

Know Hope World Conference 2023 American Association of Christian Counselors September 12-16 Nashville, Tennessee

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Christian Medical & Dental Associations and American Association of Christian Counselors (AACC). The Christian Medical & Dental Associations is accredited by the ACCME to provide continuing medical education for physicians.



The AMA Designation Statement

The Christian Medical & Dental Associations designates this educational activity for a maximum of 19 AMA PRA Category 1 Credits(s) $^{\text{TM}}$. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAFP

Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

Nursing

This activity has been submitted to Georgia Nurses Association for approval to award contact hours. Georgia Nurses Association is an accredited approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. **Determination of credit is pending.**

Physician Assistant

AAPA accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit(s) TM. by an organization accredited by the ACCME or a recognized state medical society. **Physician assistants may receive up to 19 credits for completing this activity.**

Nurse Practitioner

The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts AMA PRA Category 1 Credit™ from organizations accredited by the ACCME. Individuals are responsible for checking with the AANPCP for further guidelines. Nurse practitioners may receive up to 19 credits for completing this activity.

American Midwifery Certification Board

American Midwifery Certification Board (AMCB) accepts *AMA PRA Category 1 Credit*™ from organizations accredited by the ACCME. Individuals are responsible for checking with the AMCB for further guidelines.

Objectives:

- -Discuss the role of the most prevalent psychiatric medications prescribed for children, adolescents, and adults.
- -Differentiate fact from fiction and debunk the myths of medication (including the differential onset of action of various medications, what to expect from medications, etc.).
- -Identify the neurobiology, indications, mechanism of action, and management of psychiatric medications.
- -Analyze vignettes illustrating the integration of medication management, counseling, and communication with the multi-disciplinary team, including prescribers.
- -Summarize and apply interventions (e.g., attachment-based psychotherapy techniques, emotional regulation and emotional intelligence development, and integrative medicine approaches).
- -Describe strategies that psychologists, licensed mental health professionals, and medical personnel can add to their toolbox to help clients understand their medications, communicate with prescribers, increase medication compliance, and enhance treatment outcomes.
- -Describe foundational principles of attachment theory through the lens of the secure base system, including exploration, threat, attachment emotions (intimacy, anger, anxiety, depression, and grief), proximity seeking, signaling, and the safe haven experience.
- -Identify the core features of interpersonal neurobiology.
- -Summarize Siegel's triangle of well-being (mind, brain, and relationships).
- -Outline brain basics and how various neurobiological systems are activated and changed in the context of restorative relationships.
- -List each attachment style and its development across the lifespan.
- -Assess how attachment styles influence emotion regulation, self-worth maintenance, resilience, risk, parenting, romantic intimacy, spiritual growth, and risk and resilience to various forms of psychopathology.
- -Describe the main tenets of "Secure Base" Psychotherapy, an integrated approach for assessing attachment and linking the assessment

- results to an integrated, attachment-informed case-formulation system.
- -Critique core therapeutic relationship techniques for skillfully establishing and maintaining a strong, curative, secure-base therapy relationship.
- -Demonstrate crucial skills needed to detect and manage treatment resistance and potential therapy wounds.
- -Outline six core, evidence-based therapy strategies (including more than a dozen specific techniques) within an attachment-informed perspective to common clinical cases, including depression, anxiety, trauma, addiction, and disruptive mood dysregulation.
- -List the 11 major risk factors that damage the brain based on current research.
- -Outline 11 strategies to enhance brain health for clients and patients of psychologists, licensed mental health professionals, medical professionals, and ministry leaders.
- -Utilize the Five-Question approach to eliminate bad thoughts with clients.
- -Describe the theoretical basis of DBT and its use in the therapy process.
- -Identify the four skill modules of DBT and identify specific skills within each module.
- -Discuss how they would manage a high-risk "therapy interfering" behavior using DBT within their clinical work with psychologists, licensed mental health professionals, and medical professionals.
- -Define and provide examples of implicit bias, prejudice, race-based trauma, and race-based stress.
- -Identify examples of implicit bias, prejudices, race-based trauma in the case examples provided or from a lived experience.
- -Apply ACT-based strategies when faced with intrapersonal prejudicial reactions so that client care is maintained, and multicultural competency enhanced.
- -Discuss definitions, statistics and research on compassion fatigue, vicarious trauma, and burnout.
- -Identify individuals and groups most at risk for compassion fatigue and the possible physical and mental health consequences.
- -Utilize a variety of tools designed to assess compassion fatigue including the Pro-QOL and new Pro-QOL Health.
- -Discuss practical interventions for recovery and self-care resilience plans that can be utilized with clients but can also be implemented for the professional caregiver for themselves and their colleagues.
- -Discuss the research on Adverse childhood experiences and how Adverse childhood experiences are carried into adulthood and produce long-term mental and physical health problems.
- -Describe specific emotional and cognitive chains that bind others/self to their history of Adverse childhood experiences.
- -Identify strategies to help clients who suffer from Adverse childhood experiences find emotional and behavioral calm and resolution to mitigate physical issues.
- -Recommend strategies to those with a faith-based worldview.
- -Describe the principal factors that have fueled the opioid epidemic.
- -Describe the neurobiology of opioid dependence, the complexity of pain management, and its contribution to opioid use disorder.
- -Analyze strategies for the treatment of opioid use disorders including level of care assessment,
- -Identify and differentiate cognitive patterns that occur in a positive and negative space.
- -Outline the function in dysfunctional thoughts and behavior and how they affect clients emotionally, physically, and spiritually.
- -Describe short-term and long-term benefits and consequences of positive and negative space thinking and behavior.
- -Describe how licensed mental health professionals, medical professionals, and ministry leaders can use these tools in session to help clients make a manual reset, escaping negative spaces.
- -Describe the role of trauma in compulsive and addictive eating, which can lead to obesity and other medical issues.
- -Design sensitivity and assessment questions to identify underlying emotional pain associated with dysfunctional eating patterns.
- -List skills for managing food recovery and trauma wounds.
- -Describe behavioral signs and symptoms of Alzheimer's disease that can be identified by medical and mental health professionals.
- -Design a plan with the family for role and environmental changes as well as caregiving support.
- -List community and care resources that can aid the family in difficult transitions.
- -Compare the etiology and symptoms of PTSD and Complex PTSD.
- -Identify the differing effects of specific types of trauma on victims.
- -Discuss specific evidence-based treatment models for both PTSD and Complex PTSD.
- -List accessible, potential collaborative professional relationships to assist in the anxiety treatment of their clients.
- -Analyze the existing anxiety treatments of individual clients and make recommendations for collaborative services/resources in addition to current anxiety treatments.
- -Describe the potential efficacy of these service/resource additions to their clients.
- -Evaluate the applicability of the 2023 AACC Code of Ethics to current developments and issues for psychologists, other licensed mental health practitioners, students, pastoral counselors, and coaches.
- -Identify and apply through case review, ethical faith-based counseling practices to help attendees competently navigate challenges and issues in current mental health practice, law, and public policy.
- -Analyze ethical situations that may lead to legal complications so professionals and students can seek additional advice on how to best proceed.
- -Evaluate the potential role of serotonin in depression and the new research that has come to light about its relationship with depression symptoms.
- -Examine the relationship between brain circuitry, immune response, and cellular brain changes in depression.
- -Design holistic interventions to promote brain health and reduce risk of depression with psychologists, licensed mental health professionals, medical professionals, and ministry leaders.
- -Utilize emotional intelligence and relational wisdom techniques for engaging clients in areas of Diversity Equity and Inclusion.
- -Use worldview assessment questions and techniques to include in clinical assessment when engaging clients in areas of Diversity Equity and Inclusion.

- -Assist psychologists, licensed mental health professionals, and medical professionals to develop a personal plan to engage with others using the proposed Dwelling in Grace and Truth model.
- -List five dimensions of the "machine metaphor" that characterizes many psychologists, licensed mental health professionals, medical professionals, and ministry leaders understanding of psychiatric medication.
- -Describe recent research evidence that demonstrates the importance of the therapeutic relationship for the effectiveness of psychiatric medications, apart from the chemical action of the drugs.
- -Use both "inside-out" and "outside-in" formulations of mental health problems.
- -Outline four faith-based theological principles that guide wise use of psychiatric medications with faith-based clients.
- -Describe what research has discovered about the relationship between religion and mental health and recognize why evidenced-based treatments in faith-based counseling are so important.
- -Identify the limitations of randomized clinical trials (RCTs) and challenges involved in conducting them.
- -Discuss how to design, fund, and manage an RCT to test a Faith-based approach to therapy.
- -Describe how to apply faith-based therapies to clinical practice.
- -Examine the five specific ways culture has changed.
- -Describe the powerful impact this culture shift has had on teenagers.
- -Outline the current clinical solutions and their effectiveness.
- -Describe how to apply practical tools that can help clinicians and ministry leaders recalibrate their response to this serious issue.
- -Describe basic neuroscience related to brain structures and changes (neuroplasticity) in the treatment of stress and anxiety to clients in a way they can understand.
- -Describe how the parasympathetic nervous system works to calm stress and anxiety using polyvagal theory, the power of connection and somatic techniques.
- -Discuss how to apply evidenced-based strategies for both amygdala-based and cortex-based anxiety.
- -Compare growth vs fixed mindset and utilize strategies to build resiliency such as lifestyle changes, faith-based spiritual practices for faith-based clients and positive emotions.
- -Describe the brain research on sex, sexual response theories and medical interventions that optimize sexual functioning of couples that can enhance sexual fulfillment in marriage.
- -Identify attitudes and expectations of men and women toward their own and their spouse's sexuality, as well as gender-related roles and responsibilities for sex in marriage that either interfere with or promote sexual fulfillment.
- -Assess the sexual therapy tools pioneered by the presenters.
- -Identify research on persistent, treatment resistant depression develops and is maintained by attachment related process.
- -Discuss the core strategies and techniques of CBASP: How to administer the Significant Other History, construct a Transference Hypothesis, perform an Interpersonal Discrimination Exercise, and complete an Interpersonal Situation Analysis.
- -Describe how and when to combine CBASP strategies with other treatment approaches.

Develop techniques and strategies that are easily integrated into a Christian worldview with Christian clients.

- -Outline resiliency and the programs and resources offered through the military.
- -Describe contributing factors among military professionals experiencing PTSD, suicidal ideation and behavior, and problems with reintegration.
- -Identify ways in which psychologists, licensed mental health professionals, medical professionals, and ministry leaders can help service members and their families gain resiliency in remaining military strong among military professional PTSD, suicidal behavior, and problems with reintegration.
- -Describe the lingering mental health effects of the pandemic in children in the United States.
- -Identify the signs and symptoms of common childhood mental disorders.
- -Assess levels of psychological distress in children utilizing a simple tool.
- -Outline the role of the church in supporting children and families struggling with mental health problems.
- -Discuss the neurobiological effects of trauma and the neurotherapeutic benefits of sandtray therapy.
- -Identify the basic materials used in sandtray therapy and develop strategies involved in the process of doing sandtray therapy.
- -Assess which clients and patients would benefit from sandtray therapy by a mental or medical health professional.
- -Define the various forms of human suffering.
- -Show the various forms of human suffering.
- -Identify the significant interpersonal neurobiological features of suffering.
- -Summarize findings from neuroplasticity, attachment and Internal Family Systems as helpful responses to suffering.
- -Illustration how to help patients engage in practices that help shift their experience from suffering to hope.
- -Describe the overt and covert forms of emotional abuse used to maintain power and control over an individual.
- -Outline the physical, mental, emotional, and spiritual impact of emotional abuse on victims using Scriptural and research support.
- -Assess possible abusive situations using specific questions and look for "red flags" to discern the difference between those who sincerely want to change and those who do not but want to but appear like they do.
- -Identify the five components of trauma informed care.
- -Outline treatment protocols for victims, abusers, and abusive relationships.
- -List factors that place individuals at risk for trafficking victimization.
- -Cite factor for identifying those who are trafficked.
- -Analyze various techniques traffickers use on their victims and how those techniques form bonds between the victim and trafficker.
- -Outline how psychologists, other licensed mental health professionals, medical professionals, and ministry leaders can intervene in human tracking.
- -Discuss different treatment interventions that can be used with those who are victims of human trafficking.

- -Summarize the clinical science that displays the importance of forgiveness after a traumatic event and two evidence-based treatments for clients.
- Describe 10 methods from REACH Forgiveness to promote forgiveness with special considerations for dealing with trauma.
- -Evaluate 10 methods from the Hope-Focused Couple Approach to help improve couple relationships.
- -Name three explanatory frameworks for understanding gender identity, transgender experiences, and nonbinary identities.
- -Describe three explanatory frameworks for understanding gender identity, transgender experiences, and nonbinary identities.
- -Identify three areas of current controversy in care for minors with diverse gender identity issues, such as medical interventions and how medical professionals, psychologists, and licensed mental health professionals can engage families in these discussions on care.
- -Examine strategies for working with conventionally religious families in which a family member experiences a diverse gender identity.
- -Identify DSM-5 dissociative symptoms according to the DSM-5-TR.
- -Discuss the BASK model of dissociation.
- -Evaluate the status of evidence-based treatment of addiction-related difficulties.
- -Analyze key components of evidence-based treatment of conditions throughout the addiction spectrum that apply to substance and behavioral addiction-related difficulties.
- -Use principles of conceptualization, diagnosis, and treatment planning consistent with evidence-based treatment and best practices.
- -Utilize the understanding of dissociation for the assessment and treatment of various disorders.
- -Describe the current trends that are leading to the increase in non-suicidal self-injury.
- -Outline the new, subtle warning signs of NSSI presented by struggling teens.
- -Utilize actionable and practical tools that can help psychologists, mental health professionals, medical professionals, and ministry leaders rethink a response with teenagers and parents.
- -Describe the fundamental psychological and neurobiological effects of trauma on children.
- -Identify the rationale for using the developmentally appropriate approach of play therapy when working with traumatized children and how to identify those children who would be most appropriate for this type of therapy.
- -Discuss the empirical basis for and efficacy of play therapy.
- -Summarize the six major spiritual struggles that clients may experience.
- -Describe the empirical evidence for the effectiveness of religious and spiritual therapies, including Christian therapies, which incorporate dealing with spiritual struggles.
- -Summarize effective clinical interventions for dealing with spiritual struggles in therapy, including a Christian perspective, with appropriate ethical guidelines.
- -Outline research that has discovered the relationship between religion and mental health.
- -Identify why evidence-based treatments in faith-based counseling are so important.
- -Describe the limitations of randomized clinical trials (RCTs) and the challenges involved in conducting them to provide evidence-based faith-based therapies.
- -Discuss several new structured manualized faith-based therapies for treating depression, anxiety, and moral injury in the setting of severe trauma.
- -Describe the methods and conclusions of a recent systematic review (Moncrieff et al. 2022) showing a lack of consistent evidence for the serotonin hypothesis of depression.
- -List two reasons why mental disorders cannot be reduced to disorders of the brain or neural circuits.
- -Identify one psychological and social good and four psychological and social harms associated with describing mental illness as caused by biological dysfunction.
- -Identify risk factors that accelerate the aging process.
- -Compare normal aging with pathological aging (dementia).
- -Outline evidence-based lifestyle factors and non-drug interventions that slow the aging process and prevent dementia.
- -Identify traits of narcissistic and emotional abuse as well as typical physiological symptoms associated with this abuse.
- -Outline various psychosomatic illnesses often associated with narcissistic and emotional abuse
- -Describe the relationship between chronic marital stress and psychosomatic illness.
- -Summarize best practices for treating those suffering from narcissistic and emotional abuse and assisting them in finding appropriate physical care, setting healthy boundaries, and taking ultimate responsibility for their healing.
- -Outline the changes in the ethics codes of the APA, ACA, and NASW over time and compare these code changes to the changes made in the AACC Y2023 Code of Ethics.
- -Discuss how certain federal, state, and local laws impact psychiatrists, psychologists, other medical providers, and licensed mental health professionals and their work with clients.
- -Identify ways that medical and mental health professionals with sincerely held religious beliefs can practice ethically and within the parameters of their professions.
- -Assess the individualized and unique needs of a client who is the victim of online sexual abuse and explore the potential recourse available to a victim through legal means.
- -Discuss the clinician's and the Church's role in assisting victims and protecting victims from online sexual abuse.
- -Identify ways to equip parents to protect children from online predators.
- -Utilize increased awareness when assessing patients for risk of suicide.
- -Utilize specific prevention strategies tailored to the individual's circumstances and convert them into a specialized treatment plan.
- -List the characteristics of a postvention model of trauma recovery into an individual's plan.
- -Define evidence-based assessment.
- -Differentiate the role of evidence-based assessment in each stage of evidence-based practice.

- -Use current faith-based integrative, evidence-based assessment approaches and tools to clinical scenarios with faith-based clients.
- -Describe the body's autonomic nervous system and limbic system response to psychological stress as a basis for intervention.
- -List interventions used to calm the sympathetic nervous system and increase feelings of safety and calm.
- -Compare and contrast two anxiety brain pathways and choose evidence-based strategies for intervention based on each pathway.
- -Evaluate predisposing characteristics and personality traits of clients who present with hostile and resistant behavior.
- -Identify your level of self-awareness, genuineness, interpersonal skills, and non-judgmental approach when working with challenging clients.
- -Analyze empirical strategies and biblical principles that support a positive outcome for faith-based clients who present with hostile dispositions.
- -Identify the diagnostic criteria for disaster-induced post-traumatic stress and post-traumatic stress disorder (PTSD).
- -Describe current assessments that effectively assess post-traumatic stress and PTSD and provide essential information for determining treatment goals.
- -Utilize a case study to practically apply assessments to treatment planning for a client with disaster-related PTSD.
- -Summarize the impact of reproductive trauma, including the short- and long-term negative effects on mental health, relationships, spirituality, and religious support.
- -Describe specialized treatment modalities for reproductive trauma, including trauma-informed treatment using EMDR, clinical/support groups, and religious-based integrative therapies for clients.
- -Identify community, mental health, and medical resources that can be implemented at a community level to increase awareness and reduce the effects of reproductive trauma.
- -Describe three explanatory frameworks for understanding gender identity, transgender experiences, and nonbinary identities.
- -Identify three areas of current controversy in the care of minors.
- -Discuss strategies for working with conventionally religious families in which a family member experiences a diverse gender identity.
- -Discuss how trauma affects memory from the Adaptive Information Processing model.
- -Describe the Safe Calm Place protocol and briefly practice this technique.
- -Identify three different populations and how EMDR therapy can be an effective treatment for various disorders in addition to PTSD.
- -Identify the nine domains of integration of interpersonal neurobiology.
- -Recommend principles of integration to enable patients to develop a secure attachment.
- -Describe how to assist patients in making durable changes via the practice of attunement to the activity of the mind in the present moment across the nine domains of integration.
- -Describe the three phases of Memory Reconsolidation therapy.
- -Analyze five therapy models that seem to use Memory Reconsolidation as a mechanism of change.
- -Summarize a procedure for integrating attachment with God into the trauma healing process.
- -Describe the originations of codependency, and codependency's current relevance in mental health and substance abuse treatment.
- -Discuss how to develop a family and social systems approach to substance use disorder treatment.
- -Discuss how to develop treatment options for codependent recovery.
- -Evaluate several of the Emotional Intelligence assessments available and the factors to consider when choosing one for your client, group, or team.
- -Discuss how to use Clifton Strengths to enhance clients' growth and effectiveness.
- -Compare the benefits and limitations of four personality assessments, including the Enneagram.
- -Describe compulsive overeating from an addiction perspective
- -Identify therapeutic interventions and biblically based spiritual tools to help behaviors, cognitions, emotions, and relationships in recovery for faith-based clients.
- -Utilize therapy knowledge for eating disorders treatment.
- -Describe the nature and function of emotion regulation and how self-destructive behavior can result when emotion is dysregulated.
- -Articulate how secure attachment in childhood enables the development of the brain structures that facilitate emotion regulation.
- -Identify unique strategies for managing and treating emotion dysregulation with practical tools for use inside and outside the therapy room.
- -Describe the neurobiology of addiction, depression, and anxiety.
- -Discuss dopamine down-regulation in the development and maintenance of depression, anxiety, and addiction.
- -State the repercussions of unhealed trauma from a Polyvagal Theory perspective.
- -Describe the transdiagnostic framework supporting the Unified Protocol.
- -Identify how and why the UP conceptualizes emotional disorders, with a particular emphasis on panic disorder and agoraphobia.
- -Outline the core modules of the UP and evaluate how they can be effectively applied to reduce symptoms and promote healing.
- -Define body image and identify why teens struggle to accept their changing physiques during these years.
- -Describe why eating disorders become a coping mechanism of choice for many teens to remedy poor body image, low self-esteem, insecurity, and pain.
- -Analyze the latest strategies, techniques, and effective treatment models that have proven successful in helping young people to live a whole and healthy lifestyle that incorporates their faith.
- -Identify how to help parents of struggling teens have open and respectful conversations around the topics of identity, body image, and faith.
- -Evaluate how traffickers and the sex industry exploit normal developmental processes in children and adolescents.
- -Summarize the devastation of manipulation of worldviews and identity in creating commercial sex workers.
- -Analyze key components of assessment and treatment plans aimed at healing the damage of trafficking.
- -Describe how to apply tools to assess trauma and attachment-based automatic responses in children, adolescents, and adults.
- Identify trauma and attachment-based automatic response deficits for therapeutic goal setting.
- -Identify strategies of emotional regulation and attachment security to reduce defensive fight/flight/freeze reactions and improve interpersonal skill development and family connectivity,

- -Utilize activities that promote secure attachment principles to maintain satisfying relationships throughout the lifespan.
- -Identify the distinctive elements of a professional approach using Restoration Therapy to pursue growth.
- -Discuss the benefits and challenges of applying each of the three experiential techniques used in Restoration Therapy to traumatic emotional memories.
- -Examine aspects of Restoration Therapy utilizing case examples.
- -Identify effective counseling techniques for depression, anxiety, grief, and PTSD with the brain-injured population.
- -Describe how brain injury deficits mimic mental health diagnoses.
- -Differentiate brain injury deficits from mental health diagnoses.
- -Discuss the biblical perspective of purpose during brain injury recovery for willing faith-based clients.
- -Summarize the complexity of the internal world and how trauma produces misalignment within the internal world of our clients.
- -Cite procedures on how to help bring resolution to where the misalignments were originally produced.
- -Formulate ways to help clients learn how to live in the proper alignment with the Spirit rather than from their souls.
- -Describe a model for resiliency-building with youth, which equips them to intervene more effectively and efficiently.
- -Analyze their current approach to resiliency-building through the lens of developmental assets.
- -Synthesize the information provided to formulate plans to enhance resiliency-building.
- -Identify legal and ethical pitfalls that are most likely to result in complaints or lawsuits.
- -Illustrate a practice in a way that prevents accusations of ethical lapses.
- -Summarize a plan to respond with wisdom and integrity to any complaint or lawsuit that may arise.
- -List universal human needs.
- -Analyze how these needs are understood and described in another culture through dialogue with the client.
- -Summarize this knowledge to confidently impart HOPE and help clients in multicultural and cross-cultural relationships and contexts.
- -Describe the legal, medical, and other preparations needed for planning a more peaceful transition to the end of life and be able to discuss those effectively.
- -Design tools to write, plan, and share your own end-of-life wishes.
- -Recommend clients and loved ones write their end-of-life wishes.
- -Apply an outline of what you hope your end-of-life wishes entail.
- -Describe what story you want as their legacy.
- -Design a well-crafted response when working with surviving family members to assist them in telling a child about a death by suicide in a developmentally appropriate manner.
- -Identify five common emotional responses of children bereaved by suicide.
- -List ways children can honor the deceased in an attempt to develop continuing bonds between the person who died and the child.
- -Analyze a relational conflict based on endogenous theories and reframe the offense according to individualized expectations.
- -Describe research-based techniques that promote increased agency, self-reflection, forgiveness, and conflict resolution in faith-based clients.
- -Use research-based techniques that promote increased agency, self-reflection, forgiveness, and conflict resolution in faith-based clients.
- -Evaluate conflict-generating expectations using criteria that promote an internal locus of control.
- -Identify what traumas are most common in domestic sex trafficking.
- -Examine the complexity of the needs of victims of sexual exploitation.
- -Describe the scope of services offered by long-term restorative care.
- -Identify the roles of counseling, medication, school, family dynamics, and spirituality in a holistic approach to understanding and improving the mental health of willing faith-based children and adolescents.
- -Discuss the communication and collaboration necessary in developing effective treatment plans for youths and their families through the use of scenarios.
- -Summarize a toolkit of strategies to guide youths and their families toward improving mental health and optimal functioning.
- -Compare and contrast the similarities and dissimilarities between the two diagnoses of ADHD and Neurocognitive Disorder (Dementia).
- -Summarize the potential correlation between diagnoses of ADHD and Neurocognitive Disorder (Dementia).
- -Describe practical tips on how to utilize the findings discovered in a client evaluation for ADHD and/or Dementia.
- -Identify four eating disorder symptoms that result from the primary and structural dissociative processes associated with sexual abuse.
- -Differentiate the entrenched and/or oscillating hyper/hypoarousal patterns associated with trauma-induced autonomic nervous system distress that drive eating disorder symptoms.
- -Design four effective strategies for reducing hyper/hypoarousal and dissociative patterns. associated with sexual abuse that hinder therapeutic gains in eating disorder treatment.
- -Describe the foundational rationale for the application of these innate tools as related to research surrounding the release of hormones and neurotransmitters, as well as the physical and emotional implications of their use.
- -List the use of numerous unsuspecting tools for facilitating grounding and resilience as they support themselves through challenging stressors, traumas, and seasons of life.
- -Describe experiential techniques that assist the professional in achieving a reduction of distress, increased hope, motivation for change, and whole-person resilience.
- -Cite current research findings to colleagues and peers related to sexual attraction in counseling.
- -Identify and apply ethical guidelines when sexual attraction occurs in counseling to maintain ethical practice.
- -Describe practical steps to implement within a counseling practice to safeguard from the pitfalls of attraction.
- -Identify the cultural and linguistic challenges that Latino couples and families may face in mental and medical services.
- -List strategies and techniques for addressing these challenges in a culturally and linguistically responsive manner.
- -Illustrate these techniques for addressing challenges in a cultural and linguistically manner with case studies.

- -List three to five brain-based fundamentals of sleep which coaches and medical professionals can use to educate their clients who struggle with sleep.
- -Outline three to five spiritual based sleep insights that can help clients form their theology of sleep (Bishop, 2018) to incorporate into a sleep development plan.
- -Apply the "Sleep Better Plan" to a case study for practice to prepare themselves for use with future clients who struggle with sleep.
- -Describe intimate partner violence and coercive control dynamics in romantic relationships.
- -Outline the embodied experiences of victims and survivors of intimate partner violence and coercive control.
- -Discuss the process of long-term healing and growth after an abusive relationship has ended.
- -Identify and assess five critical factors in assessing adolescent homicidal potential.
- -Describe five critical preventive factors in reducing adolescent homicidal potential.
- -Analyze the research findings to their practice in assessing and reducing adolescent homicidal harm potential.
- -Analyze the current state of loneliness in the U.S. and around the world.
- -Describe some of the biopsychosocial consequences of loneliness across the lifespan.
- -Summarize how to use a newly developed and validated instrument for measuring the level of, and factors related to, loneliness as an adjunct to mental health treatments.
- -Identify the neurological process that allows a client to let go of emotions and body sensations surrounding the traumatic event.
- -Analyze the steps of memory development and comprehend how neurons that fire together wire together.
- -Describe the process of the amygdala/limbic system blocking frontal lobe access to trauma survivors, thus hijacking, and locking out access to the frontal lobe.

AGENDA

| TIME | TOPIC TITLE | FACULTY NAME | NUMBER OF CREDITS |
|---|--|--|-------------------|
| Tuesday – Septem | ber 12 | | |
| 9am-12:15 pm and 1:45pm-5pm (2 15 minute breaks) | The Impact of Attachment, Emotional Intelligence, and Medication in the Mental Health Treatment of Youth: A Medical Update for Mental Health Professionals | Khunley, M.D., John Khunley, Ph.D., Anita | |
| | Attachment-based Intervention Specialist Training | May, Ph.D., Sharon Sibcy, Ph.D., Gary | 6 |
| | Hijacked and Bruised: Issues and Techniques when Working with Sexual Assault and Domestic Violence | Goodson, M.A., Esq., Molly- Catherine K. Feigel, M.A., Amy Thomas, Ph.D., Ph.D., John | |
| Wednesday - Sept | tember 13 – Morning Preconference Workshops | | |
| 8:30am-11:45am (1 15-minute break) | Mental Health, Faith, and Ethics: Current Challenges and Issues PTSD and Complex Trauma: Differential Diagnosis and Evidence-based Treatment Models | Jenkins, Psy.D., David Maxon, J.D., Esq., Jeanneane Gingrich, Ph.D., Heather Davediuk | |
| | Sandtray Therapy for Traumatized Adolescents | Sweeney, Ph.D., Daniel | |
| | Practical, Evidence-based Interventions to Thrive Against Anxiety and Stress in Challenging Times | Mintel, Ph.D., Linda | |
| | Grace for the Children: Post COVID-19 Mental Health Disorders and Interventions | Stanford, Ph.D., Matthew | |
| | Creating Stability in the Chaos: DBT for Borderline Personality Disorder and Complex Trauma | Anderson, Ph.D., Shannae | |
| | Research on Faith-Based Therapies: What You Need to Know to Have an Evidence-based Practice or Ministry | Koenig, M.D., Harold | 3 |
| | Rethinking Depression and Neurobiology: The Serotonin Debate and Drug-free Treatments | Jennings, M.D., Timothy R. | |
| | Lifeline for Families Dealing with Alzheimer's Disease | Erwin, Ed.D., Kathie | |
| | Unable to Stop: When Food Addiction and Trauma Collide | Epstein, Psy.D., Rhona | |
| | Understanding Implicit Bias and Applying Acceptance and Commitment Therapy to Improve Multicultural Competence in Mental Healthcare | Brooks-Davis, Psy.D., D. Fredrica Garzon, Psy.D., Fernando | |
| | The Fentanyl and Opioid Crises: Trends, Issues, and New Horizons in Treatment and Recovery | Eklund, M.S.W., John | |

| | From Fixing to Attending: A Framework for the Use | Kinghorn, M.D., Warren | |
|------------------|--|--|---|
| | of Psychiatric Medications | Kiligilotti, W.D., Walteli | |
| | Gender Identity & Religious Faith in Clinical | Yarhouse, Psy.D., Mark | |
| | Practice | Sadusky, Psy.D., Julia | |
| | Military Strong: Resilience in the Midst of PTSD, | Speight, D.Min., Dallas | |
| | Suicide, and Reintegration | Speight, M.Div., M.MFT, Scott | |
| | The Deepest Place: Suffering and the Formation of Hope | Thompson, M.D., Curt | |
| Wednesday - Sept | tember 13 – Afternoon Preconference Workshops | | |
| 1:45pm-5:00pm | Change Your Brain Every Day: Developing Elite | Amen, M.D., Daniel | |
| (1 15-minute | Mental Performance | | |
| break) | Abuse, Trauma, and the Emotionally Destructive | Vernick, M.S.W., Leslie | |
| | Relationship Race, Justice, and Diversity: Using Emotional | King, D.S.W., M.A., M.S.W., | |
| | Intelligence, Relational Wisdom, and Worldview | David | |
| | Assessment to Improve Practice | Long, Th.D., James | |
| | Attachment-based Intervention for Clinically | Sibcy, Ph.D., Gary | |
| | Resistant Depression | , , , , , | |
| l | The Anxiety Reset: Effective Collaborative | Jantz, Ph.D., Gregory | |
| | Treatments and Strategies for Anxiety Disorders | | |
| | Promoting Forgiveness in People Experiencing | Worthington, Jr., Ph.D., | 3 |
| | Trauma | Everett | 3 |
| | Mental Health Healing After the Trauma of Adverse | DiBlasio, Ph.D., Fredrick A. | |
| | Childhood Experiences Teen Loneliness, Loss, and Suicide: Healing a Lost | Mayfield, Ph.D., Mark | |
| | Generation | Clark, Ph.D., Chap | |
| | Holy Passion: Sex Therapy Trends and Insights | Penner, Ph.D., Cliff | |
| | from Over 50 Years of Clinical Practice | Penner, M.N., R.N., Joyce | |
| | Deconstructing Negative Self Talk: Practical Tools | Elliott, M.A., Charles | |
| | to Escape a Toxic Mindset | Elliott, M.S., Ashley | |
| | The Epidemic Behind the Pandemic: Assessment | Cisney-Ellers, M.A., Jennifer | |
| | and Treatment of Compassion Fatigue, Burnout, | Ellers, D.Min., Kevin | |
| | and Vicarious Trauma | Welf Die D. Channan | |
| | Human Trafficking and the Sex Industry: How to Identify and Help Those Who are Trapped | Wolf, Ph.D., Shannon Black, M.A., Sabrina | |
| Thursday Sontor | mber 14 – Morning Track Workshops | Diack, M.A., Gabilla | |
| | <u> </u> | Cinggish Dh D. Haathar | |
| 8:45am-10:00am | Recognizing Dissociative Symptoms in the Diagnosis and Treatment of Mental Health | Gingrich, Ph.D., Heather Davediuk | |
| | Disorders | Davediuk | |
| | What Works: Evidence-based Treatments for | Jenkins, Psy.D., David | |
| | Substance-related and Addictive Disorders | -, -, -,, - | |
| | Help! My Teen is Self-injuring: A Crisis Manual to | Mayfield, Ph.D., Mark | |
| | Help Teens and Parents | | |
| | Developmentally Appropriate Treatment of | Sweeney, Ph.D., Daniel | |
| | Childhood Trauma: The Evidence-based use of | | |
| | Play Therapy | T DID ALL | 1 |
| | Dealing with Spiritual Struggles in Psychotherapy: | Tan, Ph.D., Siang-Yang | |
| | Empirical Evidence and Clinical Applications from | | |
| | a Faith-based Perspective Research on Faith-based Therapies: What You | Koenig, M.D., Harold G. | |
| | Need to Know to Have an Evidence-based Practice | rating, m.b., riardia d. | |
| | or Ministry | | |
| | Beyond Chemical Imbalance: How to Talk with | Kinghorn, M.D., Th.D., | |
| | faith-based healthcare professionals about | Warren | |
| | Psychiatric Medications | | |
| | The Aging Brain: Proven Steps to Prevent | Jennings, M.D., Timothy | |
| | Dementia The Rody Pears the Burdon, The Physical | Howking M.C.W. M.A. DL.D. | |
| | The Body Bears the Burden: The Physical Consequences of Narcissistic and Emotional | Hawkins, M.S.W., M.A., Ph.D., David | |
| | Abuse in Marriage | Satio | |
| | | 1 | |

| | Ethics, Law, and Licensure: Changes and Challenges facing Mental Health Professionals in 2023 | Connors, Ph.D., Mercy Scruggs, J.D., Jonathan Long, Th.D., James | |
|-------------------|--|--|---|
| Thursday - Septer | mber 14 – Afternoon Track Workshops | , | |
| 2:15pm-3:30pm | Revenge Pornography, Sexual Exploitation, and Sextortion: Addressing Sexual Abuse in a Digital Age | Goodson, M.A., Esq., Molly- Catherine | |
| | Post-Pandemic Suicide Risk: Prevention, Intervention, and Postvention | Jantz, Ph.D., Gregory | |
| | From Intake to Termination: Integrative Evidence- based Assessment and Clinical Practice | Hathaway, Ph.D., William | 1 |
| | Practical and Evidence-based Interventions to Calm Anxiety and Manage Stress | Mintle, Ph.D., M.S.W., Linda | |
| | Using Evidence-based Strategies, the Enneagram, and Biblical Principles when Working with Difficult Clients | Bartley, Ph.D., Seigel Braboy, Ph.D., Deborah | |
| Friday – Septembe | er 15 – Morning Track Workshops | | |
| 8:45am-10:00am | What am I Missing? Conducting PTSD Assessment Following Man-made and Natural Disasters | Louvier, M.Div., Michelle | |
| | Faith Renewed: Restoring Hope and Healing to Clients Experiencing Reproductive Trauma | Kent, Ph.D., Vanessa | |
| | Gender Identity and Gender Dysphoria in Professional Counseling | Yarhouse, Psy.D., Mark Sadusky, Psy.D., Julia | |
| | EMDR Therapy: An Overview | Weinhold, M.A., Elizabeth | |
| | From Imagination to Incarnation: Being in the | Fitzgerald, M.A., Kathleen Thompson, M.D., Curt | |
| | Room Where It Happens | • | |
| | A Faith-based Approach to Memory Reconsolidation Therapy with Traumatized Clients | Lowe, Ph.D., Barbara | 1 |
| | Addicted to You: The Role of Boundaries and 12- Step Recovery in Treating Codependency | Eklund, M.S.W., John | |
| | Empowering Assessments: Using Emotional Intelligence, Enneagram, Clifton Strengths, and | Shaffer, M.A., Georgia | |
| Friday – Septembe | Personality Inventories er 15 – Afternoon Track Workshops | | |
| 2:15pm-3:30pm | Compulsive Overeating and the Addictive Spectrum: Treating the Whole Person | Epstein, Psy.D., Rhona | |
| | Riding the Waves of Emotion: Practical Skills for Emotion Regulation in Suicidal and Self-Harming Clients | Anderson, Ph.D., Shannae | |
| | Young Adults and Adolescents vs the Hydra, the Multi-headed Beast: Trauma, Addictions, Dopamine, and Spiritual Emptiness | Hickmon, Ph.D., Adrian | 1 |
| | Using the Unified Protocol to Treat Panic Disorders and Agoraphobia | Sibcy, Ph.D., Gary | |
| | Why Teens Hate their Bodies: Treating Body Image, Eating Disorders, and Identity Confusion in Gen. Z | Feigel, M.A. | |
| 4:15pm-5:30pm | Sex Trafficking: Understanding the Wounds and Helping Survivors Heal | Wolf, Ph.D., Shannon | |
| | From Fear to Connection: A Toolkit for Overcoming Trauma and Insecure Attachment with Adolescents and Adults | Kuhnley, Ph.D., Anita Compton, Ph.D., Lisa | |
| | Peace Realized: Experiential Techniques in Restoration Therapy for Traumatic Memories | Salwen, Ph.D., Erik Wade, M.D., Ekpendeme | |
| | Faith-based Counseling for Brain Injury: Techniques for Survivors and Families | Adams, Ph.D., Deana Foster, B.A., Patti | |
| | Restoring Self Cohesion: An Innovative Approach to Reduce Personality Disorder Features that are | Crawford, Psy.D., Shannan | 1 |
| | Rooted in Trauma | 1 | |

| | The Science of Resilience: Working with At-Risk Youth | Albright, Ph.D., Rick Gillespie, M.A., Nancy Indeglio, Ed.D., Nick DeGroat, M.Ed., Sydney | |
|-------------------|--|--|---|
| | Avoiding and Responding to Ethical Complaints or Lawsuits Understanding Universal Human Needs in Therapy: | Buchanan, Ph.D., Lynelle Rouleau, J.D., Rachel Dodds, Ph.D., Lois | |
| | Building Confidence in Multi-cultural and Cross- cultural Contexts | , , | |
| Saturday – Septer | nber 16 – Morning Track Workshops | | |
| 8:45am-10:00am | Ending Well: Facilitating End-of-life Decisions and Conversations for Dignity and Legacy | Best, R.N., M.A., Kimberly | |
| | Through the Tears: Helping Families Discuss Suicide Loss with Children | Ford, Ph.D., Natalie | |
| | Peacemaking: Resolving Conflict and Restoring Relationships for Clinicians and Ministries | Davis, Psy.D., M.A., M.MFT, Jeneen | |
| | Victimology and Restorative Care in Domestic Sex Trafficking | Allert, Ph.D., Jeanne | |
| | A Multimodal and Multi-disciplinary Approach in the Mental Health Treatment of Youth | Kuhnley, M.D., E. John Silvey, EdD., Richard Justin | |
| | Are ADHD and Dementia Connected? The | Fowler, Ed.D., Richard | |
| | Research and Therapeutic Implications | Black, Ph.D., Carlie | |
| | Trauma-Based Dissociation and Autonomic Nervous System (ANS) Dysregulation in Eating- Disordered Populations | Charleton, M.S.W., Christopher | 1 |
| | Bounce: Faith-Based Tools to Build Resilience and Reduce Burnout in a Stressed, Anxious and Traumatized World | Gibbs, Ph.D., Donna | |
| | What Do I Do Now? Counseling Ethically when You | Dalton, Ph.D., James | |
| | are Sexually Attracted to a Client | Cravens, Ed.D., Mike | |
| | Engaging the Latino Population: Culturally Sensitive Counseling for Couples and Families | San Roman, Ed.D., Luis | |
| | The Sleep Better Plan: A Brain-based, Faith-based Sound Sleep Coaching Tool | Stone, M.Div., D.Min., Ph.D., Charles | |
| Saturday - Septer | nber 16 – Afternoon Track Workshops | - THE IVO | |
| 2:15pm-3:30pm | Intimate Partner Violence and Coercive Control: | Phifer, Ph.D., Joy | |
| op 0.00p | Assessment and Treatment Using an Embodied Approach | Coleman, Ph.D., Shelley | |
| | Adolescent Homicidal Threat Assessment: Psychometric Findings from a Newly Developed Instrument | Moore, Ph.D., Ed.D., Robert | |
| | Lost Connection: Assessment and Treatment of Loneliness Across the Life Span | Kelley, Ph.D., Brian Fraser, M.S., Blake Ferdock, Ph.D., Matt | 1 |
| | A Faith-based Approach to Exposure Response Prevention and Inhibitory Learning Therapies for Obsessive-Compulsive Disorder | Lair, M.A., Judy | |
| | The Evolution of EMDR: How One Modality Can Change an Entire Practice | Lovell, Psy.D., Carole Kiessling, MSSW, Roy | |

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Activity Planners, Faculty and CMDA CE Review Committee

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