

# FORWARD MARCH

TRAINING SEMINAR AND SYMPOSIUM  
MAY 30 - 31, 2019



**MOVING FAMILIES FORWARD**  
**DURING CHALLENGING TIMES**



# PROGRAM INFORMATION

**MAY 30 - 31, 2019**

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

## LOCATION

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

## FEE

Both days: \$189 Student (w/current ID): \$49.50  
Single day Registration: \$99 Student (w/current ID): \$49.50

## DESCRIPTION

Welcome to the 9th Annual Forward March Training Seminar and Symposium. We are proud of the innovative nature of Forward March in bringing together over 75 different organizations to educate, train, and enhance the professional practice of over 1500 professionals from across our region in order to improve outcomes for veterans, service members, and their families.

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

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

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

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

## TARGET AUDIENCE

This Training Seminar and Symposium will be beneficial to substance abuse professionals, psychologists, social workers,



## Special VIP Dinner Option

Limited Availability

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

Airborne Special Ops Museum  
100 Bragg Boulevard Fayetteville, NC 28301

case managers, counselors, school personnel, clergy, military personnel, military community groups, veteran services, government, faith-based and community resources, non-profits, and private organizations. Other interested mental health or human service professionals are welcome to attend.

## CREDITS/REFUNDS

CEU: 1.2

Contact Hours: 12.0

Credit will be awarded to participants who attend 100% of the program. SR-AHEC adheres to NAADAC Education Guidelines Provider #108762 (Substance Abuse Credit). The program will provide 12.0 contact hours (category A) continuing education credit to NC Psychologists.

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

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

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

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

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

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



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# The Barry Robinson Center

## *A Behavioral Health System for Youth*

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

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

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



**TRICARE Accepted**

**BarryRobinson.org**

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

# PROGRAM AGENDA

## THURSDAY, MAY 30, 2019

8 a.m. **Greetings and Introduction of Plenary Speaker, *Sushma Kapoor, MD***

**Presentation of Colors, *Westarea Elementary School "Men of Promise"***

**National Anthem**

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

8:10 a.m. **Fort Bragg Community Welcome**

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

**Opening Plenary - Rachel's Challenge**

*Larry Scott*

The inspiring story of Rachel Scott whose example of kindness and acceptance was brought to light when she became the first victim in the Columbine High School tragedy. Conveyed through stories from Rachel's life and writings, this keynote address shows the profound positive impact we can have on those around us. The presentation demonstrates to the listener the power of deliberately reaching out in word and action to others to start what Rachel called "a chain reaction of kindness and compassion." It encourages participants to examine their own lives in the light of the following 5 challenges. The five challenges are: Look for the best in others, continue to dream, be a positive influence, speak and act with kindness, and start your own chain reaction.

Objectives:

- Discuss how to reflect on their relationship with and impact on the people around them; and
- Explain how hope in a person's life can have purpose through service to others.

9:20 a.m. **The Barry Robinson Center, *Rob McCartney, MSW***

9:30 a.m. **Break**

9:40 a.m. **Breakout Sessions**

**A.) Working with Trauma and Military Families**

*Shenae Whitehead, PhD*

The United States Armed Forces consists of over 3.6 million service members across the five branches of the military; and with each service member that proudly serves is their family, be it a spouse, children, parents, siblings, or extended family (Office of the Deputy Under the Secretary of Defense, 2011). Although military life can be a very interesting and pleasant experience for some, there are also several stressors that military families face that may lead to negative outcomes. Researchers have shown that these military stressors include relocations, separations from family, PTSD, deployments, risk of injury or death to the service member, and infidelity (Burrell, Adams, Durand, & Castro, 2006). Unfortunately, military families endure a lot of traumatic experiences that are often unforeseen and can ultimately change their lives, as well as the lives of their loved ones. Some of these traumatic experiences are obvious like combat, but others not so much, such as having a spouse or parent stationed in another state or country. However, regardless of its form, trauma is not easy to overcome and requires persistence and will, so it is important for mental health clinicians to be able to recognize and learn ways to adequately assist military families who have or are currently experiencing trauma.

Objectives:

- Review military family demographics and military personnel structure;
- Identify deployment cycle and identify how it affects the service members, spouse, and children;

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- Discuss PTSD and how it may look in military families;
- Discuss secondary PTSD in military spouses;
- Identify additional clinical issues that are increased due to military family exposure; and
- Review resilience factors and clinical interventions to utilize to help military families.

## **B.) Acute Concussion/Mild Traumatic Brain Injury: Identification and Progressive Return to Activity**

*Bernetta Wiggins, MA*

This session will familiarize participants with DoDI 6490.11: Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting. The guidance provides comprehensive, maximum protection for Service members exposed to potentially concussive events in the deployed setting. The recommendations describe mandatory responsibilities and processes for medical and line leaders, identifies, tracks, and ensures the appropriate evaluation and treatment of Service members exposed to potentially concussive events, to include blast events. This requires mandatory medical evaluation and minimum 24-hour rest period, beginning at the time of the event, for all Service members exposed to potentially concussive events.

### Objectives:

- Describe Traumatic Brain Injury; and
- Review DVBIC's Progressive Return to Activity Clinical Recommendation Tool

## **C.) Assessing and Treating Substance Use Disorders Among Millennials**

*Jim Mallinson, MA, LCAS, CCS*

The use of traditional clinical skills when working with Millennials can create a wide range of challenges for a clinician. Millennials' lives are infused with technology, being the first generation "connected" since childhood. They are the most educated and most ethnically diverse generation in American history. Often they are described as overly confident, over-scheduled, impatient, and demanding. Parents and employers say they have a short attention span, and want excessive affirmation and immediate solutions.

This breakout session examines various clinical practices that may be employed when working with Millennials while also exploring ways to avoid barriers presented by more traditional treatment options. It also explores the use of non-traditional, evidence-based treatment approaches, including the use of technology and interventions using medications.

### Objectives:

- Identify the characteristics of the Millennial generation;
- Discuss their knowledge of the recovery process for Millennials, and how to use the unique characteristics of this generation in conducting assessments and initiating treatment interventions;
- Identify the traditional and non-traditional treatment methodologies for Millennials; and
- Discuss the ethical concerns associated with non-traditional treatment approaches used with this generation.

## **D.) How Young Children Learn to Regulate Their Emotions**

*Julia Yeary, ACSW, LCSW*

With the high operational tempo of military life, the associated stress can have an impact on a young child. The social and emotional development of a young child is directly tied to school success. But how do we support a young child's social and emotional development? How do we support

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their developing skills in learning to regulate their emotions? This workshop will also include specific strategies for families dealing with the added stressors associated with life in a military-connected family.

## Objectives:

- Discuss supporting a young child's social and emotional development; and
- Identify specific strategies for families dealing with the added stressors associated with life in a military-connected family.

## **E.) Cultural Diversity and Workforce Development**

*Carmen Crosby, PhD*

When appropriately leveraged, cultural diversity is a building block of successful workforce development. Cultural competence and diversity are frequently referenced as the standard in effective leadership and team efficiency.

Developing a contextual consciousness is the process by which we seek to understand and build relationships across varied perspectives, however an often neglected foundation is self-reflection. This presentation offers language, theory, and additional strategies for independent and organizational growth.

## Objectives:

- Identify five facets of cultural identity;
- Summarize the constructs within Intersectionality Theory;
- Discuss the concepts of cultural competence, sensitivity, humility, diversity and inclusion;
- Discuss the Intersecting Axes of Privilege, Domination and Oppression to identify privileged and marginalized aspects of identity.

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

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

## **A.) Lunch Plenary**

### **Who is Appropriate for Trauma-Focused PTSD Treatment?**

*Stefanie LoSavio, PhD*

Numerous trauma-focused treatments exist that are effective in the treatment of posttraumatic stress disorder (PTSD), such as cognitive processing therapy (CPT) and prolonged exposure therapy (PE). Despite the large evidence base supporting the use of these treatments and clinical guidelines recommending them as first line PTSD treatments, they are not widely used in community settings. Many providers have concerns about whether evidence-based, trauma-focused treatments are right for their patients and settings. In this session, Dr. Stefanie LoSavio will provide an overview of the data on trauma-focused PTSD treatment, highlight common concerns that providers have about these treatments that prevent them from delivering them/referring patients for them, and discuss who is appropriate for such treatments and factors associated with good treatment outcome.

## Objectives:

- Describe the research literature on the effectiveness of evidence-based trauma-focused treatment across populations and settings;
- Review concerns that service providers have about trauma-focused treatments and whether these are supported by the research literature; and
- Identify who can benefit from trauma-focused treatment.

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

1 p.m. Break

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

## **A) Working with Warrior Ethos, Moral Injury, and Violations of the Just-World Belief during PTSD Treatment**

*Stefanie LoSavio, PhD*

PTSD treatment has been shown to be effective among active duty military personnel and veterans. However, military-affiliated patients may present with unique experiences and beliefs. For example, many military personnel experience moral injury, traumatic loss, and other experiences that seem wrong or unfair. Military personnel may also struggle to reconcile traumatic events with warrior ethos (e.g., “I will never accept defeat,” “If everyone does their job, everyone comes home”). In this breakout session, Dr. Stefanie LoSavio will discuss examples of how military experiences and beliefs may present in PTSD treatment and provide practical suggestions for how to address such beliefs using cognitive therapy techniques. This session is particularly appropriate for providers who deliver cognitive or cognitive-behavioral treatment to individuals with PTSD.

### Objectives:

- Describe moral injury;
- Discuss examples of warrior ethos; and
- Review examples of just-world beliefs.

## **B.) The Heart of Mindful Living**

*Karen L. Goble, MA*

This session introduces the foundations of mindfulness as a natural quality of awareness that can be strengthened and contribute to well-being. This session will explore practices that enhance skills for attentiveness and self-compassion. Participants will gain practical strategies for integrating mindfulness in daily activities.

### Objectives:

- Describe the foundations of mindfulness;
- Identify core mindfulness practices and their application in everyday life; and
- Discuss practices that support well-being.

## **C.) Best Practices for Using Multi-Media Tools to Engage Millennial Parents**

*Julia Yeary, ACSW, LCSW*

Using multi-media tools, this session will share resources developed specifically for millennial parents and demonstrate methods of turning everyday situations into teachable moments. We will focus especially on tools developed to engage fathers, including ZERO TO THREE’S Daddy Matters series and the app Babies on the Homefront, developed for military-connected children.

### Objectives:

- Identify resources developed specifically for millennial parents; and
- Demonstrate methods of turning everyday situations into teachable moments.

## **D.) Wired to Connect: Working with Extraordinary Military Children**

*Megan Numbers, LPC, RPT and Carolyn Cordasco, LCSW, RPT*

Sometimes, it can be difficult for providers – and parents – to comprehend the amount of stress that military children experience. In addition to common childhood stressors that most children face,



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military children also deal with other unique stressors related to the military lifestyle (e.g. extended separations from parent(s) during deployment, disrupted relationships due to frequent moves, preoccupied parents who are coping with combat-related illness and injuries, etc). This presentation will discuss how mental health professionals can better understand military children and families through a cultural lens, while providing them with more adequate techniques and interventions that address their specific needs. Additionally, this presentation will overlay the stages of development with military culture and will examine attachment theory through a military cultural lens.

## Objectives:

- Review military culture, specifically the culture of special operations;
- Discuss the four developmental tasks of children and adolescents and the psychosocial stages of development to military children specifically;
- Identify the role of regulation in working with children and how to engage with military children in a playful manner;
- Summarize attachment theory from a military cultural lens and apply their knowledge to the children and families they work with; and
- Review creative activities that will assist their clients in regulation, attunement, and attachment.

## **E.) Mental Health Challenges and Disorders in Youth and Young Adults**

*Bertina Parkins, MA*

This breakout session will provide an overview of Youth Mental Health First Aid. Youth Mental Health First Aid's goals are to teach members of the public how to respond in a mental health emergency with young adults and youth and to also offer support to a young person who appears to be in an emotional distress. Youth and young adults face and experience mental health challenges differently than adults. Youth Mental Health First Aid (YMHFA) was developed because symptoms of the same mental disorders can look different in children and adults. The importance of being aware of culture, diversity, and the uniqueness of the life experiences of individual youth and families is woven throughout Youth Mental Health First Aid. This session will address the importance of the role of family members or other caregivers in YMHFA.

## Objectives:

- Summarize the differences in mental health challenges and mental disorders;
- Identify roles and responsibilities of adults when helping a youth; and
- Discuss how to communicate with young people from different cultural backgrounds.

2:45 p.m.

Break

3 p.m.

## **Closing Plenary**

### **Development, Communication, and Discipline with Teens**

*Michael Shapiro, PhD and Mary Shapiro, PhD*

This closing plenary will discuss the idea of adolescence while describing a number of parenting styles.

## Objective:

- Review the historical basis for the concept of adolescence;
- Discuss the normal trajectory of neurological, cognitive, social, and emotional development;
- Describe four different parental styles; and
- Summarize the systems of discipline that can be successfully employed with teenagers.

4:30 p.m.

## **Closing Remarks/Adjourn Day 1**

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## FRIDAY, MAY 31, 2019

8 a.m. **Opening Remarks**, *SFC (Retired) Howard Lattimore, MSW*

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

8:20 a.m. **Greetings and Introduction of Plenary Speaker**, *Mary Sonnenberg, M.Ed*

### **Opening Plenary**

#### **Treating Children and Adolescents with Attachment Disorders**

*John Lesica, MD*

This breakout session will provide an overview of the attachment theory along with a review of the Reactive Attachment Disorder through the DSM V criteria. There will be clinical examples of attachment issues and discussions around past and future directions of treatment efforts.

#### Objectives:

- Summarize basic tenets of attachment theory and review DSM V criteria for Reactive Attachment Disorder;
- Discuss an overview of attachment issues;
- Review clinical examples of attachment issues in children, adolescents and adults; and
- Discuss treatment efforts to include past and future directions.

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

9:20 a.m. Break

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

#### **A.) Applied Behavior Analysis (ABA) Therapy**

*William Killian, PhD*

This breakout session will help discuss information and tools for people working with families with children on the spectrum, the ABC's of behavior and how to measure behavior. The principles of ABA when working with people with autism, and specific techniques to address more challenging behaviors, ex. talking, toileting, tantrums, timeouts, will also be discussed.

#### Objectives:

- Describe the origins of ABA;
- Discuss why ABA is effective;
- Explain how to work best with families who have children on the spectrum; and
- Review examples of positive outcomes from ABA.

#### **B.) Suicide Prevention and Supporting Women Veterans**

*Kendra Danzer, MSW, LCSW and Maira Munir, MSW, LCSW*

Suicide is a public health challenge that causes immeasurable pain among individuals, families, and communities across the country. If we work together, Suicide is also preventable. Veteran suicide is an urgent issue that the VA along with its stakeholders, partners, and communities nationwide, must address. This session will address Veteran suicide statistics, specifically the rise of Women Veterans and how one can understand risk and support Veterans to safety.

#### Objectives:

- Review data and statistics related to veteran suicide-related deaths;
- Discuss risk factors within the Women Veteran Population;

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- Identify signs, risk factors and protective factors for suicide;
- Summarize treatment and risk management for veterans who are at increased risk for suicide; and
- Describe lethal means safety planning and counseling.

## **C.) Substance Use Disorders and Older Adults**

*Jason Yates, LCSW, LCAS, CCS*

This breakout session will include the scope, the prevalence, and consequences of substance use among older adults. This session will review research based findings along with perspectives, screening and treatment pertaining to substance use and older adults.

### Objectives:

- Review the scope, prevalence and consequence of substance use amongst older adults;
- Identify the stigma associated with substance use and associated disorders;
- Discuss research based findings and perspectives pertaining to older adults and substance use; and
- Demonstrate knowledge about screening and treating substance use disorders amongst older adults.

## **D.) 4R Suicide Intervention Training**

*Kimberly Franco*

This evidence-based training covers four different topics: Red Flags, Reactions, Resources, and Reinforcements. Each section is taught at length to ensure a quality learning experience. Each section is delivered with a general overview and completes with a detailed and descriptive lesson. Each concept of the training is a building block of the next lesson. Participants will learn each concept, and the class will culminate with an exercise to demonstrate understanding and confirm learning. The 4R method mirrors a logical action path that most are likely already using, but puts a structure to their actions and gives them labels.

### Objectives:

- Identify red flags to signal a person may be at risk of suicide (ex. physical, social media posts, text messages, etc.);
- Review how to properly ask the question of suicide and engage in good listening techniques;
- Discuss proper ways of taking the person to help (911, or other resource);
- Summarize what resources are available within their local community for support; and
- Identify reinforcing support to help the person feel a sense of belonging.

## **E.) Bullying and Children/Adolescents with Disabilities**

*Rob Schooley, MSW, LCSW*

This breakout session will discuss how children with disabilities experience bullying differently relative to their peers. This session is designed to identify and discuss the prevalence, dynamics, impact and factors that affect children with disabilities. A brief review of interventions is also addressed.

### Objectives:

- Explain the dynamics of bullying;
- Describe the relationship between bullies and bullied students with disabilities;
- Identify short and long term implications of these unwanted aggressive behaviors;
- Review the importance of protecting all children from displaying and participating in unwanted aggressive behaviors; and
- Discuss the implications of current research on bullying prevention programs.

11:00 a.m.

Networking Break, Visit Exhibitor Tables and Lunch (provided)

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11:45 a.m.

## Lunch Plenary

### Helping Children During the Toughest Times – Practical Suggestions

*Dr. Angela Tunno and Chaney Stokes*

Military families, although extremely resilient, also face unique stressors including mobility, deployment, and separation. Although not true for all families, some of these unique stressors can potentially be related to an increased risk for mental health difficulties, including risk for suicidality. Including resources for military families and schools, this presentation will focus on ways of supporting military-connected youth, suicide prevention approaches, and the work of the UCLA-Duke Adolescent Suicide/Self-Harm and Substance Abuse Prevention (ASAP) NCTSN Center in disseminating interventions for suicidal youth exposed to trauma in multiple service systems.

#### Objectives:

- Identify the current statistics focused on suicidality and youth with a focus on military families;
- Discuss the risk factors for suicidality;
- Review ways of supporting military-connected youth through suicide prevention and intervention resources; and
- Demonstrate knowledge about the UCLA-Duke Adolescent Suicide/Self-Harm and Substance Abuse Prevention (ASAP) NCTSN Center.

1:15 p.m.

## Defining Moments Video Presentation

1:20 p.m.

Break

1:30 p.m.

## Breakout Sessions

### A.) The Crisis Navigation Project: Promoting the Use of Psychiatric Advance Directives

*Bebe Smith, MSW, LCSW*

Psychiatric advance directives (PADs) are legal documents that support autonomy and self-direction by allowing a person with mental illness to state their preferences for treatment in advance of a crisis. There are two kinds of legal documents: (1) “Advance Instruction” to list preferences and (2) “Health Care Power of Attorney” to appoint a trusted person to make decisions.

If a person is in crisis, and not capable of speaking for themselves, medical professionals can refer to the PAD to get a clear description of the person’s preferences for treatment. PADs are only used temporarily, and only when the person is incapable of making or communicating treatment decisions. They are effective crisis planning tools that have the potential to reduce coercive interventions and to promote recovery.

The Crisis Navigation Project provides training at a variety of levels to increase the use of PADs in community-based, outpatient, inpatient and crisis settings. The project is funded by The Duke Endowment and is a collaborative effort between Southern Regional AHEC, NCEBP Center, Duke University Medical Center, and NAMI North Carolina.

#### Objectives:

- Describe PADs and how they can be helpful;
- Identify strategies to increase the use of PADs; and
- Discuss local implementation strategies to increase the use of PADs in outpatient, crisis and inpatient settings.

### B.) Addressing Behavioral Challenges in Individuals with ASD

*Joanna Mussey, PhD*

Clinical and Educational providers frequently face complex behavioral concerns while working with



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individuals on the autism spectrum. This breakout session will focus on identifying the learning style of individuals with ASD and how learning style affects the success of interventions. Participants will learn a systematic approach to describe challenging behaviors, identify underlying causes related to learning style and how to develop possible strategies for intervention.

## Objectives:

- Review learning styles of individuals with ASD;
- Discuss the connection between learning styles, challenging behaviors and structured TEACCHing strategies for behavior management; and
- Identify a process for understanding and managing difficult behaviors in the home and school setting.

## **C.) Substance Use Disorders in the Military**

*Carlos D. Graham, DHA, LCSW, LCAS*

This training will explore the interconnection between military service, trauma and substance abuse within veteran populations. It will provide an overview of factors such as military culture, combat exposure and military sexual trauma effects on veterans developing substance abuse and co-occurring disorders.

## Objectives:

- Examine the scope of substance use, co-occurring disorders and trauma within veteran populations; and
- Discuss research findings and perspectives pertaining to veterans and substance use.

## **D.) Brain Based: Discover the Neuroscience of Self-Care for Clinicians and Clients**

*Libby Marlatt-Murdoch, LPC, LCAS, CCTP, CTRTC*

Self-care is essential to survival in today's world where clinicians and clients face chronic stress, acute and complex trauma, burnout, compassion fatigue and vicarious trauma. This breakout session educates providers about the neuroscience of self-care and differentiates between coping and regulation. This breakout session addresses cultural myths about self-care; for example, that self-care is selfish and self-care is only about caring for your own mind, body, and soul and doesn't involve caring for your relationships. This breakout session will empower clinicians to understand holistic self-care. The definitions of chronic stress, acute and complex trauma, burnout, compassion fatigue, and vicarious trauma will be addressed. Clinicians will gain tools and interventions that can be implemented for personal self-care and with those they serve.

## Objectives:

- Define risk factors that make self-care a necessity;
- Discuss the difference between coping and regulation, and why it is important to create self-care plans that address the whole person based on concepts in neuroscience;
- Discuss cultural myths about self-care; and
- Review a number of tools, interventions, and activities that can be used to develop one's own self-care plan and/or applicable to work with clients.

## **E.) Improving Learning and Adaptive Functioning for Individuals with Autism**

*William Killion, PhD*

This breakout session will focus on identifying the needs of people with autism and offering techniques and skills to assist them with learning and in the development of functional skills. Current research related to autism will be reviewed. Specifically, suspected organized realities for people with autism and known treatment efforts that appear clinically effective. There will be programs and

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techniques geared towards enhancing areas of known adaptive delays and functioning offered. The importance of teaching adaptive skills from initial diagnosis throughout the lifespan will also be discussed.

Objectives:

- Identify the current probable incidence rates for autism;
- Explain current programs and how they appear to be successful;
- Discuss specific techniques or teaching concepts that help people with autism;
- Describe the concepts of skill acquisition, including the sequential steps to learning when working with people who have developmental disabilities; and
- Discuss how to informally assess learning needs for individuals with autism.

3 p.m.	Break
3:10 p.m.	<b>Introduction of Plenary</b> <b>Closing Plenary</b> <b>Enduring Warrior</b> <i>Bernie Justilien, Marine Veteran</i>
4:15 p.m.	<b>Closing Remarks</b>

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# SPEAKER BIOGRAPHIES



**Carolyn Cordasco, LCSW, RPT,** has 38 years experience in working with adult, children, and families. She was an English teacher in NC and NJ. She is a Licensed Clinical Social Worker with her graduate degree from Boston University. She did an internship at the 97th General Hospital

in Frankfurt, Germany with the military and families. She has worked in prisons and youth centers. She started the NC Sexual Offender Treatment Program in 1990 in the NC Department of Corrections. She has experience working in hospitals, private practice, and with the military. She is trained in Cognitive Behavior Therapy, Dialectical Behavioral Therapy, Play Therapy, Motivational Interviewing, and military issues. She has been a Clinical Director with various clinical agencies. She has been a presenter and speaker over her career. She is a former military kid and is excited to be working with this generation of military kids.



**Carmen Crosby, PhD, MSW, LMSW,** is an accomplished interventionist specializing in clinical practice, social equity and cultural diversity, health inequity, victimization, and recovery. Her experience spans work with individuals recovering from complex trauma to organizations wanting policy and

value congruence. Dr. Crosby worked and researched in the areas of sexual and interpersonal violence and multi-tiered interventions with (in) marginalized populations. She wears many hats as health equity researcher, clinical practitioner, and macro level social worker. Dr. Crosby's most recent publications are in the Journal of Interpersonal Violence, Violence and Aggression, and the Journal of American College Health. Dr. Crosby earned her Ph.D. from the University of North Carolina at Chapel Hill where she focused on the development, application, and evaluation of prevention initiatives and research. Dr. Crosby obtained both her MSW with a concentration in Interpersonal Practice with Children, Youth, Families, and Society and her BA in Psychology, from the University of Michigan, Ann Arbor. This presenter is being supported through the partnership of UNC-CH, School of Social Work and the NCAHEC program.



**Kendra Danzer, MSW, LCSW,** is a Licensed Clinical Social Worker currently serving as a Suicide Prevention Coordinator at the Fayetteville, NC VA Medical Center. Kendra has been working in the social work field for 13 years providing services to children, families, adults and now Veterans

in outpatient and inpatient settings. Kendra has her Bachelor of Arts Degree in Social Work from Loras College in Iowa and a Master's Degree in Clinical Social Work from Youngstown State University in Ohio. Kendra is a certified trainer in ASIST: Applied Suicide Intervention Skills Training. In her short time at the VA she has also served as the Urgent Care Mental Health Provider assisting in assessment and referral for Veterans with increased acuity and suicidality. Kendra was also recognized for her recent innovative efforts with outreach in distributing coasters to local restaurants and bars that notate information about the Veteran's Crisis Line. This effort has been recognized as a VA Best Practice within the Veterans Integrated Service Network. Kendra is passionate about suicide prevention and mental health recovery and believes that one small act can make a difference between life and death. In her free time, Kendra enjoys spending time with her family and staying active through powerlifting and strongman events.



**Kimberly Franco** is a retired Military Police Captain with over 23-years of service. In her 22nd year of service, she lost her brother to suicide and she requested to be released to pursue full time work in suicide awareness and prevention. In 2013 she began work as a Suicide Prevention Program Manager

for the Army Reserves and was certified as a Master trainer in Applied Suicide Intervention Skills Training (ASIST). She is the primary trainer of trainers for the Army suicide prevention training, and developed the Army Reserve training on the Soldier Leader Risk Reduction Tool, which is now a mandatory requirement for all Army Reserve Soldiers to attend.

Kimberly attended Instructor Trainer Course in 2000 and has been a trainer in many disciplines for over 18 years. She has first-hand knowledge of the learning styles that work best for retaining the information and has been a consultant on the development of new training for the military.

Kimberly founded One Common Bond to address the issues that were not addressed – helping families after a loss. They provide grief care packages to those in need as well as provide a connection between those with similar loss. One Common Bond has an initiative to provide grief care packages to every Gold Star Military Family who loses a loved one while serving for our country.

# SPEAKER BIOGRAPHIES



**Karen Goble, MA**, joined the Southern Regional AHEC Continuing Medical Education team in 2019 and brings experience with CME in the NC AHEC system. She earned her Master of Arts in Health Education and Promotion from East Carolina University in 2012. Karen's research

and professional interests focus on wellness and resilience and she is a certified teacher of Cognitively Based Compassion Training through the Emory-Tibet Partnership.



**Carlos D. Graham, DHA, LCSW, LCAS**, has over a decade of experience providing a wide range of clinical social work services to veterans and their family members. Dr. Graham has extensive clinical practice experience with veteran populations suffering from PTSD, substance abuse and

dual diagnosis. He has a Doctor of Health Administration degree from the Medical University of South Carolina and a Master of Social Work degree from the University of South Carolina. Dr. Graham maintains clinical social worker licensure in NC and SC along with multiple specialty licensures and certifications in substance abuse. He is also former a U.S. Air Force Security Policeman with a deployment to the Persian Gulf combat theater.



**William Killion, PhD, BCBA**, is a Board Certified Behavioral Analyst, possessing 40 plus years of direct experience with individuals with developmental disabilities including autism. He possesses a B.S. in Speech Pathology with a minor in Psychology, a M.Ed. in Special Education

and a PhD in Developmental Psychology. He is a Board Certified Behavior Analyst (BCBA). He is an internationally published author. Publications include the Functional Independence Skills Handbook (F.I.S.H.), The ABC's of Autism: An Overview and Guide for Parents, Teachers and Others who want to better understand people with Autism, and The Tackle Box training manual. Other publications include generic training concepts related to developmental disabilities and online assessments to measure staff competencies related to implementation of developmental training techniques.



**SFC (Ret.) Howard Lattimore, MSW**, was born in Charlotte, N.C. After graduating high school, he enlisted in the United States Army as an Infantryman (11B). Sergeant First Class (Ret.) Lattimore participated in Operation Desert Storm with the 101st

Airborne Division, and Operation Iraqi Freedom with V Corps (Germany). Upon retiring from the military with over 21 years, SFC (Ret.) Lattimore completed his Bachelor of Social Work Degree with Methodist University. He continued his education by completing his Masters of Social Work Degree with the University of New England in 2013. He is now in the Masters of School Administration Program with Fayetteville State University. SFC (Ret.) Lattimore has been employed with Cumberland County Schools (CCS) since 2011. He was a school social worker for six years and is currently the Military Family and Youth Liaison for CCS. He is a member of Friendship Missionary Baptist Church and Omega Psi Phi Fraternity, Inc.



**John J. Lesica, MD**, serves as a Child and Adolescent Psychiatrist at Womack Army Medical Center. He conducts outpatient assessment and treatment of children and adolescents. He is also an active participant in community education and is the Director of the Child Psychiatric Program.

He received his MD from Georgetown University School of Medicine in Washington D.C. and is Board Certified by the American Board of Pediatrics, the American Board of Psychiatry and Neurology and American Board of Psychiatry and Neurology in Child Psychiatry.



**Stefanie LoSavio, PhD**, is a clinical psychologist involved in training and research focused on treatment of posttraumatic stress disorder (PTSD). Dr. LoSavio is a consultant for cognitive processing therapy, an evidence-based treatment for PTSD. Dr. LoSavio's research interests include dissemination and implementation of evidence-based treatments. Specifically, she studies how effective PTSD treatments work and how to best translate these treatments into patient care settings to retain their effectiveness while making treatment is compatible with provider needs.



**Jim Mallinson, MA, LCAS, CCAS**, has more than 30 years of experience as a clinician and administrator in substance abuse treatment both in the community and on the college campus. Mr. Mallinson has taught courses on addictive disease, certification preparation, ethics, and healthcare management at various institutes throughout the region including the North Carolina Foundation for Alcohol and Drug Studies, NCEBP Center, and the Duke Addictions Program. Mr. Mallinson provides



# SPEAKER BIOGRAPHIES

counseling services, clinical supervision, and consultation services through his practice Carolina Counseling Services in Salisbury, NC. He is on staff in the Department of Psychiatry and Behavioral Health at Wake Forest University Health Services, and he serves as a faculty member at Catawba College in Salisbury. Mr. Mallinson is a NCSAPPB Licensed Clinical Addictions Specialist and Certified Clinical Supervisor, and a NAADAC certified Master Addiction Counselor..



**Elizabeth (Libby) Marlatt-Murdoch, LPC, LCAS**, is dually licensed in North Carolina and Ohio. She has been practicing in the fields of mental health and substance abuse since 2013. Libby is a Certified Clinical Trauma Professional and is also Certified in Choice Theory and Reality Therapy. Libby specializes

in topics in neuroscience, including self-care, relationships, trauma, and addiction. She focuses on techniques based on brain science in treatment, including EMDR, and believes in educating and empowering her clients. As a published author and experienced trainer, Libby has a passion for making neuroscience accessible to clients and other clinicians in the field.



**Maira Munir, MSW, LCSW**, is a Licensed Clinical Social Worker currently serving as a Suicide Prevention Coordinator at the Fayetteville VA Medical Center. Maira holds a Bachelor of Arts Degree from Rutgers University and a Master of Social Work degree from Fayetteville State University.

Maira has served children and adolescents, families, and Veterans throughout her social work career in community, outpatient and inpatient settings. Maira is also trained in Cognitive Processing Therapy and offers this to Veterans who are diagnosed with Post-traumatic Stress Disorder and receive suicide prevention case management services. Maira is a certified trainer in ASIST: Applied Suicide Intervention Skills Training. In her free time, Maira enjoys working out, practicing yoga, reading and spending time with her two cats.



**Joanna Mussey, PhD**, is a Clinical Assistant Professor in the Department of Psychiatry at the University of North Carolina at Chapel Hill, and licensed clinical psychologist with the UNC TEACCH Autism Program Greensboro Center. Her position at TEACCH involves providing

direct care services to both children and adults with ASD and their families. She completed her clinical internship at the University Of Colorado School Of Medicine and received her Ph.D. in Clinical Psychology from the University of Alabama. Her clinical and research interests are in the areas of executive

function skills, gender differences, symptomatology and needs across the lifespan, and efficacy of professional training.



**Megan Numbers, LPC, RPT**, is a licensed professional counselor and registered play therapist who specializes in working with military children. She has a private practice in Southern Pines, NC and has worked military service members and their families for 10 years. Megan is a military spouse

and a former military kid. She is a published author, trainer, and presenter and is passionate about working with military children.



**Bertina Parkins, MA**, is the Director of Continuing Education Mental Health for Southern Regional AHEC. Before joining Southern Regional AHEC, Bertina worked in the mental health field in different capacities with KidsPeace Foster Care and Family Services, Cardinal Clinic LLC and

NC Department of Health and Human Services in the Field Services Unit for over 13 years. Bertina received her B.S. and M.A. from Fayetteville State University in Fayetteville, NC.



**Rob Schooley, MSW, LCSW**, graduated with a Master of Social Work from the University of Illinois at Urbana-Champaign in 2004. He currently serves as a Behavior Specialist for the Chatham County Schools where he provides direct services to children and adolescents displaying academic, social

and/or emotional difficulties. In addition to conducting functional behavior assessments and developing behavior intervention plans, Rob utilizes cognitive-behavioral techniques as well as mindfulness-based interventions to address the needs of the population he serves. Rob is a certified trainer for Nonviolent Crisis Intervention, a Field Instructor for the University of North Carolina at Chapel Hill School of Social Work, and a Faculty Advisor for the Boston University School of Social Work.



**Larry Scott** is Rachel's uncle from Rachel's Challenge. His two teenagers were present at Columbine High School the day of the shooting. Larry has spoken to tens of thousands of people in live settings as well as on numerous television broadcasts. Larry's warm and caring personality effectively

communicates Rachel's message of kindness and compassion.

# SPEAKER BIOGRAPHIES



**Mary Shapiro, PhD**, is the Director of the ADHD Clinic at SR-AHEC, where she specializes in the diagnosis and treatment of ADHD, behavior disorders, and other childhood conditions. For the 30 years prior to moving to North Carolina, she was in private practice in Athens, Georgia with

Michael Shapiro, and served children in predominately rural and underserved areas. She completed her PhD in Educational Psychology at the University of Georgia in 1984 and interned in the Department of Neurology at the Medical College of Georgia. She and her husband, Dr. Michael Shapiro have lectured extensively (both domestically and abroad) on topics related to child psychology, parenting, marriage, adoption, and mental health issues in a Christian context. They have authored two publications for Discipleship Press International; “Rejoice Always: A Manual for Christians Facing Emotional Challenges” and “Understanding Sexual Behavior in Children: How to be Proactive in Educating and Protecting your Children.”



**Michael Shapiro, PhD**, currently serves as the Director of Behavioral Medicine at Duke Medical School’s Southern Regional Area Health Education Center. As a member of the SR-AHEC faculty, he participates in the education and training of physicians going through their 3-year residency in Family

Medicine. In addition, he provides direct clinical service to patients in the SR-AHEC family medicine clinic and at Cape Fear Valley Hospital. He completed his PhD in Educational Psychology at the University of Georgia in 1984 and interned in the Department of Neurology at the Medical College of Georgia. For the 30 years prior to moving to North Carolina, he was in private practice in Athens, Georgia with his wife, Dr. Mary Shapiro, and served children in predominately rural and underserved areas. They have lectured extensively (both domestically and abroad) on topics related to child psychology, parenting, marriage, adoption, and mental health issues in a Christian context. They have authored two publications for Discipleship Press International; “Rejoice Always: A Manual for Christians Facing Emotional Challenges” and “Understanding Sexual Behavior in Children: How to be Proactive in Educating and Protecting your Children.”



**Bebe Smith, MSW, LCSW**, is project coordinator for the Crisis Navigation Project at Southern Regional AHEC. She worked for 21 years at the University of North Carolina at Chapel Hill in clinical and academic roles. Her work has focused on providing evidence-based treatment and services to persons

who live with schizophrenia and other severe mental illnesses. She helped develop the first early psychosis program in North Carolina at UNC in 2005, and was a founder of the UNC Center for Excellence in Community Mental Health in 2008. She also led a pilot of Critical Time Intervention from 2012-2015, an evidence-based intensive case management model for persons with mental illness provided during periods of transition. She was the NASW-NC Social Worker of the Year in 2012.



**Chaney Stokes** has worked with children, youth and families who have experienced multiple forms of trauma since 2010. She currently services as staff specialist with UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self Harm, and Substance Abuse Prevention and Treatment. Chaney Stokes also works as program coordinator for SaySo (Strong Able Youth Speaking Out) with Children’s Home Society of North Carolina. She has extensive experience in educating providers in trauma focused mental health care and is becoming well known for her work with Transition Age Youth and Family Engagement. As a current co-chair of the Transition Age Youth Collaborative Group with the National Child Traumatic Stress Network, Chaney provides leadership to a national workgroup aimed at increasing the influence of persons with lived experience in different service systems. Chaney has experience as an advisor to professionals on assessment tools through an NCTSN initiative (Breakthrough Series Collaborative on CANS/FANS Assessment). In all of her advocacy work, Chaney leverages her years of personal and professional experience in the Child Welfare and Mental Health systems with the goal of improving the safety and well-being of children and families.



**Angela M. Tunno, PhD**, is a medical instructor and a licensed clinical psychologist at Duke University Medical Center, the National Center for Child Traumatic Stress, and the Center for Child and Family Health. She specializes in clinical interventions for adolescents, children and families presenting with an array of behavioral and emotional difficulties, including traumatic exposure and chronic emotion dysregulation. Her research interests include public policy and advocacy for children, youth, and families, prevention of child maltreatment, resiliency factors post-traumatic experiences, the intersection between trauma exposure and high-risk behavior (e.g., suicidality), and dissemination/implementation of evidence-based therapeutic interventions.

# SPEAKER BIOGRAPHIES



**Shenae Whitehead, PhD**, received her Ph.D. in Clinical Psychology from Fielding Graduate University and her M.A. in Professional Counseling from Liberty University. She is currently in private practice in the Fayetteville area. Dr. Whitehead is an Army Veteran and current Army spouse,

with research interests that are heavily grounded in the military population. She has both published and presented research on military life stressors and her dissertation examined resilience factors that support military marriages among military spouses. Her clinical interests include forensics, domestic violence, sexually reactive behaviors, trauma, and military families. Dr. Whitehead is also a Licensed Professional Counselor and is currently awaiting Provisional Psychologist licensure with extensive experience providing individual and family therapy across diverse populations and age groups. She is also a Certified Juvenile Sex Offender Treatment Provider and Certified Trauma Focused Cognitive Behavioral Therapist. Her goals are to increase assessment and intervention among juvenile sex offenders and abuse victims, as well as implement interventions to help strengthen military families. Dr. Whitehead has three children and enjoys spending time with her family and traveling in her spare time.



**Bernetta Wiggins, MA**, is the Regional Education Coordinator for the Defense and Veterans Brain Injury Center (DVBIC), Intrepid Spirit site at Fort Bragg, North Carolina. She received a Bachelor's degree in Health Science and Business from Liberty University as well as a Master's degree in

Human Service Counseling. Ms. Wiggins has worked with the Department of Defense and the Department of the Army in various capacities. Ms. Wiggins served and retired with 21 years of active duty military service and assignments for the Department of the Army. She received multiple awards, certifications and skills in medical services, management and logistical training throughout her tenure. As a DoD civilian, Ms. Wiggins performed assignments, in the area of program management, nursing, research, epidemiology and disease control and public health. Some of her positions were case manager, public health nurse, program manager, disease intervention specialist and health educator and instructor. Ms. Wiggins joined the DVBIC community in May 2016 where she currently works and serves the assigned region of North Carolina and Tennessee as the Regional Education Coordinator. to present day.



**Jason Yates MSW, LCSW, LCAS, CCS**, has worked in the substance abuse profession since 1998 at a grassroots organization providing 108 transitional housing beds and comprehensive treatment services to homeless men and women. Jason obtained his MSW in 2009 from the Joint Master of

Social Work program between NC A&T and UNCG. His efforts were instrumental in establishing the first transitional housing program in North Carolina for substance abusing veterans through the VA's Healthcare for Homeless Veterans program. He is currently the Clinical Director at Caring Services, Inc, providing clinical oversight and supervision to nine clinicians. Jason's teaching experience has spanned the last eight years and has included adjunct instruction at Guilford Technical Community College, University of North Carolina Greensboro and North Carolina A&T University.



**Julia Yeary, ACSW, LCSW**, is the Director of Training and Resources for Military Family Projects at ZERO TO THREE: the National Center for Infants, Toddlers and Families. In this role she works to establish stronger support for families and their very young children experiencing

stress and trauma. Julia provides training and consultation for communities throughout the country, and has facilitated numerous webinars and distance trainings for multi-disciplinary professionals. She has worked extensively to help professionals in supporting military-connected parents as they deal with the multiple anticipated stressors associated with military life. Julia has authored several articles including "When a Parent is Away: Promoting Strong Parent-Child Connections During Parental Absence," (ZERO TO THREE Journal. April 2012) and the e-book, "A Professional's Guide to Creating Activities for Strengthening Parent-Child Connections." Recently she served as the project manager in the development of a mobile app for military-connected families called "Babies on the Homefront." Julia received her Masters in Social Work in 1980 from the University of Hawaii. She is a graduate fellow of the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program, University of Wisconsin. Julia is the daughter of a 3-war Navy Veteran, the spouse of a Marine Veteran, and has parented her own children through multiple military transitions.



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# BREAKOUT SESSIONS

## **BREAKOUT SESSION 1 – MAY 30 AT 9:40 A.M.**

- 1A) Working with Trauma and Military Families
- 1B) Acute Concussion/Mild Traumatic Brain Injury: Identification and Progressive Return to Activity
- 1C) Assessing and Treating Substance Use Disorders Among Millennials
- 1D) How Young Children Learn to Regulate Their Emotions
- 1E) Cultural Diversity and Workforce Development

## **BREAKOUT SESSION 2 – MAY 30 AT 1:15 P.M.**

- 2A) Working with Warrior Ethos, Moral Injury, and Violations of the Just-World Belief during PTSD Treatment
- 2B) The Heart of Mindful Living
- 2C) Best Practices for Using Multi-Media Tools to Engage Millennial Parents
- 2D) Wired to Connect: Working with Extraordinary Military Children
- 2E) Mental Health Challenges and Disorders in Youth and Young Adults

## **BREAKOUT SESSION 3 – MAY 31 AT 9:30 A.M.**

- 3A) Applied Behavior Analysis (ABA) Therapy
- 3B) Suicide Prevention and Supporting Women Veterans
- 3C) Substance Use Disorders and Older Adults
- 3D) 4R Suicide Intervention Training
- 3E) Bullying and Children/Adolescents with Disabilities

## **BREAKOUT SESSION 4 – MAY 31 AT 1:30 P.M.**

- 4A) The Crisis Navigation Project: Promoting the Use of Psychiatric Advance Directives
- 4B) Addressing Behavioral Challenges in Individuals with ASD
- 4C) Substance Use Disorders in the Military
- 4D) Brain Based: Discover the Neuroscience of Self-Care for Clinicians and Clients
- 4E) Improving Learning and Adaptive Functioning for Individuals with Autism





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