

# AMITA Health Alexian Brothers Behavioral Health Hospital Center for Professional Education Program Guide

Fall 2015

# INSPIRE

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## Welcome to the 2015 Fall Professional Education Guide

On behalf of AMITA Health Alexian Brothers Behavioral Health Hospital, we thank you for record-breaking attendance at last semester's events. We strive to offer a diverse and cost effective experience that meets your educational needs. As always, if you have suggestions on topics or speakers, please feel free to email me at [steven.hunter@alexian.net](mailto:steven.hunter@alexian.net).

The Center for Professional Education continues to provide continuing education for all disciplines in the state of Illinois and has renewed its relationship with the Regional Office of Education in order to provide CPDUs for school personnel. Over the next several months, we will be moving to a web-based system for those of you who would like to do your evaluations, get your certificates, create a CEU folder, and keep your PowerPoint presentations online.

In our seventh edition of the training guide, we have included an article by Jackie Rhew, LPC, CADC and Assistant Director of the School Refusal/School Anxiety program on "Strategies and Interventions that Support a Child with School Anxiety/School Refusal Issues." This article is a preview of our book that will be coming out in the next several months on this important subject. You will receive one CEU for reading the article and answering the subsequent test questions.

I have personally read all of your evaluations and have taken them into consideration when scheduling our new fall lineup. For those of you who need Ethics and Cultural Competence CEUs, we are bringing back Mary Jo Barrett and Mark Sanders in October to beat the licensure deadlines. Additionally, we are co-sponsoring an incredible event with the Illinois Psychological Association entitled "When Trauma Comes Home," after Veterans Day. This event will highlight five incredible speakers at NO COST. We look forward to celebrating our veterans and treatment for our veterans after the holiday on November 20, 2015. We are also offering a wonderful all day Autism Conference with speakers, Dr. Tim Wahlberg and Dr. Michael Frey. Primary researcher, Dr. Katie Korslund, will be visiting us from the University of Washington. Dr. Korslund works directly with Marsha Linehan and will discuss DBT.

Please make sure you are on our email list so that we can keep you updated on upcoming webinars and intensive programs that are in development. Sign up at [abbhh.org/newsletter](http://abbhh.org/newsletter). Without you, we would not be able to provide such a high level, cost-effective series of workshops in our area. We truly appreciate our community partnerships and look forward to serving you in the months ahead.

Please see the latest updates on workshops and trainings at:  
[abbhh.org/professionals](http://abbhh.org/professionals)

Sincerely,

Steven Hunter, LCSW, LMFT  
Director, AMITA Health Center for Professional Education

# RENEW INSPIRE LEARN CONNECT IMPROVE

## Center for Professional Education: Fall 2015 Program Registration Information

### Registration

Register online at [ABBHH.org/Register](http://ABBHH.org/Register) or call the AMITA Health Call Center at **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, Center for Professional Education**  
c/o Steve Hunter, LCSW, LMFT  
1650 Moon Lake Blvd.  
Hoffman Estates, IL 60169

Registration and networking begins 30 minutes prior to each program.

**Earn one (1) CEU credit for reading the article: *Strategies and Interventions that Support a Child with School Anxiety/School Refusal Issues*.**

By Jackie Rhew, MA, LPC, CADC  
Pages 4–10



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# Fall 2015 Training Calendar At-a-Glance

2015 DATE	TOPIC	PRESENTER	PAGE
September 18	Back to School: Update on Psychiatric Medication and School Avoidance	Jackie Rhew, LPC, CADC Michael Feld, MD	12
September 22	Complications of Psychiatric and Neurological Issues in the Aging Brain <i>Northern Illinois Coalition on Mental Health and Aging</i>	Renato de Los Santos, MD	13
October 2	Cultural Competence in Clinical Practice: A Focus on Gender-Responsive Services	Mark Sanders, LCSW, CADC	14
October 8	Exposure and Response Prevention (ERP) Therapy in Everyday Practice	Patrick B. McGrath, PhD	15
October 16	Dialectical Behavior Therapy: Borderline Personality Disorder & Beyond	Kathryn Korslund, PhD, ABPP	16
October 23	Ethics for Practice: "Know Thy Boundaries"	Mary Jo Barrett, MSW	17
October 30	Autism Spectrum Disorder Throughout the Lifespan	Tim Wahlberg, PhD Michael Frey, PhD	18
November 4	LGBTQQIAA: A Life-Span Development Approach	Toni Tollerud, PhD, LCPC, NCC, NCSC, ACS	20
November 18	Building Resilience in Adolescents	Kenneth Ginsburg, MD, MEd	21
November 20	When Trauma Comes Home: A Conference for Professional, Active Military, Veterans and Their Families <i>Illinois Psychological Association</i>	Colonel Jeffrey Yarvis, PhD  Leslie Waite, Doctoral Psychology Student, Adler University  Anthony Peterson, PsyD, LCDR  Janna Henning, JD, PsyD, FT, BCETS  Johanna Buwalda, MEd, MA, LCPC	22
December 4	The Treatment of Trauma and The Internal Family Systems Model	Richard Schwartz, PhD	24

# 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

## CEU Grouping

A LSW / LCSW, LPC / LCPC, LMFT

B IAODAPCA (CADC)

C Psychologists

D CPDU (School Personnel)

E Nursing

F Dietitians

G Nursing Home Administrators

*Illinois 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.*



# Strategies and Interventions that Support a Child with School Anxiety/School Refusal Issues



Jackie Rhew,  
MA, LPC, CADC

School anxiety, avoidance, and refusal have become all too common in our classrooms today. During the course of their development, many children and adolescents experience school-related anxiety in various ways. For some, school anxiety will manifest into school avoidance which may impact attendance, academic performance, social interactions, family relationships, and physical health. Without proper intervention, these problems can have a profound effect on both the family and student's chance for success. While school refusal behaviors can often be associated with increased anxiety, other factors may be present, such as medical issues, learning difficulties, and other family and personal circumstances.

In many school districts, academic rigor combined with pressure to perform has resulted in increased demands placed on students. A common theme with students who experience school anxiety or refusal symptoms is a lack of self-awareness or ability to identify and utilize strengths and weaknesses, as well as difficulty regulating emotions when in distress. Some students



also experience somatic symptoms, as a result of their anxiety and/or depressive symptoms. The combination of these two issues can often lead to maladaptive coping and avoidance. A major focus in treatment for students who exhibit symptoms of school anxiety and/or school refusal behaviors is to assist them in learning how to be comfortable with being uncomfortable.

Key skills to teach adolescents to cope with school anxiety and school refusal include goal setting, distress tolerance, self-assessment of strengths and weakness, learning to cope with disappointment and failure, and self-advocacy skills. The school community and parents must look at the messages being sent to students. Is it alright to be average at something? How much pressure is healthy to place on oneself? Is it alright if I experience failure?

## Identifying a Student at Risk

Many students experience heightened stress and anxiety during the school year. Students who are at risk for school anxiety/school refusal issues can be identified based on some or all of the following criteria:

Students who have excessive absences from school demonstrate school refusal issues. Additionally, the student who avoids certain parts of the school day and/or interactions in which he/she previously participated also meets criteria (Kearney, 2011). A key indicator can be increased somatic symptoms present on school days, such as headaches, stomachaches and body aches, but that seem to subside on weekends and holidays (Fremont, 2003; Salemi & Brown, 2003).



## EARN ONE (1) CEU CREDIT FOR TAKING THE QUIZ AT THE END OF THIS ARTICLE.

Other criteria may also include changes in homework patterns (refusal, missing, or incomplete assignments), patterns of academic failure (decrease in grades, changes in test performance), patterns of negative peer relations (decreased social activities/social isolations), and decreased motivation associated with negative feelings towards school.

Students who exhibit some or all of these symptoms of school anxiety/refusal often display marked changes in attitude or behaviors. These students may feel distressed about school more often in comparison to their peers. Professionals trying to identify these students may notice behavior patterns that only occur on school days, such as stomachaches, avoidance of school-related activities, and increased difficulties with social skills and peer relationships. Medical professionals are cautioned not to write medical notes excusing students with these somatic symptoms from school unless medically necessary, especially since the absences may in turn worsen the condition (Fremont, 2003).

### Types of School Refusal

The term school refusal implies a choice for one not to attend or engage in one part or all of the school day (Kearney, 2002). While this choice may be influenced by a variety of factors, it is helpful to view the attendance as a choice in order to outline and uphold expectations. Kearney and colleagues have created a functional classification system to categorize different types of school refusal behaviors. The behaviors can be understood as deriving from one, or a combination of, several of the following domains:

*Avoiding school-related stimuli that provoke negative affect,*

*Escape aversive social and/or evaluative situations,*

*Seeking attention from primary caregivers,*

*Tangible rewards outside of school.*  
(Kearney & Albano, 2000; Kearney and Silverman, 1996)

Over time, depending on the severity and duration of symptoms, a student may meet criteria for multiple domains as the behaviors may increase and worsen.

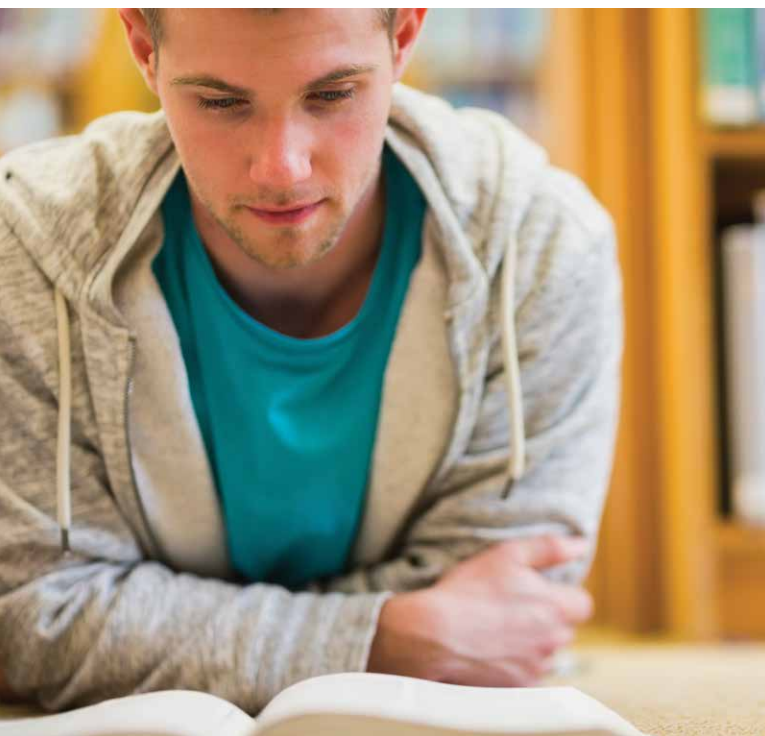
### Tips for Supporting the Child with School Anxiety/School Refusal

- Write out clear expectations, privileges, and consistent consequences and review them with your child. Keep expectations simple and consistent.
- Avoid a lot of talking and reassurance, especially when setting expectations.
- Avoid power struggles—remember this can escalate the situation quickly!
- Give choices.
- Be mindful not reactive. Practice good emotional management and appear confident.
- Focus on outcomes and goals for parenting.
- It is alright if the child becomes upset. Children need to be held accountable for how they manage being upset. Avoid excessive talking: State expectations and walk away—do not feed into somatic symptoms.
- Be clear about acceptable reasons to miss or be tardy from school. For help, check guidelines in the school handbook (fever above 100°; etc.). Remind the child how they can cope with symptoms and manage discomfort without avoiding school.
- Always update school personnel if there are any significant concerns or events that have happened outside of school.
- Let school personnel know if the child is reporting any significant problems regarding medication(s) that he or she is taking.

## Strategies and Interventions

In a manner of speaking, anxiety can be contagious. As a result, individuals surrounding the anxious student may experience heightened anxiety and use strategies such as reassurance and comforting to lower the student's anxiety. While the intent may be to relieve a child's discomfort, in actuality, they may encourage further avoidant behaviors by not allowing the student to sit with his/her discomfort. When interacting with a student who is anxious, refrain from engaging in excessive talking. Sometimes less is more. Instead, teach by example in the management of your own anxiety. The child will look to those around him/her to assess the situation; if others are panicked, it will further increase the child's anxiety. Gradual exposure back into the school setting following time away from school will help the student reintegrate back into the school setting (Blagg & Yule, 1984; Blagg, 1987; Roth & Fonagy, 1996).

The team approach works best and is optimal for the student with anxiety and avoidant behaviors. Teachers, school staff, parents, students, and outside supports working together to establish a consistent structure/pattern can be the foundation of success (Kearney, 2002).



## Classroom Assistance and Teacher Interventions

Have a plan for the student to manage when he/she is anxious and agree upon a plan for utilizing coping strategies and supports when anxious in class.

- Help the student reframe his/her thinking. Check in with student before, during, or after class.
- Organize materials; color code the student's notebooks and folders. Break assignments down; only give the student one worksheet or assignment at a time to prevent overwhelming feelings.
- Simplify and differentiate the content being taught to meet readiness level and best learning modality.
- Highlight important due dates on course syllabus or calendar to create a visual model.
- Change the location of the student's desk—proximity helps.
- Establish a "safe zone" in the classroom.
- Encourage daily routines.
- Write class objectives and length of each class activity on the blackboard.
- Set time limits.
- Organize learning groups; challenge the student but surround him/her by peers that the student feels comfortable with as well. Create balance.
- Plan for the next day—this could be verbal, but visual representations always help.
- Plan for transitions.
- Check in with student to see if he/she has any questions. Often students with anxiety will not approach you first.
- Post a note on the desk that lets the student know you notice them and are willing to help. This is good for the student who has been out of your class for a long period of time and looks like he/she is struggling or seems distant. Keep it simple but warm.
- Give a relaxing activity to the student for a few minutes to serve as a distraction. State that you are giving the student a break for a few minutes, but it is expected that he/she return to the work.



## School-wide Interventions

Students with school anxiety/school refusal issues often struggle with transitions (i.e., returning to school following an absence or weekend). Therefore, a greater number of absences from school will not only result in the student being more behind in school work, but will also most likely lead to further absences and exasperate the cycle. For this reason, expectations for attendance should be clearly defined for the student and parents. The school should have a system in place that tracks absences, so that the absences do not accrue beyond a certain limit. This policy should include criteria for what justifies an excused absence, as well as what the school's response will be to the missed days.

School personnel can keep track of both excused and unexcused absences, although the absences should not be differentiated when tracking the total number of missed days. Allowing excessive absences without consequences may foster anxiety and avoidant behaviors. Once a pattern of excessive school absences has been identified, it may be helpful to schedule a meeting with the school personnel, parents and student to discuss absences and implement a plan for educational success, as well as require a medical note for re-entry for upcoming absences.



It is important to initiate and maintain communication between school personnel and parents about the student's progress and expectations. Sending a written weekly report home to parents provides consistent dialogue of the student's progress between home and school.

The student may benefit from designated school personnel, such as the school social worker, checking in with the student to help the student feel more connected to school. Fellow students or peer helpers may be used to connect to the student as well, and at times may call or contact student when absent from school.

## Coping Skills in the Classroom/Student Assistance

- Use a stress ball.
- Take a two minute break.
- Implement square breathing.
- Journal /draw for two minutes.
- Write out what is making him/her anxious/upset; ask to read it when he/she is finished writing; write back to student quickly or have brief conversation if possible.
- Utilize an anxiety thermometer.
- Write down the facts.
- Discover mindfulness and grounding techniques.
- Use skills that increase self-soothing.
- Work with teacher to organize materials and create a plan for short term success (i.e., write down one goal on a Post-It® note with a time frame; cross it out/throw it out when it is accomplished).
- Ask for help.
- Establish visual signals to enhance non-verbal communication with teachers (i.e., thumbs up/ thumbs down).
- Check in, check out.

School assimilation is essential for students with anxiety and avoidant behaviors. Encouragement of extracurricular activities and student participation can decrease anxiety, foster independence and increase connections in the school setting. Students can work in the office, be a classroom helper, or teacher's assistant to increase integration in the school environment. Negative peer relationships, such as bullying and teasing, need to be addressed in the school environment. Social skill development may be necessary to promote change.

A psychological/neuro-cognitive assessment and/or intervention may be necessary if patterns of academic failure are present. Identifying and implementing emotional/behavioral/academic accommodations for students may be needed. These accommodations may be necessary through the development of a 504 plan and/or case study evaluation. Outside therapeutic resources may also be recommended.

## Strategies to Implement at Home

Many parents strive to make their adolescents "happy." Some of these same adolescents have been raised with the notion that everything should be "fair." These beliefs have made it difficult for many adolescents to experience and work through any feelings of displeasure or discomfort. It is not only advised, but critical for the adolescent to learn to experience and work through these frustrations, especially when the goal is maturing into a healthy young adult.

Parents often report feeling sorry for their child when he/she is experiencing distress. These feelings of guilt may influence the parenting responses to the child, and result in parental responses being emotionally reactive rather than purposeful. Parents who are more mindful of their own anxiety and how it manifests in their parenting will have an increased understanding in terms of how their anxiety impacts their responses to their child. As parents identify goals and objectives for parenting (i.e., assisting the adolescent in becoming more motivated, self-confident, independent), it is imperative to review these with their child. Furthermore, parents should set and review clear expectations, privileges, goals and routines to ensure consistency. Discussing progress, obstacles and ways to problem-solve obstacles will assist in follow through and strengthening the plan. Be aware of strategies that will support implementation as well as aid in success. Parents are cautioned not to engage if the child is not using appropriate communication skills and age-appropriate behaviors (i.e., a teen crying and screaming), but rather cue the child to take some time and resume communication when he/she has calmed down. The child has a choice in how he/she manages his/her emotions. Allowing inappropriate behavior continues to foster emotional immaturity.

Avoid excessive talking and reassurance, especially in the morning and enroute to school. Children and teens do not respond when parents spend too much time "talking at" them. Be consistent and keep expectations clear and concrete.



## Other Recommendations

Here are some additional considerations for the child or adolescent struggling with school anxiety:

- Make school attendance mandatory unless the child has a fever or contagious illness. Avoid calling the child out of school unless absolutely necessary. Children cannot deal with school issues unless they are present at school. A child's anxiety will increase the more school is avoided.
- If a child refuses to attend school, contact school personnel and report the child's refusal to attend school, even if it results in an unexcused absence. Allow the child to have consequences from the school for unexcused absences.
- Establish and maintain open communication with school personnel regarding the child's feelings about school, difficulties with school, etc.
- Create an environment at home that fosters structure and consistency. Expectations should include rules, chores, privileges and limits. This will allow children to learn to structure themselves, as well as understand rewards and consequences. Likewise, expectations should be clear regarding school attendance and homework, as well as privileges and consequences given for not meeting expectations. Structure, routine, and consistency work to alleviate anxiety in children.
- Routine is essential for children with school anxiety/avoidance issues. A daily schedule should be followed consistently both when the child is in school as well as out of school.
- Encourage children to enroll in school extracurricular activities to feel more connected to school. Have the child choose at least one activity per school term.
- Provide positive feedback for successes experienced at school.
- Seek support from school and external resources when a child first starts displaying symptoms of school anxiety/avoidance.
- If patterns of academic failure are present, psychological and/or neuro-cognitive assessment and/or intervention may be needed due to possible learning disabilities or neuro-cognitive deficit issues that may be present.

## Script Examples

Parents can help prepare their child for school and/or school related tasks by using language that helps create structure and consistency. It is helpful to keep the dialogue consistent, as well as start preparing the child the night before school, especially on Sunday nights. The following are examples of statements that may be useful in these situations.

"The expectation is that you attend school daily and on time."

"I will wake you up at 7 am tomorrow and give you a 15 minute warning, and then I will come in again. At that point you have 30 minutes until you have to leave for school."

"If you choose not to get up, then (the privilege) will not be earned."

"I would like to come up with a plan so that I can help you stay organized and we can keep track of the homework you are completing."

"If you refuse to go to school, I will have no choice but to call 911 for assistance."

"I expect you to go to bed at a specified time, so that you can be awake and ready for school."

"You are not allowed to text me from school to discuss going home. If you choose to bring your phone to school, you will not utilize your phone to seek reassurance."

"You cannot call me during the day to pick you up if you are upset. If you are sick, then you can seek out the nurse to get your temperature taken. I cannot pick you up unless the nurse gives me permission to do so."

"It is expected that you will work through experiences that make you uncomfortable and elevate your anxiety. The more you do the activities that you fear, the more you will be able to handle difficulties at school."

- Negative peer relations may result in school avoidant/anxiety issues. Contact the school social worker if your child is struggling with peer relations, such as bullying or difficulty getting along with peers. Therapeutic intervention on the school level may be needed, such as:
  - Initiate an incentive program, such as a gift card.
  - Make an automatic or personal phone call to student in the morning.
  - Encourage positive praise for accomplishments.
  - Establish connections with school staff/teachers.
  - Identify patterns of utilizing supports (limitation on time spent in social worker's and/or nurse's office).
  - Encourage positive praise for accomplishments.
  - Screen in for anxiety in middle school.
  - Encourage phone calls from peers.

In conclusion, school anxiety and school refusal continue to be one of the most intractable problems for parents, schools, and therapists. As pressure mounts for students to succeed, school anxiety and avoidant behaviors will continue to be on the rise. Consequently, a comprehensive approach is necessary to effectively assist this group of at-risk students. Key skills that can be reinforced at multiple levels are necessary to achieve permanent success. Interventions must be consistent and clear for school professionals, parents, and outside therapists who are involved with the student. These interventions have been developed and researched by the team at the AMITA Health Alexian Brothers Behavioral Health Hospital and hospital's school refusal/school anxiety program.

For more information, please contact the author and assistant director, Jackie Rhew LPC, CADC at [jackie.rhew@alexian.net](mailto:jackie.rhew@alexian.net).

To earn one (1) CEU credit, take the online quiz here: [www.surveymonkey.com/s/6FDW2CY](https://www.surveymonkey.com/s/6FDW2CY)

## References

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# 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/s/6FDW2CY](http://www.surveymonkey.com/s/6FDW2CY)

## QUESTIONS:

1. The four domains of school refusal described by Kearney and his associates include: avoiding school-related stimuli that provoke negative affectivity, escape aversive social and/or evaluative situations, seeking attention from primary caregivers, and tangible rewards outside of school.  
☐ True    ☐ False
2. A parent should use excessive reassurance and talking when responding to their anxious child.  
☐ True    ☐ False
3. Students who struggle with school refusal behaviors often have in common a lack of self-awareness or ability to identify and utilize strengths and weaknesses, as well as difficulty regulating emotions when in distress.  
☐ True    ☐ False
4. A major focus in treatment for students who exhibit symptoms of school anxiety or school refusal is to assist them in learning how to avoid being uncomfortable.  
☐ True    ☐ False
5. Some of the key skills to teach adolescents to cope with school anxiety and school refusal include goal setting, distress tolerance, self-assessment of strengths and weakness, learning to cope with disappointment and failure, and self-advocacy skills.  
☐ True    ☐ False







# Back to School: Update on Psychiatric Medication and School Avoidance

## Description

This program will provide valuable and updated information from two phenomenal presenters. Dr. Feld will engage the audience in an update and discussion on psychiatric medication for children and adolescents. Jackie Rhew, MA, LPC, CADC will review specific interventions designed to increase motivation for school attendance and promote active school engagement for the child and family. Factors that contribute to avoidant behaviors will be explored, as well as ways to early identify at-risk students to provide early therapeutic responses. Professionals leaving the presentation will have learned how to develop therapeutic strategies for SASR, and engage students and their parents in effective communication and language that promotes self-advocacy and independence for the student.

## Program Objectives

### Participants will:

- Review new psychiatric medications for children and adolescents
- Recognize benefits, side effects, and medication combinations
- Develop therapeutic strategies for school avoidance and refusal
- Apply behavioral modification techniques, family system approaches, parent training and collaborative approaches



**Friday, September 18, 2015**

**9 am – 12:30 pm**

## Faculty

### Michael Feld, MD

Community Liaison Psychiatrist, AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates

### Jackie Rhew, MA, LPC, CADC

Assistant Director, School Anxiety/School Refusal Program, 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: 3.5

Groups: A, B, C, D, E

## Cost: \$20

Includes program materials, continuing education and continental breakfast

## 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)

# Complications of Psychiatric & Neurological Issues in the Aging Brain



**Tuesday, September 22, 2015**  
**10 am – noon**

## Faculty

**Renato de Los Santos, MD**

Medical Director, Older Adult Services  
AMITA Health Alexian Brothers  
Behavioral Health Hospital,  
Hoffman Estates

## Location

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

## CEUs Offered: 2.0

Groups: A, C, E, 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)



## Description

This dynamic program, presented by Dr. de Los Santos, will address the complexity of psychiatric conditions in the older adult, the complexity of neurological factors that complicate these conditions and the psychosocial factors relevant to the psychological conditions in older adults. The program will include case studies and an open format for questions and answers.

## Program Objectives

### Participants will:

- Understand the complexity of psychosocial conditions in the older adult
- Identify medical and neurological factors contributing to the complexity of psychiatric conditions
- Identify the psychosocial factors relevant to the complexity of psychological conditions in the older adult

# Cultural Competence in Clinical Practice: A Focus on Gender-Responsive Services



## Guest Faculty

**Mark Sanders, LCSW, CADAC**

Lecturer

University of Chicago

## Location

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

## CEUs Offered: 3.0

Groups: A, B, C, D, E

Meets state licensure requirement for cultural competence

## 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)

## Guest Faculty Bio



Mark Sanders, LCSW, CADAC, is an international speaker in the addictions and mental health fields whose presentations have reached thousands throughout the U.S., Europe, Canada, and the Caribbean Islands. He is the co-author of *Recovery Management* and author of *Relationship Detox:*

*How to Have Healthy Relationships in Recovery*. His most recent book is titled, *Slipping through the Cracks: Intervention Strategies for Clients with Multiple Addiction and Disorders*. Sanders had two stories published in the New York Times best-selling book series, *Chicken Soup for the Soul*. He is a lecturer at the University of Chicago.

**abbhh.org**

**Friday, October 2, 2015**

**9 am – noon**

## Description

In this workshop you will learn strategies for working more effectively with men and women in mental health, addictions, and other behavioral health fields. A partial list of topics includes: Addressing Core Issues for Male Clients Including Difficulty Expressing Feelings, Toxic Masculinity, The Shield of Armor, Fear of Failure, Difficulty with Intimacy and The Narrow Definition of Manhood, Addressing Resistance to Counseling when Working with Male Clients, How to Provide Gender-Responsive Services for Women, 17 Critical Areas to Focus on in Women's Treatment. Three Approaches to Trauma Recovery with Women, Strategies for Increasing Gender Competence on the Individual and Programmatic Levels, and Viewing Countertransference as a Gift when Counseling Men and Women.

## Program Objectives

### Participants will:

- Identify strategies for addressing six core issues for male clients
- Utilize strategies for addressing resistance to counseling when working with male clients
- Discuss how to view countertransference as a gift when working with men and women in therapy
- Learn how to provide gender-responsive services for women

# Exposure and Response Prevention in Everyday Practice

**Thursday, October 8, 2015**  
**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 and continental breakfast

## 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)



## Description

Exposure and Response Prevention Therapy (ERP) is the gold standard of care for patients who have anxiety disorders, and yet few therapists actually apply the use of ERP to their anxious patients. There are many reasons why ERP is not implemented well in one-on-one sessions, including: patients focus on the crisis of the week and do not follow through on their homework; therapists do some ERP but never push it to really therapeutic levels; therapists believing that patients are too fragile to handle ERP; and patients employing distraction techniques that interfere with effective ERP delivery. This talk will review how to set up an ERP program for your patients in a one-on-one setting and how to manage any pitfalls that may arise in the use of ERP.

## Program Objectives

### Participants will:

- Define how CBT and ERP are effectively used in the treatment of Anxiety Disorders
- Review barriers to effective use of CBT, including avoidance and reassurance
- Develop treatment plans for specific Anxiety Disorders using case examples and ERP technique demonstrations





# Dialectical Behavior Therapy: Borderline Personality Disorder & Beyond

## Description

This one day workshop will provide a comprehensive introduction to Dialectical Behavioral Therapy (DBT) principles, protocols and strategies. Major findings on the clinical outcomes of the treatment will be briefly presented and will include highlights of adapted approaches to DBT, such as the extension of DBT to substance-dependent clients. Instruction will include lecture, recordings of treatment sessions, and practice exercises to teach the principles and strategies of DBT applicable to a wide-ranging population of consumers.

## Program Objectives

### Participants will:

- Review evidence base of DBT for BPD and other populations
- Discuss the philosophical foundations, principles and structure of DBT
- Recognize key strategies of DBT through video examples

## Guest Faculty Bio



Dr. Korslund is the Associate Director of the Behavioral Research and Therapy Clinics in the Department of Psychology at the University of Washington. She is a research scientist and co-investigator with Dr. Marsha Linehan on federally funded clinical research studies evaluating the efficacy of behavioral treatments for borderline personality disorder and suicidal, complex, and difficult to treat behaviors. She is an internationally recognized expert on Dialectical Behavior Therapy and has conducted DBT training and consultation for professionals throughout the United States as well as in the UK, Europe and Asia. Dr. Korslund is a Diplomat of the American Board of Professional Psychology.

**Friday, October 16, 2015**

**9 am – 4 pm**

## Guest Faculty

**Kathryn Korslund, PhD, ABPP**

Associate Director, Behavioral Research,  
University of Washington

## 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,  
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)



# Ethics for Practice: Know Thy Boundaries

**Friday, October 23, 2015**

**9 am – noon**

## Guest Faculty

**Mary Jo Barrett, MSW**

Executive Director, Center for Contextual Change

## Location

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

## CEUs Offered: 3.0

Groups: A, B, C, D, E

Meets state licensure requirement for ethics

## Cost: \$30

Includes program materials, continuing education and continental breakfast

## 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)



## Description

The ethical rules for therapists used to be straightforward and unambiguous: no gifts, no self-disclosure, no dual relationships, no out-of-session contact and, of course, no sex. But today the rules against boundary violations aren't so straightforward anymore, nor do the old prohibitions always seem clinically useful. Compassion fatigue can also impede our judgment, making us more susceptible to improper conduct. In this workshop, we'll explore both the ethical dilemmas we face and the compassion fatigue that makes us vulnerable to boundary confusion. The importance of self-reflection, peer supervision, sharing concerns with colleagues, and establishing and maintaining clear boundary guidelines will be discussed. Focus will be on self-care, with participants developing a professional wellness plan that keeps them grounded and mindful in their professional lives. Note: This workshop fulfills many state board requirements for training in ethics and risk management.

## Guest Faculty Bio



Mary Jo Barrett is the Executive Director and co-founder of The Center for Contextual Change, Ltd. She holds a Masters in Social Work from the University of Illinois and is currently on the faculties of University of Chicago, School of Social Service Administration, The Chicago

Center For Family Health, and the Family Institute of Northwestern University. Ms. Barrett has coauthored two books with Dr. Terry Trepper including: *Incest: A Multiple Systems Perspective*, and *The Systemic Treatment of Incest: A Therapeutic Handbook*. She also co-created the Collaborative Stage Model (CSM), a highly successful contextual model of therapy for trauma and abuse.

## Program Objectives

### Participants will:

- Understand boundary violations and boundary confusion past and present
- Analyze the impact of compassion fatigue on therapist vulnerability
- Discuss self-care, self-reflection and peer supervision on maintaining clear boundary guidelines

# Autism Spectrum Disorder Throughout the Lifespan



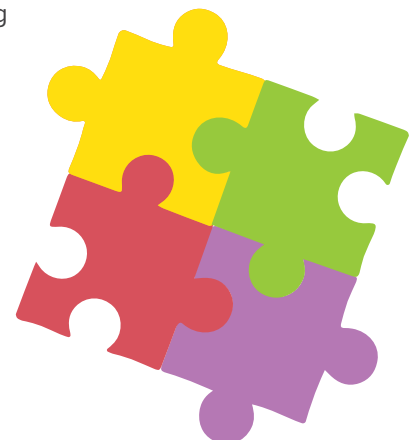
## Description

This program features two of the finest experts in the area of Autism Spectrum Disorder (ASD). Dr. Wahlberg will explore the role anxiety plays in social development for individuals on the spectrum. Treatment techniques will be outlined and explored that assist in controlling anxiety and developing social skills. Dr. Frey will focus on factors that contribute to how young adults function and ways in which their families are involved in their lives. Young adults with ASD often have the same desires as individuals without this condition, such as wanting to be productive, living as independently as possible, and establishing meaningful relationships. This presentation will focus on ways to understand and recognize the transition for older adolescents and young adults into a productive and sustainable adulthood.

## Dr. Frey's Program Objectives

### Participants will:

- Assess the dimensions to consider in understanding an individual's profile
- Demonstrate social communication patterns that are critical for functioning in the workplace and community
- Describe how parents and family members can structure daily living to facilitate independent functioning
- Discuss ways to talk about ASD and assist individuals to understand their personal profile



**Friday, October 30, 2015**

**9 am – 4 pm**

## Guest Faculty

**Tim Wahlberg, PhD**

Co-Owner  
Prairie Clinic

**Michael Frey, PhD**

Owner  
Comprehensive Psychological Services

## Location

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

## CEUs Offered: 7.0

Groups: A, B, C, D, E

## Cost: \$65

Includes program materials, panel, continental breakfast and networking lunch

## 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)



## Dr. Wahlberg's Program Objectives

### Participants will:

- Understand how social development in Autism is compromised
- Explore the role Autism plays in social interaction
- Examine personality traits and the role they play in social development, anxiety and treatment
- Implement strategies to decrease anxiety while increasing social development

## Guest Faculty Bios



Dr. Wahlberg is a licensed clinical psychologist and certified school psychologist. He has extensive experiences in school and university settings, as well as psychiatric and community mental health facilities. Dr. Wahlberg is the co-owner of The Prairie Clinic in Geneva, Illinois and author of *Finding the Gray: Understanding and Thriving in the Black and White World of Autism and Asperger's*. Dr. Wahlberg is also the author and editor of many books on ASD.



Dr. Frey is the owner and founder of Comprehensive Psychological Services in Arlington Heights, Illinois and received his PhD in Clinical Psychology from DePaul University. Dr. Frey has been clinical coordinator at both Hartgrove Hospital and Lutheran General Hospital. His area of specialty is neurobehavioral disorders, he consults with a wide variety of schools and continues to be a popular speaker on ASD-related subjects.



## The AMITA Health Behavioral Medicine Autism Spectrum & Developmental Disorders Resource Center

Individuals within the autistic spectrum of developmental disorders often face a variety of unique mental health challenges throughout their lifetime. It can be confusing for parents and families to know how to locate the essential services, or even how to identify the services that their child, adolescent, or young adult needs. The AMITA Health Behavioral Medicine Autism Spectrum & Developmental Disorders Resource Center can assist families through this confusing and sometimes frustrating process.

### Resource Center Services:

- Screening and Triage-to-care (phone, e-mail or face-to-face)
- Brief counseling
- Access to educational resources, such as books, DVDs, and internet resources
- Advocacy

We are committed to prompt attention. Please contact Maria Bellantuono at [maria.bellantuono@alexian.net](mailto:maria.bellantuono@alexian.net) or 847.755.8536.

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# LGBT(QQIAA): A Lifespan Development Approach



**Wednesday, November 4, 2015**  
**9 am – 4 pm**

## 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: 6.0**

Groups: A, B, C, D, E

**Cost: \$50**

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)



## Description

Before beginning treatment with an LGBTQQIAA client, a clinician has the responsibility to be well versed on issues related to homophobia, sexuality, and gender identity. Additionally, the clinician should possess skills necessary to work effectively with this population including creating a non-judgmental climate, stages of acceptance, the client's lifestyle, and knowledge about the unique needs LGBT clients may bring. This workshop will cover key developmental factors that LGBT people face across the lifespan. Topics will include developmental issues around the coming out process, marriage and family concerns, careers, and work and retirement/old age. This workshop will also explore how social justice issues surrounding sexism and heterosexism impose physiological and psychological burdens on LGBT clients at all ages. It will offer suggestions for what clinicians can do to help clients lead a mentally healthy lifestyle. Legal and ethical issues will be discussed.

## 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.

## Program Objectives

### Participants will:

- Discuss clinician responsibility with homophobia, sexuality, and gender identity
- Be able to describe key development factors faced by this population
- Assess developmental factors (coming out, marriage, family, careers, etc.) within a social justice, legal and ethical context



# Building Resilience in Adolescents

**Wednesday, November 18, 2015**

**8:30 – 11:30 am**

## Guest Faculty

**Kenneth Ginsburg, MD, MEd**

Pediatrician,

The Children's Hospital of Philadelphia

## 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)

## Guest Faculty Bio



Dr. Ginsburg is a pediatrician specializing in adolescent medicine at The Children's Hospital of Philadelphia, and a professor of pediatrics at the University of Pennsylvania School of Medicine. Ginsburg co-developed the teen-centered method, a mixed quantitative/qualitative methodology

that enables youth to generate, prioritize and explain their own ideas. Dr. Ginsburg has more than 120 publications, including 30 original research articles and five books. He has received 30 awards recognizing his research, clinical skills and advocacy efforts.



## Description

This three hour seminar for school-based counselors and therapists will first summarize the core ingredients that promote resilience in all youth. The workshop will then discuss trauma informed care and why restoring a sense of control for youth who have endured adverse childhood experience is key to their well-being. Finally, Dr. Ginsburg will introduce strategies to give young people control over their behaviors and decisions, including coping strategies. The workshop will cover approaches to working with youth who have physical manifestations of stress, including somatization.

## Program Objectives

Participants will:

- Summarize the core ingredients that promote resilience in youth
- Explain trauma-informed care for youth with adverse experiences
- Design strategies to give youth control over their behavior





# When Trauma Comes Home

## A Joint Event with the Illinois Psychological Association (IPA) Military Section

### Description

This conference is a tribute to the military veterans and a call to action to the mental health community to assist with the myriad of issues that face our returning warriors. Much attention has been given to war-induced syndromes such as PTSD. This workshop will examine not only the effects of loss and PTSD on our military veterans, but also the growing literature of subthreshold post-traumatic stress disorder. Reliance on diagnostic models of psychiatric disorders has led to a lack of investigation of the post traumatic sequelae falling short of criteria for PTSD and limiting the way clinicians interact with returning veterans. Additionally, this workshop will explore issues that create obstacles for our veterans including LGBT military members and problems with claims and compensation for services. This day will be filled with thought-provoking speakers and interactions on how we can meet the needs of our returning military heroes.

### Key Note Program Objectives

## When Trauma Comes Home: Social work for America's returning warriors

### Colonel Jeffrey Yarvis, PhD

#### Participants will:

- Understand the impact and opportunities of prevention on sub clinical trauma presentations
- Recognize the impact of returning soldiers to garrison or the civilian workplace and identify subtle indicators in behavior
- Discuss the clinical relevance of sub clinical and subtle presentations with respect to co-morbid physical and psychological conditions
- Examine the extent to which intimate communication is necessary when reintegrating warriors to their families



**Friday, November 20, 2015**

**8:30 am – 4 pm**

### Guest Faculty

**Colonel Jeffrey Yarvis, PhD, LCSW, BCD, ACSW**

**Leslie Waite, Doctor of Psychology Candidate**

**Johanna Buwalda, MEd, MA, LCPC**

**Janna Henning, JD, PsyD, FT, BCETS**

**Anthony Peterson, PsyD, LCDR**

### Location

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

### CEUs Offered: 6.0

Groups: A, B, C, E

Other: Military, Veterans and family member

### Cost: Free

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)



IPA and AMITA Health Alexian Brothers Behavioral Hospital are co-sponsoring this event to highlight the needs of the military and veteran communities for Veterans Day. This conference is for professionals, active military, veterans and their families.



## Additional Program Objectives

### The Evolution of the LGBT Service Member

**Leslie Waite, Doctor of Psychology Candidate, Adler University**

#### Participants will:

- Recognize the historic and systemic barriers faced by LGBT service members within the military
- Analyze the articles of the Uniform Code of Military Justice used to prosecute and discharge LGBT service members
- Gain an understanding of the phenomenological experiences of LGBT service members and the unique stressors they face in the military

### Veterans and PTSD: The process of writing reports in support of VA claims

**Johanna Buwalda, MEd, MA, LCPC**

#### Participants will:

- Understand the process of VA compensation for PTSD
- Identify the concepts of connection and non-service connection
- Analyze the claim review process and the VA rating scale
- Define the Nexus statement

### Traumatic Grief in Veterans

**Janna Henning, JD, PsyD, FT, BCETS**

#### Participants will:

- Describe the ways in which war-related losses are different from other kinds of losses, and identify the loss related stressors that impact veterans
- Define traumatic grief and recognize its core features in veterans
- Identify intervention approaches that address and assist with both traumatic stress and grief-related needs and concerns in veterans

### PTSD: History, Presentation, and Treatment

**Anthony Peterson, PsyD, LCDR**

#### Participants will:

- Accurately define Post Traumatic Stress Disorder
- Understand history as it relates to the diagnosis of PTSD
- Gain an understanding of PTSD on a veteran's life and daily functioning
- Utilize treatments and interventions available for Veterans with PTSD

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# The Treatment of Trauma and the Internal Family Systems Model

Friday, December 4, 2015

9 am – 4 pm

## Description

Many trauma therapies propose that the existence of subpersonalities is a sign of pathology—a consequence of the fragmentation of the psyche by traumatic experiences. In contrast, the Internal Family Systems (IFS) model sees all parts as innately valuable components of a healthy mind. Trauma does not create these parts, but instead forces many of them out of their naturally valuable functions and healthy states into protective and extreme roles. This makes them lose trust in the leadership of the client's Self, which in IFS is an inner essence of calm, confidence, clarity, connectedness and creativity. IFS brings family systems thinking to this internal family, understanding distressed parts in their context, just as family therapists do with problem children, and restoring inner leadership in a way that parallels the creation of secure attachments between parents and children. This presentation will provide an introduction to the basics of the IFS model and its use with attachments and trauma. An overview of IFS and its clinical applications will be presented and illustrated with video.

## Guest Faculty Bio



Dr. Schwartz earned his PhD from Purdue University. After a long association with the Institute for Juvenile Research and most recently with The Family Institute at Northwestern University, he developed the Internal Family Systems model. This approach is a non-pathological, hopeful framework which to practice psychology. He is co-author of *Family Therapy: Concepts and Methods*, which is the most widely used family therapy text in the United States. His other books include *Internal Family Systems Theory*; *Introduction to the Internal Family Systems Model*; *The Mosaic Mind*; *Metaframeworks*; and *You Are the One You've Been Waiting For*.

## Guest Faculty

**Richard Schwartz, PhD**

Founding Developer,  
Center for Self Leadership

## 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, 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)

## Program Objectives

### Participants will:

- Address client “resistance” more effectively and with less effort
- Utilize the clients’ self to repair attachment injuries
- Identify the parallels between external and internal attachment styles
- Identify the effects of trauma on parts and self

[abbhh.org](http://abbhh.org)

## AMITA Health Behavioral Medicine Business Development Staff

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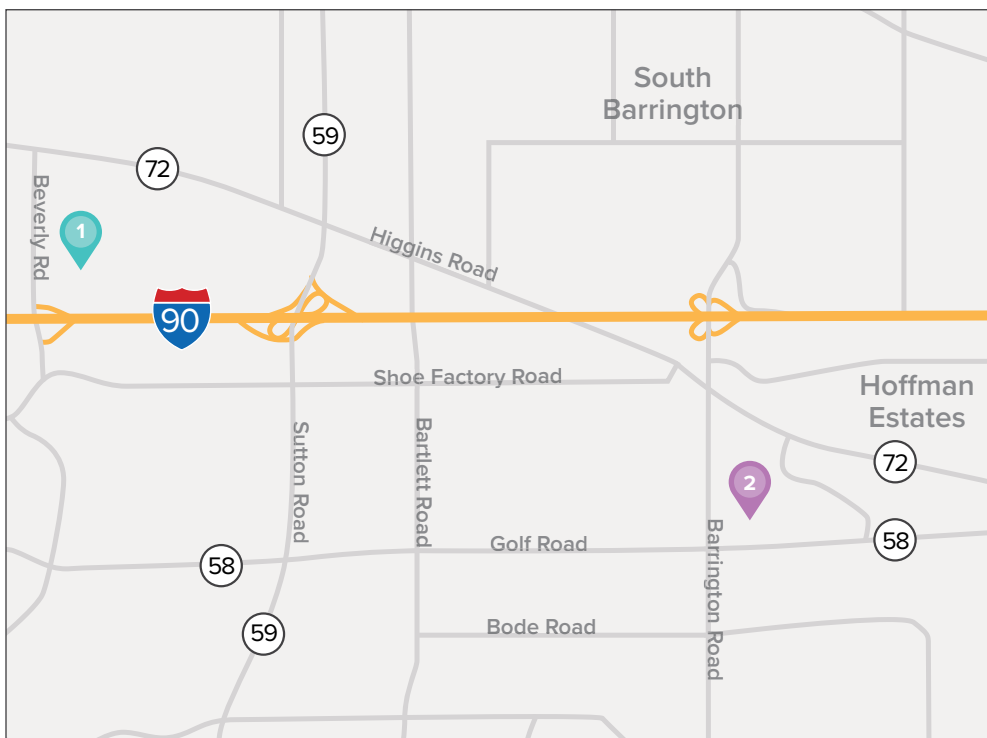
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## Two Convenient Professional Education Program Locations



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



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Hoffman Estates, IL 60169



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TOGETHER

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## 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**