

2006 NATIONAL APA CONFERENCE ABSTRACTS AND LEARNING OBJECTIVES

Defining Mental Health as a Public Health Problem, Including Counseling with Choice Theory, the New Reality Theory – William Glasser, M.D., FAPA, MTAPA

Abstract: If we are to be effective in counseling the people whom we see, at most, a few hours a week, we have to teach them something that they can use daily in their lives to help themselves. Reality therapists are now teaching counselees Choice Theory so they can use it in their lives. The basic concepts of both Reality Therapy and Choice Theory will be taught through lecture and role-playing.

Learning Objectives:

1. Learn the basic concepts of both Reality Therapy and Choice Theory.
2. Learn how these concepts apply to all types of client populations.
3. Learn the difference between managing and counseling clients and how to use reality therapy, choice theory and lead-management in both situations.
4. Learn the concepts of quality, especially as they apply to non-coercive management, and particularly to school management.

Homeostasis and Trance Deconstruction: The Theoretical Model for the Eclectic Practitioner – Wilton Hellams, PhD, DAPA and Tobias S. Schreiber, MA

Abstract: This is a new and innovative technology that merges the effectiveness of cognitive behavioral therapy with the power and sophistication of Bio-hypnotherapeutic understanding thus implementing a variety of therapy techniques to fully equip the eclectic practitioner with a comprehensive theoretical model. By interweaving the understanding of the homeostatic system, constructed with neural information centers that comprise a sensory perceptive holographic map, the reality of the individual is modulated and edited with cognitive programming errors and sensory perceptive alterations (hypnotic trance phenomena). Programming errors are the beginning of socialization's interruptions into the bio-cognitive mapping system with which the person navigates reality. The use of techniques to disrupt the ongoing conscious set creates a trance deconstruction and reconstruction that allows for the re-emergence of present time sensory functioning. The individual is always in a trance; some trances are more functional than others. The presentation will teach the theoretical model "Cognosis" utilizing the principles of Homeostasis, neural information centers, sensory perceptive alterations, cognitive programming errors and sensory perceptive holographic mapping. Techniques for "trance deconstruction and reconstruction" will be taught.

Learning Objectives:

1. Participants will be able to define Psycho-Homeostasis, Sensory Perceptive Alteration, Neural Information Centers, Sensory Perceptive Holographic Mapping, Cognitive Programming Errors and how these elements interact and impact the individual's reality.
2. Participants will learn methods of trance deconstruction and reconstruction.
3. How this theoretical model unifies other therapeutic models.
4. Merging of cognitive behavioral therapy with hypnotic understandings.

Re-evaluation the Place of Psychoanalysis in Psychiatric Residency Training – Alan D. Schmetzer, M.D., FAPA, MTAPA and Aaron Whiteman, D.O.

Abstract: In the 1950s through the early 1970s, psychoanalytic course work, and even personal therapy were mainstays of psychiatric education. By the end of the 1990s, only a handful of training programs were still basing the central portion of their curricula on psychoanalytic concepts. However, with the Accreditation Council on Continuing Medical Education's Residency Review Committee in Psychiatry having promulgated five psychiatry-specific competencies as part of the new orientation of graduate medical education in the United States, psychotherapies in general and psychoanalytic thought in particular, are enjoying a resurgence in psychiatrists' education. Is this a good idea? What does this perspective add that has been missing? What does one do if there is no analytic institute near the resident's training hospital? Where would non-psychiatrist therapist best fit into this new paradigm? All of these questions are examined within the context of a first-person account of psychoanalytic education within a 21st Century training program, with comment and discussion welcomed.

Learning Objectives:

1. Ability to recount the history of psychoanalytic thought within general psychiatric education.
2. List the competencies required in psychiatry by the ACGME.
3. Develop a perspective on modern psychoanalytic contributions to psychotherapy education.

Health Care Reform: Who Needs It? – Ronald Hixson, MBA, PhD, DAPA

Abstract: Using a panel discussion, panelists will discuss different aspects of the health care reform movement, how it affects health care providers, who are behind the reform committees/movement, where will it end, and what will it cost (to providers, patients, taxpayers, etc.). The committee will be made up of at least three panelists from around the nation. Dr. Hixson will serve as moderator. This subject is backed by the research Dr. Hixson has done for his book, "Battered and Bruised But Not Out: The Business of Therapy".

Learning Objectives:

1. Participants will learn why all health care providers should be very concerned with any health care reform movement.
2. Participants will learn how to be prepared for any change in administration, delivery, and reimbursement.
3. Participants will learn how to contact their state reform committee.
4. Participants will be able to name several key reasons for the health care reform movement.
5. Participants will learn about the policies of politics that contribute to and against health care reform.
6. Discuss the interest in national health insurance and the single payer concept.

How to Overcome Adversity and Stop Being a Victim – Charles Leviton, EdD, DAPA and Patti Leviton, MA

Abstract: By the very definition of relationship, we set ourselves up to be vulnerable, hurt, and disappointed – in a word, a victim. The more we love someone, the more important we allow him or her to be in our life, the more power we give them to hurt us. All of us are, therefore, victims at times. We can't avoid it. Is it then possible to ever live in a love or even friendship relationship without being that victim? This lecture and experiential workshop will deal with ways we can maintain personal power in our lives without dominating others and thus making them the victims. Learn how to be disappointed without being devastated, understand our own personal needs to be victim and/or victimizer, all by changing the way we relate to others and to ourselves. The workshop will include a guided imagery to experience and learn new ways to address obstacles as stepping-stones, adversities as lessons learned and personal pain as personal growth. Guided Imagery stands at the cutting edge of today's psychology as people become more and more attuned to the mind-body connection, and is fast becoming the treatment of choice for stress reduction, pain and symptom control, prior trauma removal, and personal growth and empowerment.

Learning Objectives:

1. Participants will examine the role of victim we all play in our lives
2. Participants will experience the process of Guided Imagery personally to learn ways to change and take back our control.
3. Participants will understand, interpret and analyze the imagery experience without judgment.
4. Participants will learn new ways to overcome adversity, changing self rather than trying to change another or a situation.

Position-Oriented Family Therapy – Norman Shub, PhD, DAPA

Abstract: This workshop is aimed at those practitioners who are interested in adding family therapy to their clinical practice. This particular model of family therapy is concrete, focused, easy to learn, and has proven to be successful in helping families make long-term change. All of us know that family therapy is one of the more difficult forms of psychotherapy to learn and this workshop helps the practitioner really understand: how families really change, what the stages of this model of family therapy are, what the role of the clinician is, how we engage the family, open the channel between family members, teach them contact skills, help them to really see and own their position and the impact they have on the family, to move beyond their position, and to develop the skills to continuously struggle with maintaining great contact among the repositioned family members.

Learning Objectives:

1. To introduce the model of Position-Oriented Family Therapy
2. To define the role of family therapist with this approach
3. To help the practitioner understand how opening the channel between family members and building the connection with the family is the ground for family change!
4. To help the practitioner understand the present "position" of each family member and discovering and understanding this helps the family member to move beyond their position to facilitate family change
5. To understand the role of the experiment in family therapy

6. To help the clinician understand how this particular approach to family therapy really provides tools for the family to continue to work on its own beyond the therapeutic encounter

Using Existential Psychotherapy and Internet Counseling Strategies to Treat High Risk Acting Out Sexual Behaviors – Peter Walter, DMin, DAPA

Abstract: This workshop will focus on how to treat gay and bi-sexual men who practice intention unprotected anal intercourse (IUAL) from an existential psychotherapeutic perspective utilizing various treatment approaches, (e.g. internet counseling, individual and group therapy, support groups, education interventions). Counseling vignettes, role-play, and video demonstrations will be used to aid the audience in treatment administration.

Learning Objectives:

1. Review DSM-IV-® TR definition of “Paraphilia Not Otherwise Specified” and define consensual fantasy, at-risk sexual behaviors, and on-line hook-up language;
2. Identify markers of on-line hook-up site sexual compulsive behaviors;
3. Survey harm reduction research on safe sex practice;
4. Investigate reasons why gay and bi-sexual men participate in intentional unprotected anal intercourse (IUAL) and ignore harm reduction practices;
5. Explore existential reasons why gay and bi-sexual men practice intentional unprotected anal intercourse (IUAL);
6. Identify treatment goals and objectives, methods of treatment, support services, and “harm reduction” educational initiatives;
7. Discuss the ethical, legal, and moral issues involved in the use of the Internet as an adjunct to traditional therapeutic modality.

The Lefkoe Method: Transforming Yourself and Your World, Learning to Quickly Eliminate Negative Core Beliefs – Elisabeth Wassenaar, MA, LMFT, DAPA and Morty Lefkoe

Abstract: In 1985 Morty Lefkoe created The Lefkoe Method, a revolutionary process used to quickly and permanently eliminate the specific beliefs that underlie dysfunctional behavior and emotions. The process consists of a number of powerful interventions that enable individuals and organizations to make profound behavioral and emotional changes, quickly and permanently. Some of them include:

- * The Lefkoe Belief Process facilitates clients to eliminate negative core beliefs that result in dysfunctional feelings and behavior.
- * The Lefkoe Expectation Process changes expectations from negative to positive (e.g., changing the expectation that things probably will go wrong to the expectation that things probably will turn out well).
- * The Lefkoe Stimulus Process de-conditions stimuli for negative emotions (e.g., making a mistake or being rejected causing fear, or being told what to do causing anger). After de-conditioning the stimulus, e.g., making a mistake, it no longer produces the old emotional response.

Learning Objectives: Participants will learn:

1. How TLM works and see it demonstrated with a member of the audience.
2. The neuro/emotional processes that underlie the forming of negative core beliefs in childhood.
3. Components of The Lefkoe Method, including the Lefkoe Belief Process, the emotional de-conditioning processes and the spiritual components.
4. How The Lefkoe Method is different from other techniques that might seem similar.
5. How The Lefkoe Method principles can also be applied to parenting, health, business, and social change and can aid in the prevention and treatment of eating disorders as well as criminal and violent behavior.
6. An exercise in which each participant will *experience* these principles to make them fully real.

Interactive Psychotherapy Using Horses as Mirrors, Equine Facilitated Therapy – Honey Cowan, RN, MFCC, DAPA

Abstract: Case studies will be presented showing the value of the horse as “co-therapist”. Necessary credentials, insurance, workers compensation, revenue sources, safety issues to consider, facility selection, and horse selection will be addressed. Riding High Equestrian Program has been operational since 1994. We have evolved as the field has developed. As one of the early pioneers, we are still hearing from clients seen in our first years and hearing of the successes. Children are often asked to open up, yet they are put in closed classrooms. If they act out, they are put in closed therapy offices. If this does not work, they are put in closed mental health facilities or worse yet...juvenile hall. How then are they to open up? We at Riding High have another answer; and open, safe, and healing environment dedicated completely to psychotherapy. In this therapeutic milieu, children, families, adolescents, and adults are encouraged to form relationships with horses. These big, beautiful, majestic creatures do not lie, do not judge, and do not criticize. If one can control an 1,100-pound animal, it makes it easier to control oneself. Most therapy is done on the ground using “Feeling Boxes” or “The Director”. However, body awareness may necessitate the client mounting. Clients become intrigued and bypass resistance. The necessary client sessions are shortened. Success becomes likely.

Learning Objectives:

Participants will learn:

1. The screening process: intake packet, outcome study, releases and information gathering, volunteer packet
2. Safety issues: client and facility
3. Identification and information concerning the two Professional Certification Agencies
4. Working as a team
5. Appropriate settings
6. Appropriate horses

Bio-Autonomic Training (BAT) – Ritchi Morris, PhD, DAPA

Abstract: In recent years, especially since 9/11 in New York City, there has been a burgeoning recognition of the impact of stressors and their related syndromes and symptoms. As a result, a proliferation of diagnostic and/or therapeutic techniques has occurred. However, a review of these approaches reveals that their emphasis has been almost entirely upon the bio-physiological aspects, with only minor attention to the mental/emotional sector. None of these attends to the spiritual (non-religious) factor to any discernable degree. One answer to this problem is bio-autonomic training (BAT). BAT begins with this spiritual variable and addresses all three realms equally. Its verbal and non-verbal components activate all three levels simultaneously. Another major positive feature is that BAT is totally natural. There are no expensive or extensive compounds (e.g. pharmaceuticals, nutraceuticals, herbals, homeopathic substances, etc.) of any kind to be consumed. Furthermore, no special machinery/instrumentation of any kind is required, whereas many of the above methods are dependent upon complex, man-made devices. Thus, BAT is totally mobile, user-friendly, free, and can be employed most anywhere, anytime – whenever, wherever indicated. The absence of any complex electrical or computer-driven/based devices promotes quick and easy learning and understanding of the core principles and procedures by professionals and clients alike. In this way, mastery and help can be achieved easily, progressively, and comfortably with regular/consistent practice. BAT is truly a brief empowerment technique and is the epitome of “practice makes perfect” – a practice that is readily accessible and non-strenuous. This method has applications for both practitioners and clients/lay persons; it can be performed in-office, at home, or anywhere; and it can be altered to meet momentary needs at any time. This workshop will present both the didactic and clinical components of BAT.

Learning Objectives:

1. Understand the spirit-mind-body connections as related to BAT.
2. Learn the underlying principles of BAT.
3. Learn the basic techniques of BAT.
4. Employ BAT for their own purposes.
5. Employ BAT to help others.
6. Employ BAT in order to conduct meaningful research.

Clinical Pathway for the Use of Massage as a Holistic Treatment for Psychological and Physical Chronic Conditions – Maria Kun, MA, MS, LPC, DAPA and Christina Krause, PHD

Abstract: The purpose of this workshop is to present to clinical health professionals the results of peer-reviewed research that supports the value of integrating therapeutic massage in the psychotherapy process of supporting holistic health. A case presentation method will be used to provide clinical information regarding the insights gained from integrating massage therapy with psychotherapy and medical interventions for individuals with multiple, chronic conditions. These clinical insights were gained in an intervention program that is an ongoing study in the Midwest. The research protocols developed will be provided to clinicians as a process to use for referral and consultation to address chronic psychological and medical problems. Furthermore, the benefits of integrating massage therapy with psychotherapy and medical treatment for individuals experiencing childhood and/or adult abuse will be presented. Finally, suggestions will be made for future research in this process of helping clients achieve whole personal health.

Learning Objectives:

1. Provide clinicians with research evidence regarding the benefits of utilizing massage in a therapeutic setting.
2. Provide clinicians with tools that describe the process for the effective use of massage as a clinical modality.
3. Acquaint providers with the clinical findings from a project using massage in a clinical intervention program working with individuals who are dealing with multiple, chronic health conditions.
4. Describe the impact of integrating massage therapy with psychotherapy for individuals experiencing childhood and/or adult abuse.
5. Suggest directions for future research in examining the cost benefits in disease management programs when integrating massage therapy in the treatment of chronic physical and/or psychological conditions.

When the Therapist is ALSO a Natural Disaster Victim: Plan B - Karen E. Engebretsen, Psy.D. PA., DABPS, DNBAE, DAPA, FACAPP, FAAIM, CDVC-IV, DAC, CHT, CST, DABS

Stunned, disoriented, and overwhelmed, the therapist still has a responsibility to re-group as quickly as possible after a natural disaster. Attempting to contact patients to determine their physical and psychological needs can be a challenge, especially if massive utilities have been destroyed. While the therapist is busy engaging in this initial assessment, she/he may ALSO be sorting through personal survival issues.

Regardless of one's theoretical orientation (or type of therapy that is being provided), the therapy experience, following the widespread destruction of a natural disaster, can present some interesting challenges. This workshop will describe the characteristics of transference and counter transference and help participants understand how the therapist's feelings and responses fit into the clinical picture. Since much of the literature is based on positive outcomes, little is written about treatment struggles (at least) and catastrophes (at worst). Thus, in order to discuss the intricate nuances of the therapy dyad, I will be exposing some of my personal feelings and counter transference responses resulting from the aftermath of Hurricane Wilma. An outline of realistic "emergency practice management" procedures will be offered as well as suggestions for developing a network of support. Interactive dialogue regarding the case examples and lecture material will be encouraged.

Learning Objectives:

1. Define the theoretical models of Stress Response and Adaptation
2. Understand the general factors that influence responses to traumatic experiences
3. Discuss the effects of different types of disasters and pre-existing factors, including cultural variables/challenges, which may contribute to trauma responses and adjustment problems for the care-giver (therapist)
4. Discuss the role of "Debriefing" for the therapist
5. Familiarize the therapist with the Rapid Reduction Technique™ as a tool for dealing with PTSD symptoms
6. Identify support systems for care-givers/therapist

Incorporating Positive Psychology in the Therapeutic Process – Dr. Wanda Bethea

This is a 2-hour introductory workshop exploring how positive psychology can offer “hope” to therapy clients. This workshop is intended to be exploratory and interactive. Participants are invited to apply their therapy cases in terms of Positive Psychology concepts. There will be opportunities for role-playing as well as questions & answers. Handouts will be utilized.

Learning Objectives: Participants will

1. Be introduced to Positive Psychology basic tenets such as “authentic happiness” 2.) Learn how the *Values-in-Action (VIA) Strengths Survey* can be used to assess client’s character strengths
2. Explore several actions steps, practices and tools, based on VIA results, which can promote a client’s “moving forward” rather than “dwelling” on where she/he tends to be “stuck.”
3. Engage in role-playing in order to more effectively facilitate new learning.
4. The work of positive psychology researchers such as Seligman, Peterson, Dean, Haidt, Diener, Lyubomirsky and others primarily will provide the direction for this presentation.