Welcome to our 2016 Winter/Spring Professional Education Guide

On behalf of AMITA Health and AMITA Health Alexian Brother Behavioral Health Hospital, Hoffman Estates, we thank you for your partnership with our growing health care organization. We are proud to serve the needs of our community with evidence-based behavioral health treatment for all ages. We look forward to a productive and successful year in 2016.

In the Fall of 2015, the Center for Professional Education Workshop Series had record-breaking attendance, with nearly 1,800 attendees for 11 workshops. We hope that we can continue to meet your needs over the years to come for CEU and CPDU credit. Additionally, we will offer webinars at no cost which broadcast live from noon to 1 pm. Please feel free to email me with topic and speaker suggestions at steven.hunter@alexian.net.

In the eighth edition of the training guide, we have included an article by Arthur Freeman, EdD, ScD, ABPP, the director of the clinical psychology doctoral program at Midwestern University. The article written by Dr. Freeman and his colleagues addresses the important issues of coaching family members of those with disabilities. This article represents an important AMITA Health value, caring for those in need. You will receive one CEU credit for reading this article and answering the subsequent questions.

Each year it remains a challenge to offer a new and refreshing workshop series that meets your professional needs. We constantly strive to incorporate your feedback and keep our costs at $10 per credit hour. In response to your need for substance abuse workshops, we have included “Women and Substance Abuse,” and a symposium for the treatment of millennial clients suffering with chemical dependency issues. Dr. Patrick McGrath will be presenting a three-hour workshop requested after his successful fall presentation on ERP titled, “Putting ERP to Work in your Office.” We have scheduled two internationally known presenters: Scott Miller, PhD will present “What Works in Therapy,” based on 40 years of research, and Michele Weiner-Davis, MSW will present a program on infidelity and sex-starved marriages entitled “Crisis in the Bedroom.”

As always, we appreciate and value our community partners and trust that you will enjoy our 2016 Winter/Spring series. Please be sure to let your colleagues know about our workshops. They can sign up at abbbhh.org/newsletter to get the latest updates. We look forward to seeing you in the coming months.

Please see the latest updates on workshops and trainings at: abbbhh.org/professionals.

Sincerely,

Steven Hunter, LCSW, LMFT
Director, AMITA Health Center for Professional Education
Center for Professional Education:
Winter/Spring 2016 Program Registration Information

Registration

Register online at ABBHH.org/Register or call 1.855.MyAMITA (692.6482).

If fees apply, you may pay by credit card online or over the phone. If your organization is mailing a check (payable to ABBHH) for your participation, please make sure the check is mailed to:

AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates, Center for Professional Education
c/o Steve Hunter, LCSW, LMFT
1650 Moon Lake Blvd.
Hoffman Estates, IL 60169

Check-in and networking begins 30 minutes prior to each program.

“Thanks for all of your great seminars! Always excellent presenters and relevant topics – love the half day workshops – wonderful setting/environment. Bonus is great food too!”

— Fall 2015 attendee

Earn one (1) CEU credit for reading the article:
Coaching the Parents, Families, Partners, and Caregivers of Chronically Mentally Ill, Physically Ill, and Disabled Persons

By Arthur Freeman, EdD, ScD, ABPP
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Continuing Education Information

All of our programs are intended for healthcare-related professionals. In some cases, such as our intensive training courses, advanced degrees may be required.

**Licensed Social Workers/ Licensed Clinical Social Workers**
Approved provider through the Illinois Department of Financial and Professional Regulation #159.000944

**Licensed Professional Counselors/ Licensed Clinical Professional Counselors**
Approved provider through the Illinois Department of Financial and Professional Regulation #159.000944*

*According to IDFPR Professional Counselors/ Administrative Code Section 1375.200 C.1.R, CEUs for LSW/LCSW are reciprocal for LPC/LCPC

**Licensed Marriage and Family Therapists**
Approved provider through the Illinois Department of Financial and Professional Regulation #168.000166

**CADC/IAODAPCA**
For selected programs, we apply for IAODAPCA Credits. Check each program description for reference to those credits.

**Psychologists**
Approved provider through the Illinois Department of Financial and Professional Regulation #268.000021

**School Personnel/ Continuing Professional Development Unit**
For select programs, we will apply for CPDU credits. Check each program description for reference to these credits. Approved provider through the Illinois State Board of Education #080916103644232

**Nurses**
Approved provider through the Illinois Department of Financial and Professional Regulation #236.000058

**Dietitians**
For select training programs, we will apply for Illinois Dietetic Association CEUs. Check each program description for these credits.

**Nursing Home Administrators**
Approved provider through the Illinois Department of Financial and Professional Regulation #139.000233

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**CEU Grouping**

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Ilinois Department of Financial and Professional Regulation require that participants attend the entire workshop to receive full credit. AMITA Health recognizes that our attendees may arrive late or need to leave early. We will be happy to provide you an amended certificate based on actual hours in attendance.
Coaching the Parents, Families, Partners, and Caregivers of Chronically Mentally Ill, Physically Ill, and Disabled Persons

Arthur Freeman, EdD, ScD, ABPP

Often, individuals with chronic and debilitating conditions are isolated, sequestered, secluded, disregarded, snubbed, mistreated, shunted aside, discounted, overlooked, or ignored. We may pass them on the street and never acknowledge their existence, or may choose to warehouse them in institutional settings. Deinstitutionalization projects such those developed in the 1970’s (purportedly to avoid the violation of the constitutional rights of hospitalized patients by being incarcerated in institutions), ended up being more about cutting major funds from federal, state, and municipal budgets, only to then withdraw most funding and support and to abandon the patients to desperation, hopelessness, and homelessness. Without the help, caring, or largesse of others these individuals may starve, die in heat or cold, be victim to abuse, or perish of their disease or affliction.

Historically, from St. Mary of Bethlehem (better known as Bedlam) in England, to Pinel at the Salpêtrière in Paris, to the Society of Friends in Philadelphia (Friends Hospital, the oldest psychiatric facility in the U.S.), to Maria Montessori’s education of retarded and cognitively limited hospitalized children in Italy, the goal and attempt of all of these settings was to be caregivers for patients with chronic disorders, syndromes, conditions, maladies, complaints, or afflictions. These settings were either funded by the government or by the societal and therapeutic goals of a particular group. Dr. R.D. Laing, a Scottish psychiatrist, brought both patients and therapists to live at Kingsley Hall in London. He believed that the close interaction and caregiving would be therapeutic for psychotic patients. Ultimately, the movement (and Kingsley Hall) fell apart and the work fizzled out. Throughout history, religious orders have devoted themselves to the care, nursing, and rehabilitation of individuals with chronic or even fatal disorders. Among many, the Alexian Brothers have this as part of their founding history and have been so involved for the past 800 years to the present day.

In some cultures the caregivers for these chronically distressed individuals would be families, either nuclear or extended. In other cultures, the caregivers may be

Throughout history, religious orders have devoted themselves to the care, nursing, and rehabilitation of individuals with chronic or even fatal disorders.
government agencies or settings tasked with providing care for the chronic patient. There have been many volumes written to address the treatment of the chronic patient. Few, however, have addressed the problems of the caregivers of these individuals. The caregivers for the chronically ill and disabled, whether the “illness,” incapacity, or disability is medical, psychiatric, social, systemic, developmental, or biological (or combinations and permutations of all of the above), share similar experiences and challenges.

But the disorders often have a high need for specificity of treatment and needs from caregivers. In addition to the interpersonal tasks and possible problems between caregivers and the subject of their caregiving, there are the additional challenges of dealing with family members (both nuclear family and extended family), schools, institutions, governmental agencies, political systems regarding support and funding, and the views, sensibilities, and regard of the broader society. So, too, there are the intrapersonal experiences such as self-denigration, self-blame, self-punishment or injury, depression, and compassion fatigue that are common to caregivers. This last, wherein the caregiver’s resources are no longer adequate to support themselves, often prompts a fall into a state of burnout and depression. For some caregivers, the very act of being a caregiver may be seen or interpreted by that individual (or the family) as a religious calling that becomes their “cross to bear” and provides them with a gift of grace for caring for one of God’s “angels.”

The stress (nature, context, and breadth) on the caregiver is often related to the predictability of the potential outcome of the disorder being addressed (i.e. a family member with Down’s Syndrome may be easier to deal with in terms of the predictability of the outcome, whereas a family member with schizophrenia or Bipolar Disorder may be a more difficult person with whom to cope because the behaviors and outcomes may be broader and less predictable). Also, in “normal” families, the problems of childhood or adolescence may “go away” when the child turns 21 and leaves home. For the chronically disabled, ill, or mentally ill child or adolescent, the caregiving may be just beginning and will last for a lifetime or possibly until the caregiving has created significant conflict(s) between caregiver and care consumer, within the family, problems within the community, or until the caregiving becomes so involved that there is the need for the individual to be institutionalized. A colleague from Sicily, Professor Tullio Scrimi of the University of Catania, opined, “Schizophrenics in Sicily are far better off than the same patient might be in the U.S. Here in Sicily they can work productively within our agricultural or industrial systems, and be cared for by their families. In the U.S. they are more likely to be homeless or hospitalized.” (Personal communication)

Some caregivers may require psychosocial (therapy) interventions. For the most part, we will address the problem of caregiving from a coaching/coping and psycho-educational (skill-based) perspective. Other caregivers may require more extensive interventions that may include psychotherapy and/or medication to maintain their most effective functioning.

We envision this article as being relevant to psychologists, school psychologists, counselors, nurses, social workers, teachers, pastoral care workers, life coaches, marriage and family therapists, hospice workers.
and assisted care professionals. Our search of the available literature found no volume that deals with the caregivers of the chronic patient. This is not a book about patients so much as it is focused strongly on how to best help, support, educate, elevate, and encourage those who give care to these patients. For some caregivers the role is born of love and caring. For others it is a religious and moral calling. For others it is a job that has less to do with caring and more to do with a salary. For still others the caregiving may be a requirement of the law and is a demand that they are required to meet.

Our goals in this article are several. First, to more clearly delineate between the similar and oft blurred or confused terms of “caregiver” and “caretaker.” We will define and discuss what we mean by the term “chronic.” Our second goal is to describe various types of care consumers, the recipients of the caregiving behavior. We will use specific case examples to illustrate the different types or styles. Third, we will present some of the political concerns associated with the individual whose problems are long-standing of chronic. Fourth, we will discuss some of the cultural issues attendant to chronic or debilitating physical health, mental health, or disease processes. An issue that will be addressed here will be the stigmatization of the individual with a chronic problem and their family and caregivers. Finally, we will discuss the general and specific strategies and coaching interventions that may be applied. Our overall focus will be on using coaching, educational, and coping-based strategies and specific interventions.

**Caregivers, Caretakers, and Care consumers**

These terms are often used interchangeably. For the purposes of our discussion, we are going to separate them and use the term “caretaker” to refer to inanimate objects or settings. E.g., one would find a caretaker in a garden, in a park, in a cemetery, or in a building. A caregiver is the term that we will use for the individual who offers caring services, broadly defined to people, caregiving for a child, an elder parent, or a family. The care consumer is the individual who is the focus of the caregiving. Caregivers may be individuals, families, groups, institutions, neighbors, or paid persons for whom this is a job.

We would posit some basic rules for effective caregiving that would serve to enhance the interaction between caregiver and care consumer and to help to improve the caregiver’s personal reactions to their role.

**Caregivers may be individuals, families, groups, institutions, neighbors, or paid persons for whom this is a job.**
Rules for Caregiving

1. Educate yourself about the problem(s). Read whatever you can about the history, causes, implications, impact, and prognosis and future of the problem. A well-educated and knowledgeable caregiver is in a better position to understand and make choices about what caregiving strategies might work best.

2. Establish a one-to-one relationship with the medical provider. Establish yourself as the person to contact if there are changes in your care consumer of a medical source, become knowledgeable as to the people who can best offer you the information that you need. This may be the medical provider’s nurse, physician assistant, medical assistant, office manager. All of the above needs to be done without being demanding and without making yourself the person whose calls they may not quickly return. Although your care consumer is the paramount person and central to your concerns, a busy medical office may have dozens if not hundreds of calls to return.

3. Know and understand emergency procedures related to the chronic problem. These emergencies may be medical, psychological, behavioral, physical, or systemic (related to the family and the setting of the caregiving). Have a prepared list of persons to contact, places to contact, emergency phone numbers, specific procedures, and what can be done most immediately and an up-to-date list, with phone numbers and addresses, of all providers actively involved in the care team, including doctors, pharmacists, dentists, therapists, health coaches, and complementary providers.

4. Be willing and prepared to share the burden. It is important to avoid seeing yourself as the sole bearer of the burden. This will ultimately lead to what we call “compassion fatigue.” Enlist others into the process, procedures and management of the caregiving, and what they can expect from the care consumer.

5. Take advantage of available resources. These resources may be provided by the local or regional government, the national governmental agencies (e.g., Veteran’s Administration), local groups that work to raise funds and offer care-sharing for your particular issue (e.g. American Cancer Association, National Alliance for the Mentally Ill, or the Alzheimer’s Association).

6. Join a support group. It is important that you realize that you are not alone and that others experience the same problems and feelings that you do. Learn from their experiences and share your own.

7. Avoid compassion fatigue. Compassion fatigue, also called care-giver burnout, has almost the exact same structure and symptoms of depression. This will sap your energy, slow your decision making, encourage feelings of helplessness and hopelessness, and rob you of your sense of humor, which is an essential ingredient in effective caregiving.

8. Schedule time for yourself. Caregiving can be consuming of your emotions, your physical energy, and your personal needs. It is important to mind your hygiene, your time with the care consumer, your need for alone time, your personal relationships with family and friends, your sleep hygiene and your diet.

9. Schedule pleasure and mastery activities. This is not just to make sure that the care consumer is cared for, but that you schedule time to read a book, watch a favorite TV show, or any activity that gives you pleasure. Schedule pleasurable activities as well as activities that offer you a sense of fulfillment and mastery.

10. Be willing to accept any progress or gain as one more victory. The care of an individual with a chronic problem will have its negative aspects that can bring us down, but also the positive aspects that serve to let us know that your care consumer is trying.

11. Keep careful records. Keep a paper trail of all professional contacts. Ask for and file copies of laboratory reports, reports of examinations and evaluations, hospital discharge summaries, a list of any medications and/or supplements or natural products that are prescribed or recommended, along with the dosage and frequency. Include notes on any allergies or adverse reactions to drugs, supplements, or food products and additives.
Integrative Care

Integrative care is a newer idea that involves seeking the best of whatever is available for the care and treatment of a chronic problem. It may be a new medication, the use of relaxation or meditation, the use of technology such as biofeedback or neurofeedback, the involvement of a clergy member regarding spiritual aspects of a problem, and a more educational approach that emphasizes the building of new skills.

Dealing with Stigma

Individuals with chronic disorders, afflictions, or illness may be identified and targeted by others because of their very problem. These ubiquitous “others” may be neighbors, relatives, or members of the nuclear family. The caregiver must be aware of the general attitude that they have experienced from the community toward individuals designated to be chronically disabled, mentally ill, or having continuing medical problems and challenges, from whom (groups, individuals, institutions) has this been most powerful and or pronounced? Common problems that are aroused within family units charged with caregiving of individuals with chronic problems are anger, jealousy, embarrassment, over-involvement to the exclusion of other family members, revision of family priorities to suit the chronically afflicted person, stigmatizing, or abandoning the person or the entire family.

Types of Chronic Persons

1. Care-refusers. These are individuals that may refuse care, of whatever the type of care, whoever the caregiver, or whatever the circumstance or situation that is seen to need caregiving. Their reasons both stated and unstated may run the gamut from not accepting that they need care, to seeing the acceptance of caregiving as an insult and abridgement of their independence, autonomy, and their ability for self-determination. They may refuse even the smallest of efforts to offer them any sort of help. For example, a 98 year old woman lived in a nursing facility inasmuch as she could no longer manage at home.

She consistently refused any help from the nursing staff for even the smallest things. Her balance was poor and she was asked to ring for a nurse when she needed to use the toilet. Her typical response was, “I can go to the toilet by myself.” In the middle of a night, she was trying to go to the toilet, fell, got a concussion and a broken hip. She died within two days.

2. Care-acceptors. These are individuals who generally recognize their need for help in activities both simple (e.g., eating) or more complex and personal (e.g., toileting). They may not like their situation but are usually cooperative and even grateful for the assistance and love being shared. For example, Henry, a 92-year-old man had impaired hearing, significant balance and mobility problems, and reduced visual acuity. All of these issues resulted in him being unable to walk in the garden of the care facility in which he had lived for the past 10 years. A caregiving volunteer would walk with him (with her supporting himself with a cane and holding onto her arm) or, on more difficult days would just sit with him in the garden. He was happy and grateful, both of which he expressed.

3. Care-demanders. These are individuals who actively seek care from any and all providers. They may refuse to do even the simplest of tasks, e.g., feeding themselves, if there was someone that they could convince that they (the person) needed to be fed. For example, a ten year old boy was observed in a restaurant being fed by an older woman who was

Integrative care is a newer idea that involves seeking the best of whatever is available for the care and treatment of a chronic problem.

abbhh.org
thought by the observers to be his mother. The boy had a large linen napkin tied around his neck. His hands and arms were under the napkin. The mother fed him, wiped his mouth, and attended to bringing a water glass to his lips. It was thought that the boy was debilitated and did not have the ability to feed himself. When the food course was finished, the woman removed the napkin and wiped his mouth for the last time. He then said something to her and she removed a comb from her purse and combed his hair, after which he raised his hands to scratch his nose. It seemed that his hands and arms worked, but the boy chose not to feed himself when he had the attention of the woman.

4. **Care-dependent.** These individuals are unable to do many things for themselves because of a progressive or traumatic disability. Their very survival is reliant and contingent upon the services that they are offered by others. For example, a 27-year-old man had suffered a severe spinal trauma when he dove into the shallow end of a swimming pool when intoxicated. He was rendered quadriplegic. He could be mobile when placed in a motorized wheelchair that he directed by puffs of breath. He needed to be fed and toileted. After observing a program on TV where a veteran who had lost an arm and had spinal cord injuries from an IED explosion was fitted with an arm that he could “command” with muscular contractions in his muscles above the spinal cord break. The young man asked that his arms be amputated so that he could be fitted with prostheses that would make him more independent. He was refused.

5. **Care-voracious individuals.** These are individuals who are like the astronomical black hole. They are not simply demanding of care, they fight and vie for any and every bit of caring that they can see, even from a distance. They do not care how much a caretaker is inconvenienced, hurt, insulted, or pressured as long as they are cared for. Their response to the caring is “I deserve this,” “I have been so badly treated in the past that you must all bend to my needs.” For example, a 38-year-old woman had a 3 pm appointment with a psychiatrist for a medication check. She came to the appointment with her mother, with whom she lived, at 9 am when the office opened for the day. She immediately came up to the nurse’s desk and asked to be seen first because she was “so very upset.” The woman’s upset was seconded by her mother she stood there with tears running down her face stating, “She’s really upset.” The woman was told that the doctor had a full schedule and that she would not be seen until her appointment, some six hours away. When the psychiatrist came into the office at 10 am, the woman jumped up grabbed his arm and begged to be seen immediately. The psychiatrist had to extricate himself from her grip and inform her that she would be seen in due course. Each and every time the psychiatrist left his office to escort his next patient in she would accost him and tearfully beg to be seen. Her mother offered to go out and buy the doctor lunch if her daughter could be seen while the doctor ate.
6. **Pathological caregiving.** These are individuals whose caregiving behavior may manifest as a relatively rare and unusual type of child abuse termed Munchausen by Proxy Syndrome (MBPS). In this extreme expression and distortion of caregiving, there is what has been termed “medical child abuse” wherein the parent or primary caregiver exaggerates or fabricates symptoms for the child of moderate or severe illness or disability. The object of the caregiving is then brought for repetitive medical tests, evaluations, or treatments for a variety of causes. The MBPS caregiver may even cause symptoms to attract the attention and caregiving or others in the medical community. The child’s medical problems often present an unusual display that seems refractory to treatment thereby engendering further tests and treatment. For example, a ten year old girl was brought to her pediatrician because of chronic diarrhea. After many medication changes the medical concern was that the child had Crohn’s Disease and was hospitalized for further tests. The child’s disorder abated in the hospital but then returned. It was discovered that under the guise of bringing her daughter dietary supplements, the mother was giving her daughter laxatives.

While there are similarities to the caregiving in most disorders, specific chronic problems may require specific coaching, medical, and psychosocial interventions.

**Summary**

All types of need for care may exist in combination with multiple other reasons so that it can never be that “one treatment size fits all individuals.” The caregiver, working with the care coach, must do a thorough evaluation of the situation, the need of the caregiver and the care consumer, the supports and supporters, the resource bank, the level, extent and manifestation of the chronicity, the potential morbidity, and the skill set of the caregivers. While there are similarities to the caregiving in most disorders, specific chronic problems may require specific coaching, medical, and psychosocial interventions. The goals of caregiving are to increase comfort, enhance function, reduce symptoms, improve life satisfaction, ameliorate hopelessness, and to offer the individual with a chronic disorder a better quality of life.
Did You Read the Article?

To obtain one (1) CEU Credit (groups A, B, C, D and E), please submit your answers to these questions here: www.surveymonkey.com/r/KS8W5VY

QUESTIONS:

1. A caregiver is too involved with the caregiving process to be burdened with the paperwork of keeping track of the medical professionals with whom the care consumer is involved.
   - [ ] True  [ ] False

2. Caregiving is a relatively contemporary behavior by religious orders.
   - [ ] True  [ ] False

3. Care voracious persons are easily and simply dealt with.
   - [ ] True  [ ] False

4. Caregivers are prone to experience “compassion fatigue.”
   - [ ] True  [ ] False

5. Individuals with chronic disorders are often stigmatized, as are their families.
   - [ ] True  [ ] False

Learn More

Don’t miss Dr. Freeman’s upcoming program on Caregiving, presented March 11, 2016. For information on this important workshop, see page 17.
Tuesday, January 19, 2016
10 am – noon

Faculty
Brian Leahy, PhD
Director
Neuropsychology Services
AMITA Health Neurosciences Institute

Colleen Caron, RNS, MS
Older Adult Coordinator
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Location
Bridges of Poplar Creek Country Club
1400 Poplar Creek Dr.
Hoffman Estates, IL 60169

CEUs Offered: 2.0
Groups: A, B, C, E, F, G

Cost: $20
Includes program materials, continuing education and continental breakfast

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 9:30 am

Getting Older and Wiser: Neuroplasticity and Healthy Brain Aging

A Joint Event with the Illinois Coalition for Mental Health and Aging

Description
Can we change the brain? Dr. Brian Leahy will discuss the principles of neuroplasticity and the physiological changes in the brain that occur as the result of our interactions with our environment. Our brains change from in utero until the day we die; thereby allowing us to learn from and adapt to different experiences. This “re-wiring” of the brain is essential in rehabilitation from brain injury. This amazing adaptability of our brains allows us to create new connections from neuron to neuron, and delete old connections mainly due to damaged neurons which may become defective.

Colleen Caron and Peggy Knist, educators for AGELESS GRACE® will demonstrate simple exercises that augment and enhance this process.

Program Objectives
Participants will:
• Understand normal age related changes in the brain
• Understand principles of neuroplasticity
• Identify activities that can promote healthy aging of the brain and neuroplasticity
• Understand how simple, daily, AGELESS GRACE® exercises promote brain, body health and fitness
Women and Substance Abuse: Interventions and Strategies for Success

Friday, January 29, 2016
9 am – noon

Faculty
Linda Lewaniak, LCSW, CAADC
Director, Center for Addiction Medicine and Intensive Outpatient Service
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Sarah Briley, EdD, LCPC, CADC
Assistant Director
Center for Addiction Medicine
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 3.0
Groups: A, B, C, E

Cost: $30
Includes program materials, continuing education and continental breakfast

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

Description
This workshop will discuss the different approaches and trends in treating women with addiction issues. Strategies such as ACT, DBT harm reduction, and behavioral treatments will be addressed. In particular, the presenters will focus on a trauma-informed approach for women. Providers will be given a model that is “present” focused to address trauma issues and safety.

Program Objectives
Participants will:
• Identify treatment trends for women
• Evaluate the difference in treatment between men and women
• Address skill sets for women seeking treatment
• Explain a trauma-informed approach for women
What Works in Therapy: Translating 40 Years of Outcome Research into Strategies for Effective Clinical Practice

Guest Faculty
Scott D. Miller, PhD
Co-founder
International Center for Clinical Excellence

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 6.0
Groups: A, B, C, D, E

Cost: $50
Includes program materials, continuing education and continental breakfast and snacks

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

Friday, February 12, 2016
9 am – 4 pm

Description
This workshop will prove to be one of the most important ones we have provided to our community. Separating fact from fiction on ‘What Works,’ can be challenging. Since the 1960’s, the number of treatment approaches has exploded from 60 to over 400. Without exception, developers and devotees to a particular method claim superiority in conceptualization outcome in their approach. Meanwhile, third party payers are limiting payment to “evidence based” treatments.

Drawing from a comprehensive review of 40 years of outcome research in his best-selling book, The Heart and Soul of Change: Delivering What Works in Therapy, Scott Miller, PhD, will identify core factors responsible for therapeutic success regardless of theoretical orientation or diagnosis. The research on “What Works” will be translated into practical common sense and empirically supports therapeutic skills that can be used for the efficient and effective resolution of problems.

Guest Faculty Bio
Scott Miller, PhD, is the founder of the International Center for Clinical Excellence, an international consortium of clinicians, researchers, and educators dedicated to promoting excellence in behavioral health services. He is one of a handful of “invited faculty” whose work, thinking, and research is featured at the prestigious “Evolution of Psychotherapy Conference.” His humorous and engaging presentation style and command of the research literature consistently inspires practitioners, administrators, and policy makers.

Program Objectives
Participants will:

• Learn four evidence-based factors responsible for therapeutic success
• Discuss specific, empirically-supported practices to enhance the contribution of each factor
• Recognize simple, valid and reliable methods for assessing and enhancing alliance progress in treatment
One Ring to Rule Them All: A Singular Model of Psychotherapy for Multiple Disorders

Friday, February 26, 2016
9 am – noon

Faculty

Jason Washburn, PhD, ABPP
Director, Center for Evidence-Based Practice
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 3.0
Groups: A, B, C, D, E

Cost: $30
Includes program materials, continuing education, continental breakfast

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

Description

Models and approaches to psychotherapy have proliferated over the last several decades. Although the growth of evidence-based psychotherapy models has increased our ability to treat disorders with greater specificity, clinicians often do not have the time and ability to develop competencies in so many different and specific treatment models. This presentation will focus on recent advances in transdiagnostic and modular models to psychotherapy that provide clinicians with a roadmap to organizing and integrating new and diverse models of psychotherapy into their everyday practice.

Program Objectives

Participants will:

• Understand the challenges and impracticality of using only one model of psychotherapy for all disorders

• Understand the basic structure and approach of transdiagnostic and modular approaches to psychotherapy

• Develop an initial plan for using a transdiagnostic or modular approach in clinicians’ own practices

Faculty Bio

Jason Washburn is the Director of the Center for Evidence-Based Practice at AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates. He is a licensed psychologist and a board-certified specialist in clinical child and adolescent psychology. He is also an Associate Professor in the Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine where he directs the PhD program in Clinical Psychology.
Guest Faculty
Ross Rosenberg, MEd, LCPC, CADC
Owner and Psychotherapist
Clinical Care Counselors

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 3.0
Groups: A, B, C, E

Cost: $30
Includes program materials, continuing education and continental breakfast

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

Description
In this dynamic presentation, Ross Rosenberg will introduce cutting edge reformulations of codependency while demonstrating that this is an addiction and trauma disorder perpetuated by an absence of self-love. He will explain the primary addiction process that involves codependents and narcissists, and the codependent person’s withdrawal symptom of loneliness. These clients self-medicate their inner pain by reenacting what they learned in childhood; controlling someone they love who only conditionally reciprocates, and who can never be controlled.

Program Objectives
Participants will:

- Discuss the implication of outdated terms for codependency
- Introduce the concept of codependency addiction
- Describe the differential diagnostic procedure to understand codependency
- Explain the necessary clinical techniques for codependent addictions and its relation to attachment and trauma survival

Guest Faculty Bio
Ross Rosenberg, MEd, LCPC, CADC, is owner and psychotherapist at Clinical Care Counseling, a counseling center in the northern suburbs of Chicago. He is the author of The Human Magnet Syndrome: Why we love people who hurt us. Ross has trained therapists in 27 states and has been a keynote speaker at international conferences. His works have been highlighted on various TV programs including ABC’s Café Night, Fox News, WGN News, and UT-San Diego News. He has appeared in the Chicago Tribune, Publishers Weekly, Huffington Post and PsychCentral.com.
Description

Professor Arthur Freeman and Dr. Richard Ney will present several different models for the needs of the caregiver (the individual who puts forth the caring behaviors and attitude), the caretaker (the recipient of the care), care-refusers (those who either avoid care or refuse the caring behavior(s) directed toward them), care-demanders (individuals whose view of the world is that they are “owed” the caring of others for reasons recent or more rooted in the past), care-dependent (those who cannot function without the external care and support of others), and the care-voracious (those who seem to be an emotional vacuum or “black hole” that sucks everyone and everything in).

Guest Faculty Bios

Professor Arthur Freeman is the Executive Program Director, Clinical Psychology Training Program and Chair of Department of Behavioral Medicine at Midwestern University, Chicago, Illinois and Glendale, Arizona. He serves as member in the board of the International Coaching Institute and honorary member of the International Association of Cognitive Behavioral Coaching. Dr. Freeman has published more than 63 professional books and over 60 book chapters, reviews and journal articles.

Dr. Richard Ney, a Professor and the Interim Associate Program Director for Clinical Psychology, is a licensed clinical psychologist whose areas of expertise include the clinical uses of structured improvisational exercises, autism spectrum disorders, and psychohistory.

Guest Faculty

Arthur Freeman, EdD, ScD, ABPP
Midwestern University

Richard Ney, PhD, ABPP
Midwestern University

Location

NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 3.0
Groups: A, B, C, E

Cost: $30
Includes program materials, continuing education and continental breakfast

Reserve a Seat

Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

Program Objectives

Participants will:

• Identify the style of individual being cared for
• Identify specific goals for coaching each type
• Describe the Freeman Caregiving worksheet (FCG)
• Use the FCG to identify the type of caregiving needed

abhh.org
Best Practice in Group Therapy: Effective Strategies for Children and Adolescents

Friday, March 18, 2016
9 am – noon

Guest Faculty
Toni Tollerud, PhD, LCPC, NCC, NCS, ACS
Distinguished Teaching Professor
Department of Counseling
Northern Illinois University

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 3.0
Groups: A, B, C, D, E

Cost: $30
Includes program materials, continuing education, and continental breakfast

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

Description
Do you find working with children and adolescents in group settings a little challenging? This workshop will consider techniques and best practices in setting up, facilitating and working with groups in school, agencies and hospital settings. Topics will include group dynamics, stages of group development, handling difficult group members and co-facilitation. Handouts will be provided and opportunities to explore “stuck” situations will be invited from the participants.

Program Objectives
Participants will:
• Integrate best practices in facilitating groups with children and adolescents
• Discuss and evaluate effective psycho-educational groups in a variety of settings
• Examine the stages of group development
• Identify different group members and how to effectively respond to their behavior

Guest Faculty Bio
Dr. Tollerud is a professor in the Department of Counseling, Adult and Higher Education at Northern Illinois University. She received a Presidential Teaching Professorship Award in 2008. In her 25 years at NIU, she has coordinated and served as Director of Internship and the School Counseling Program. She is an accomplished counselor educator and consults all over the state on issues related to supervision, career development, and school counseling.
Crisis in the Bedroom: Helping Couples Beyond Infidelity and Sex-Starved Marriages

**Guest Faculty**
Michele Weiner-Davis, MSW  
Director  
The Divorce Busting® Center

**Location**
NIU Conference Center  
Hoffman Estates Campus  
5555 Trillium Blvd.  
Hoffman Estates, IL 60192

**CEUs Offered:** 6.0  
Groups: A, B, C, E

**Cost:** $50  
Includes program materials, panel, networking, continental breakfast and snacks

**Reserve a Seat**
Register online at [ABBHH.org/Register](http://ABBHH.org/Register) or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

**Friday, April 1, 2016**  
9 am – 4 pm

**Description**
If you do couples therapy you’re no stranger to infidelity. Nor are you unfamiliar with the problems created by a sexual desire gap. Graduate schools rarely offer sufficient training to deal with issues of betrayal or desire discrepancy, and many therapists feel uncertain as to how to help couples to resolve these ubiquitous problems. This one-day workshop will offer clinicians a down-to-earth, step-by-step map for working with couples whose lives have reached a standstill because of affairs or a sexual desire gap. Learn tools that will help patients rebuild trust, emotional connection and passion in their lives. These clinical tools can be an adjunct to most couples therapy models.

**Program Objectives**
Participants will:

- List three tasks the unfaithful spouses must do to heal from infidelity
- List three tasks the betrayed spouse must do to heal from infidelity
- Identify one strategy for dealing with setbacks

**Guest Faculty Bio**
Michele Weiner-Davis, MSW, is an internationally renowned relationship expert, best-selling author, marriage therapist, and professional speaker who specializes in helping people change their lives and improve important relationships. Among the first in her field to courageously speak out about the pitfalls of unnecessary divorce, Michele has been active in spearheading the now popular movement urging couples to make their marriages work and keep their families together. She is the author of seven books including her best-selling book, *Divorce Busting: A Step-by-Step Approach to Making Your Marriage Loving Again,* and *The Sex Starved Marriage: A Couple’s Guide to Boosting Their Marriage Libido.*

[abbhh.org](http://abbhh.org)
Putting ERP to Work in your Office: Fear Hierarchies and Treatment Planning

Friday, April 15, 2016
9 am — noon

Faculty
Patrick McGrath, PhD
Director, Center of Anxiety and OCD
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 3.0
Groups: A, B, C, D, E

Cost: $30
Includes program materials, continuing education, continental breakfast

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)
Check-in begins at 8:30 am

Description
Clients with anxiety comprise a significant number of individuals who present for treatment. As a follow-up training from the fall, this workshop will focus specifically on creating a fear hierarchy for use with anxious clients in individual sessions. Come and learn how to implement this into your treatment plan and become comfortable using hierarchies to structure therapy sessions.

Program Objectives
Participants will:

• Develop hierarchies for various anxiety disorders
• Be able to implement their hierarchies for all anxious clients
• Analyze and work through difficulties with hierarchies (too slow, too fast, not working)

Faculty Bio
Dr. Patrick McGrath is the Clinical Director of the Center for Anxiety and the Co-Director of the School Anxiety / School Refusal Program at AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates. Dr. McGrath is the Author of Don’t Try Harder, Try Different, and The OCD Answer Book.

Dr. McGrath speaks nationally and internationally on anxiety disorders and trains students from across the country on CBT and ERP.
What’s the Deal with the Twenty-Somethings?
Addiction Symposium and Treatment for Millennials

Friday, May 6, 2016
9 am – 3 pm

Faculty
Gregory Teas, MD
Chief Medical Officer
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Linda Lewaniak, LCSW, CAADC
Director, The Center for Addiction Medicine and Intensive Outpatient Service
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Sarah Briley, EdD, LCPC, CADC
Assistant Director, Center for Addiction Medicine
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Irfan Syed, MD
Psychiatrist
AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 6.0
Groups: A, B, C, D, E

Cost: $65
Includes program materials, continuing education, continental breakfast, lunch and snacks

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 8:30 am

Description
This symposium will be an opportunity to explore the myriad of issues present when working with Millennials. Substance abuse trends, substances, strategies and treatment protocols will be covered throughout the day. Participants may directly discuss questions about specific issues that relate to treatment. Lunch will be included in the cost of the program.

9 – 10 am
Current Trends with Millennial Substance Abuse
Linda Lewaniak, LCSW, CADC

10:15 - 11:45 am
Cannabis and the Millennial
Gregory Teas, MD

11:45 am - 1 pm
Panel Discussion Luncheon with Gregory Teas, MD, Linda Lewaniak, LCSW, Sarah Briley, EdD, LCPC, CADC and S. Irfan Syed, MD

1 – 3 pm
Treatment Strategies for Millennials
Sarah Briley, EdD, LCPC, CADC

Program Objectives
Participants will:

• Identify current trends with Millennial substance abuse

• Analyze the effects of alcohol, cannabis and heroin on the Millennial client

• Develop treatment strategies for engaging the patient and family throughout the recovery process
Workshop 1: Saturday, April 9, 2016
Workshop 2: Saturday, April 23, 2016
Workshop 3: Saturday, May 7, 2016

8:30 am – 3 pm

Guest Faculty
Toni Tollerud, PhD, LCPC, NCC, NCS, ACS
Distinguished Teaching Professor
Department of Counseling
Northern Illinois University

Location
AMITA Health Alexian Brothers Behavioral Health Hospital
1650 Moon Lake Blvd.
Hoffman Estates, IL 60169

CEUs Offered: 18.0
Groups: A, B, C, D, E

Cost: $180
Includes program materials, continuing education, continental breakfast and snacks

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Attendees are welcomed to register for workshops on an individual basis if necessary. Each workshop offers 6.0 CEUs.

Check-in begins at 8 am

Workshop 1, April 9

Assessing Boundaries and Building the Supervisory Relationship

This workshop looks at the theory and strategies that focus on the supervisor/supervisee relationship. It will offer specific examples of ways to enhance the relationship, and present issues representing good boundaries in supervision.

Specific Topics:

• Games played in supervision
• Concerning issues regarding multiculturalism and diversity in the supervisory relationship
• Boundaries and dual relationship
• Ethical concerns in relationships and boundaries
• Effective strategies to build a successful relationship

Role-play and hands-on opportunities are used to practice these skills.

Guest Faculty Bio

Dr. Tollerud is a professor in the Department of Counseling, Adult and Higher Education at Northern Illinois University. She received a Presidential Teaching Professorship Award in 2008. In her 25 years at NIU, she has coordinated and served as Director of Internship and the School Counseling Program. She is an accomplished counselor educator and consults all over the state on issues related to supervision, career development, and school counseling.
**Webinar Learning Series**

Online learning through AMITA Health Alexian Brothers Center for Professional Education is available for your convenience. Each webinar will be offered on the specified date from noon – 1 pm. One (1) CEU credit will be awarded upon completion of webinar for groups A, B, C and E. Webinar programs are FREE OF CHARGE! Registration is required.

Register online at ABBHH.org/Register.

**Eating Disorders: Assessing for the Right Level of Care**
Friday, February 12, 2016
noon – 1 pm
Denise Styer, PsyD

**Utilizing Exposure Response Prevention Therapy in an Outpatient Setting**
Tuesday, March 15, 2016
noon – 1 pm
Patrick McGrath, PhD

**Personality Disorders in Children and Adolescents**
Tuesday, April 12, 2016
noon – 1 pm
Jason Washburn, PhD, ABPP

**The Effects of Substance Use on the Adolescent Brain**
Monday, May 9, 2016
noon – 1 pm
Linda Lewaniak, LCSW, CAADC
Sarah Briley, EdD, LCPC, CADC

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**Workshop 2, April 23**

**Advanced Supervision Issues: Psychological Stress, Resistance and Impairment**

This workshop deals with more advanced issues that arise in the supervisory relationship including:

- Dealing with difficult supervisees
- Prevention strategies to avoid difficulties
- Due process procedures in supervision
- Impairment
- Supervision/supervisee burnout
- Transference and countertransference

Opportunities to apply concepts learned will be experienced through viewing videos of counseling and supervision sessions.

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**Workshop 3, May 7**

**Peer, Triadic, Group and Supervision**

This workshop offers insightful information and examples for doing supervision utilizing approaches other than the traditional two person, face-to-face approach. It will explore the following:

- Differences between consultation and supervision
- Group supervision
- Leadership styles in doing group supervision
- Triadic supervision, the reflective approach model
- Peer supervision
- Ethical and legal issues surrounding these approaches
A Joint Event with the Illinois Coalition for Mental Health and Aging

Tuesday, May 17, 2016
10 am – noon

Faculty
Gregory Teas, MD
Chief Medical Officer
AMITA Health Alexian Brothers Behavioral Health,
Hoffman Estates

Jeff Jagmin, MD
Anesthesiologist
AMITA Health St. Alexius Medical Center,
Hoffman Estates

Location
NIU Conference Center
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

CEUs Offered: 2.0
Groups: A, B, C, E

Cost: $20
Includes program materials, continuing education, continental breakfast

Reserve a Seat
Register online at ABBHH.org/Register or call the AMITA Health Call Center at 1.855.MyAMITA (692.6482)

Check-in begins at 9:30 am

Description
As Will Rogers said, “Pain is such an uncomfortable feeling that even a tiny amount of it is enough to ruin every enjoyment.” The boomers have arrived, and the complexities of managing pain continue to increase. Dr. Gregory Teas and Dr. Jeff Jagmin will present on the assessment and management of pain, risks, non-pharmaceutical approaches and complications related to this problem. Is pain misdiagnosed and under-treated? Is a qualitative assessment for persistent pain essential? What are the risks of long-term use of opioids? Is there a problem with prevalence of polypharmacy in older (+65) adults who have multiple underlying medical disorders? Is delirium common following hip surgery or any surgery? What about the problem of a rising proportion of older adults who will experience prescription substance abuse because of (1) aging cohort, and (2) increased accessibility of prescription drugs? Do older women have the highest prevalence of long-term opioid use? Are there non-pharmacological approaches to pain management that are effective? Attend this seminar and our illustrious speakers will address these concerns.

Program Objectives
Participants will:
• Describe and understand the way pain complaints are assessed in various settings
• Describe and understand non-pharmaceutical approaches to pain management in the older adult
• Understand the consequences of pain including impaired activities of daily living (ADLs) and ambulation, depression and strain on the health care economy
• Understand how efforts designed to manage pain more aggressively has resulted in sharp rises in prescribing and subsequent misuse of high-potency opioids such as hydrocodone and oxycodone
AMITA Health Behavioral Medicine
Business Development Staff

Steve Hunter, LCSW, LMFT
Director, Business Development
847.755.8018
steven.hunter@alexian.net

Scott Naples
Assistant Director
847.230.3581
scott.naples@alexian.net

Colleen Caron, MS, RNC
Older Adult Coordinator, Older Adult Services and Crisis Intervention
847.755.8324
collen.caron@alexian.net

Dru Lazzara, LCSW
Geriatric Clinical Navigator
630.865.6331
dru.lazzara@alexian.net

Amy Brooks, LCPC, CADC
Manager, Electronic Marketing and Physician Recruitment
847.755.8141
amy.brooks@alexian.net

Don Mitckess, LCPC, CRADC
Clinical Liaison, Eating Disorder, Self-Injury and Forensic Clinic
847.755.8009
donald.mitckess@alexian.net

Maxine Goldstein, MA
Manager, Business Development
AMITA Health Alexian Brothers Center for Mental Health, Arlington Heights
847.952.7464
maxine.goldstein@alexian.net

Philip Carona, MS
Account Manager
AMITA Health Behavioral Medicine Center for Psychiatric Research
847.230.3591
philip.carona@alexian.net

Diamond Sutton, BA
Marketing Coordinator, Business Development
847.755.3245
diamond.sutton@alexian.net

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Sign-up is fast and easy at ABBHH.org/Newsletter

Two Convenient Professional Education Program Locations

Northern Illinois University
Hoffman Estates Campus
5555 Trillium Blvd.
Hoffman Estates, IL 60192

Bridges of Poplar Creek Country Club
1400 Poplar Creek Dr.
Hoffman Estates, IL 60169
Two great health systems have joined together, **Adventist Midwest Health** and **Alexian Brothers Health System**.

A new beginning, with opportunity that treasures and respects our faith traditions, past accomplishments and more profoundly realizes our sacred missions.

**AMITA Health** is about open, inclusive and compassionate quality care for all, inspired by a legacy of faith, delivered with dignity and empathy.

We embrace each person and each family as one of our own.

Help is closer than you think.

AMITA Health Alexian Brothers Behavioral Health Hospital has a Centralized Clinical Intake Call Center for all behavioral health services. A staff of dedicated Clinical Intake Advisors is available to help patients, families and behavioral health professionals with questions while maximizing service and scheduling.

For your convenience, we can assist with:

- Information about referrals and assessments for mental health and substance use services
- Scheduling of intake assessments
- Information about community resources and support groups
- Referrals for other mental health related services

To speak to one of our expert Clinical Intake Advisors, please call: 855.383.2224