elements proven to influence others with the goal of behavioral change. We know that thoughts, feelings and behaviors are influenced by the actual, imagined, or implied presence of others and, as change agents, our role is to utilize proven and ethical techniques to facilitate this process. Five principles of influence will be explored including: Contrast, Reciprocity, Social Proof/Consensus, Scarcity, and Consistency with plenty of practical applications that you can use right away to improve your client's motivation and willingness to make those changes that contribute to a sustained recovery process. Struggling with a few "resistant" clients? This is the workshop for you.

### LEARNING OBJECTIVES:

1. Demonstrate an understanding of the 5 principles of influence as presented.
2. Discuss the ethical implications for the use of influence techniques that bypass client critical thinking processes.
3. Utilize specific techniques or interventions that integrate these principles in working with clients.



# A PROGRESSIVE AND COMPREHENSIVE COMMUNITY CORRECTIONS BASED MODEL

## for Treating Addiction, Mental Illness and Criminogenic Risk

*(Intermediate/Advanced: Criminal Justice, Clinical)*

*Jeb Bird, MPSc, CAADC*

Following the Martinson era of ‘nothing works’ and the dismal outcomes of the punitive societal approaches of more and larger prisons, longer sentences, and harsher treatment during the 1980s and 1990s, rehabilitation efforts within the US corrections community began to emerge. The first research backed model (Risk-Need-Responsivity), is based on a risk aversion approach which uses cognitive behavioral therapy and eliminating areas of high to moderate criminogenic risk in order to reduce the likelihood of a return to antisocial behavior. Broadening application of this approach increased awareness of the profound lack of prosocial life-skill training awaiting those exiting prison combined with addiction and mental illness. Arising from this awareness, Moffitt (1993) developed a theoretical framework which he called desistance. This workshop will describe how these approaches complement one another and can merge with addiction and mental health treatment. The model to

be described integrates the R-N-R model with the Desistance model in a platform that utilizes treatment pathways that differentiate service delivery based on criminogenic, mental health and addiction risk levels.

### LEARNING OBJECTIVES:

1. Define the importance of merging the R-N-R model with the Desistance model to reduce relapse among clients with Criminal Justice system background and suffer with addiction and/or mental illness.
2. Assess and differentiate between the structures of community corrections treatment that define it as personalized, effective and best-practice based.
3. Determine that the methods, structures and services that they provide in their community corrections treatment adhere to best-practice guidelines and effective interventions according to the CPC guidelines.

# PEER SUPPORT:

## Managing Disruption, Micro-aggressions, and Imposter Syndrome

*(Advanced: Peer focused, MH, SUD)*

*Brandee Izquierdo, CPRS, MPA*

The purpose of the training is to educate peer recovery specialists on the value of their role within behavioral health systems by addressing peer implementation and its association with unintended system disruption. Additionally, this training will teach peer recovery specialists how to identify and manage levels of micro-aggression during systems navigation and develop strategic responses to micro-aggression. Finally, this training will assist in empowering peers to identify experiences associated with recovery imposter syndrome while assisting individuals practicing and supporting multiple pathways to recovery.

### LEARNING OBJECTIVES:

1. *Recognize the value of disruption within the recovery support services role.*
2. *Identify micro-aggressions and the effects they have on the recovery community.*
3. *Demonstrate effective responses when met with micro-aggression to maintain relationships.*
4. *Examine the effects of imposter syndrome when practicing one's own recovery while assisting others who want to explore the multiple pathways to recovery.*





# TREATMENT AND THE EVOLVING GOLD STANDARD

*(Intermediate: Research to Practice, Clinical)*

*Ken Martz, PsyD, MBA*

This session will review the history of evidence-based treatment and treatment components. Recent changes have called medication assisted treatment the gold standard as an element of treatment. Current trends including polysubstance use and re-emergence of methamphetamine use require both a broad and narrow approach to determining effective elements of treatment. This allows the development of

effective treatment protocols to manage the needs of a wide range of individuals seeking treatment. This session will allow participants to list key treatment elements with in-depth research support, describe recent applications of the term "gold standard", as well as identify implications for ongoing practice. These objectives will be achieved through a multimedia PowerPoint presentation with didactic and experiential learning elements.



**TUESDAY**  
**SEPTEMBER 29<sup>TH</sup>**

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**NETWORKING  
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# CLINICAL APPLICATION OF GRIEF COUNSELING IN SUBSTANCE USE DISORDER TREATMENT

*(Intermediate: Clinical)*

*Brynn Cicippio, LMFT, CAADC*

With an average of 16 Pennsylvania residents dying every day as a result of drug overdose, it is imperative for therapists and counselors to understand the most relevant grief process model and how the process is impacted when death is a result of drug overdose. In this presentation, participants will learn the unspoken rules of addiction present in families, how these rules affect grief, the four tasks of grieving, and therapeutic implications and interventions for disenfranchised grief.

## LEARNING OBJECTIVES:

1. Define the unspoken rules of addicted families.
2. Identify value and limitations in early models of grief counseling.
3. Identify and describe disenfranchised grief.
4. Describe current models of grief.
5. Describe Worden's four tasks.
6. Develop a minimum of four specific skills combining the unspoken rules.
7. Worden's four tasks, and disenfranchised grief.

# EXPERIENTIAL ADDICTION & TRAUMA TREATMENT:

## Sociometry, Psychodramatic & Group Psychotherapy

*(Advanced; Clinical, Trauma-Informed)*

*Scott Giacomucci, DSW, LCSW, CTTS, CETIII, & Amy Stone, MSS, LSW, CET III*

This strength-based experiential workshop will be facilitated in-action. Participants will experience a stimulating learning process grounded in interpersonal neurobiology research and practical applications for trauma and addiction treatment. The presenters will highlight the clinical uses of experiential sociometry and psychodrama using vignettes from work experience in inpatient, partial hospitalization programs, intensive outpatient, and outpatient clinical settings. Participants will join in sociometric group explorations with an emphasis on their capacity for experiential group assessment, fostering group cohesion, and enriching interpersonal relationships. Safety structures from the Therapeutic Spiral Model, a clinically modified psychodrama approach for working safely with trauma and addiction, will be taught with an emphasis on post-traumatic growth. The centrality of mutual aid will be emphasized as it relates to addiction treatment, 12-step fellowship, group work, sociometry

and psychodrama. A short, contained psychodramatic vignette focused on gratitude, and grounded in positive psychology research, will be offered as an introduction to the power of psychodrama. Clinical theory and research behind experiential therapies will be outlined, including role theory, action theory, and spontaneity-creativity theory. Creative examples will be offered demonstrating how these experiential tools can be adapted for use with various addiction treatment themes and in any group setting; including therapy, supervision, organizational, training, education and community groups.

### LEARNING OBJECTIVES:

1. Summarize the importance of safety and strengths in trauma addiction treatment.
2. Identify ways in which addiction and trauma intersect.
3. Discuss the process of using at least one experiential tool with groups.

# ETHICAL BOUNDARIES: Crossing the Invisible Line

*(Basic/Intermediate: Ethics, Peers, Clinical)*

*Marilyn Stein, MEd., CAAP*

Ethical boundaries seem easily understood on the surface, but ultimately, they can pose a great challenge to both clients and co-workers. The boundary lines that seem clear can become blurry over time and push relationships beyond professional. Further, there are numerous occasions where boundaries were never clarified to begin with. Paying attention to the ethical boundaries keeps our professional relationships trouble free whether we are dealing with co-workers, professional peers or clients. This workshop will identify and define good boundaries and offer methods for introducing and maintaining them at all times.

## LEARNING OBJECTIVES:

1. *Define ethics and boundaries.*
2. *Understand the dangers of boundary crossings.*
3. *Consider ways to evaluate and strengthen personal boundaries to avoid crossing the line.*

# A HARM REDUCTION APPROACH TO PEER SUPPORT

*(Basic/Intermediate, Peer focused)*

*Adam Sledd, MSW, CRS, CFRS*

The Harm Reduction and Peer-based Recovery movements have similar and parallel histories. The principles of recovery-oriented systems of care, principles of recovery coaching and principles of harm reduction have many similarities and a few key differences. Supporting all pathways to, and in, recovery means truly meeting people where they are and holding space for those who still suffer. Increasingly, this means providing person-centered, strength-based services to people at all stages of change and helping participants to reduce the harm associated with substance use while working to improve wellness and recovery capital. As harm reduction principles and practices become more accepted in our systems of care, peers are uniquely positioned to apply these principles to their work throughout the treatment continuum, and to continue their tradition of informing the recovery-oriented system of care with authentic voices. Experiential elements of this training will include, vignettes and small groups to afford training participants opportunities to apply training concepts, provide each other feedback and hone skills in a supportive environment.

## LEARNING OBJECTIVES:

1. *Compare and contrast principles of harm reduction, ROSC and recovery coaching.*
2. *Discuss the histories of both movements.*
3. *Identify advocacy around social justice issues.*
4. *Identify similarities and examine differences in the context of the opioid overdose crisis.*
5. *Apply principles of harm reduction to recovery planning.*
6. *Develop mock recovery plan goals including medication-assisted recovery, non-abstinence-based substance use, harm reduction-oriented wellness and incremental change.*
7. *Communicate about harm reduction practice in supervision and clinical collaboration.*
8. *Provide verbal examples of strength-based, person-centered language to describe work.*
9. *Practice recovery coaching scenarios using principles of harm reduction.*
10. *Demonstrate application of harm reduction principles to recovery coaching in group activity.*

# RESERVATION INFORMATION

## CONFERENCE LOCATION

Eden Resort & Suites  
222 Eden Road Lancaster PA 17601  
Phone: (717) 569-6444

## HOTEL RESERVATIONS

A block of rooms has been reserved at the Eden Resort & Suites at a special conference rate of **\$123.95** for a single room — **\$163.95** for multiple room suites per night.

Reservations should be made by contacting the Eden Resort at (717) 569-6444 or (866) 801-6430 or online at [www.edenresort.com](http://www.edenresort.com) and must be made by **August 28, 2020** to receive this special rate. Be sure to identify yourself as attending the Pennsylvania Certification Board Conference to receive this special room rate.

*Check-in time is 4:00pm*  
*Check-out time is 11:00am*

### **Welcome to the Eden Resort & Suites: A Best Western Premier Hotel in Lancaster PA**

The hotel showcases 301 contemporary appointed guest rooms and suites nestled in the heart of Lancaster County, Pennsylvania. Centrally located to Amish attractions, outlet shopping and Dutch Wonderland, our resort boasts two award-winning restaurants (Garfield's & Arthurs) and a relaxing cocktail lounge.

Outdoor and heated indoor pools, fitness center and much more at the Eden Resort make us one of the top Lancaster PA hotels. Why choose the Eden Resort and Suites over other hotels near Lancaster PA? It's simple: the Eden offers a large collection of unique and spacious guest room styles, unsurpassed on-site recreational facilities, all at an incredible value.

## DINING

Eden Hotel and Suites has multiple dining options within the hotel

### **Garfield's Food & Spirits**

For a FUN, family-friendly atmosphere with an eclectic menu, Garfield's restaurant in Lancaster is the place to be.

Open daily:  
11:30am-10pm

Lunch buffet:  
Mon-Sat 11:30am-2:00pm

### **Arthur's Terrace**

Offers a truly FINE Lancaster dining experience in a casual atmosphere, featuring award-winning cuisine and Lancaster's #1 Prime Rib Buffet.

### **Encore Lounge**

Serves a light fare menu along with its full range of beers, wines and cocktails. Perfect for business or pleasure. Lancaster also has various quality dining options in town for those interested in getting to know the city better.

## GUEST ROOMS

All guest rooms include:

32" and/or 42" Flat panel HDTV's with 24 Hi Definition Channels, 24 digital channels, and in-room Hi Definition Pay Per View movies and entertainment system, Complimentary in-room safe, 2-two-line phones, with speakerphones, data ports and voice mail, Complimentary high speed wireless and wired internet services Refrigerator, microwave and coffee maker, Hair dryer and full-size ironing board and iron, Oversized work desk with "Smart Lamp" and ergonomic chair, Sitting area with comfortable chair

Our hotel offers full accessibility with many rooms located on ground level. Elevator service is also available between floors.

Whether you're searching for hotels in Lancaster PA for business or pleasure, our new Suites fulfill all the needs of today's contemporary traveler. The hotel's two-room suites feature a hospitality center with a refrigerator, microwave and coffee maker. Each room offers a large 32" and/or 42" flat panel television and luxurious furnishings. It is the perfect style of room to "sneak in a little business" between your recreation and relaxation.

# RESERVATION INFORMATION

## EXHIBITS OPEN

Monday 7:00am–4:45pm  
Tuesday 7:00am–11am

### **\*Important Registration**

**Information: Early registration will improve your ability to reserve a seat in all preferred workshops.**

## REGISTRATION

The registration form should be completed and emailed, faxed, or mailed to:

**Email:** [info@pacertboard.org](mailto:info@pacertboard.org)

**FAX:** 717.540.4458

**PCB, 298 S. Progress Avenue,  
Harrisburg, PA 17109**

Payment must accompany each registration.

Confirmation letters and driving directions will be emailed for all registrations received up to 11 working days prior to the conference.

## CONFERENCE PRICE INCLUDES

*Monday and Tuesday Continental Breakfast & Breaks*

*Monday and Tuesday Workshops*

*Monday Luncheon*

**Registration will be open Monday, September 28th from 7:00am to 3:00pm and on Tuesday, September 29th from 7:00am to 9:00am.**

# TRAINING SELECTIONS

Please select only one training within each training period—all are 3 hours in duration.

## MONDAY SEPTEMBER 28<sup>TH</sup> MORNING TRAININGS

- Resistance or Resilience:**  
Mind and Body Responses  
*(Intermediate: Clinical, Trauma-Informed)*
- The Power of One:** How and When to Use Your Recovery Story  
*(Basic: Peer focused, MH/SUD)*
- Treating the Family System:**  
Addiction Beyond the Individual  
*(Intermediate: Clinical, Groups, Family)*
- Addressing the Credibility Issues in the Field**  
*(Intermediate: Clinical, Peer, SUD focused)*

## MONDAY SEPTEMBER 28<sup>TH</sup> AFTERNOON TRAININGS

- Methods of Influence for the Change Agent's Toolbox:**  
Understanding and Structuring the Context for Influencing Participation  
*(Intermediate: Clinical)*
- A Progressive and Comprehensive Community-Corrections Based Model:**  
for Treating Addiction, Mental Illness and Criminogenic Risk  
*(Intermediate/Advanced: Criminal Justice, Clinical)*
- Peer Support:** Managing Disruption, Micro-aggressions, and Imposter Syndrome  
*(Advanced: Peer focused, MH, SUD)*
- Treatment and the Evolving Gold Standard**  
*(Intermediate: Research to Practice, Clinical)*

## TUESDAY SEPTEMBER 29<sup>TH</sup> MORNING TRAININGS

- Clinical Application of Grief Counseling in Substance Use Disorder Treatment**  
*(Intermediate: Clinical)*
- Experiential Addiction & Trauma Treatment:** Sociometry, Psychodrama, & Group Psychotherapy  
*(Advanced; Clinical, Trauma-Informed)*
- Ethical Boundaries:** Crossing the Invisible Line  
*(Basic/Intermediate: Ethics, Peers, Clinical)*
- A Harm Reduction Approach to Peer Support**  
*(Basic/Intermediate, Peer focused)*

### CANCELLATIONS/ REFUNDS/ CHANGES

Written refund requests, acceptable up to **10 working days** prior to the conference are subject to a **\$25 administrative fee**. Written substitute attendee requests, acceptable up to 10 days prior to the conference, are subject to a **\$25 administrative fee**. Payments on or after the conference date are subject to a **\$25 administrative fee**.

### CONTINUING EDUCATION

Certificates of attendance with earned continuing education hours will be emailed to all participants within 10 working days after the participant completes a brief on-line training evaluation for each workshop attended.

**10 continuing education hours will be awarded for attendance at the entire conference.**



# REGISTRATION

**Secure on-demand online conference registration is available at [conference.pacertboard.org](http://conference.pacertboard.org).  
Payment must accompany each registration.**

**PCB** · 298 South Progress Avenue · Harrisburg, PA 17109-4626  
phone: (717) 540-4455 · fax: (717) 540-4458 · email: [info@pacertboard.org](mailto:info@pacertboard.org)

*Please Print*

Name.....

Address .....

City .....

State .....

Zip .....

Phone .....

Cell Phone .....

*Note: PCB will be using a text messaging system for our conference. Please include your number for special notifications and give-a-ways.*

Email .....

*Check Here To Receive Confirmation By Email.*

**Conference Fee Schedule**

\$175 Prior To August 14<sup>th</sup>     \$200 After August 14<sup>th</sup>

**Method Of Payment**    Mastercard    Visa    Discover    American Express

Check Enclosed *(Payable To PCB)*

Card Number..... Exp. Date..... 3 Digit Code.....

Name On Card .....