

Psychotherapy

Annals of the American
Association

Summer 2010
Volume 13, number 2

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CONFERENCE PREVIEW

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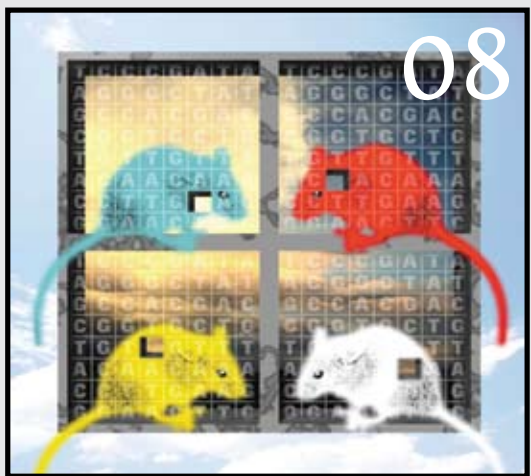


By Raj K. Kalapatapu, MD



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Gene Linked to OCD-like Behaviors in Mice

MCT Illustration by Reid Brown /The San Jose Mercury News



Researchers at the Ansbary Stem Cell Institute and the Department of Psychiatry at Weill Cornell Medical College discovered that mice missing a single gene developed repetitive obsessive-compulsive-like behaviors. The genetically altered mice, which behaved much like people with a certain type of obsessive-compulsive disorder (OCD), could help scientists design

new therapies for this debilitating condition.

The researchers made this serendipitous discovery while looking at the role of a gene, called *Slitrk5*, which they had earlier linked to blood stem cells and vascular cells. In the April 25 online edition of *Nature Medicine* they report how, in follow-up studies, mice in which the gene was disabled (“knocked out”) demonstrated obsessive self-grooming and extreme anxiety. Further study showed that the frontal lobe-to-striatum circuitry of the

brains of these mice was altered in the same ways that are implicated in OCD in humans.

This discovery links *Slitrk5* to development of OCD-like behaviors and offers scientists a new mouse model of the disorder, say the study’s senior co-investigators, Dr. Shahin Rafii and Dr. Francis S.Y. Lee. Dr. Rafii is director of the Ansbary Stem Cell Institute and professor in genetic medicine at Weill Cornell Medical College. Dr. Lee is associate professor of psychiatry and pharmacology at the Medical College.

“Overall, our data suggest that *Slitrk5* may have a central role in the development of the core symptoms of OCD — self-injurious, repetitive behavior and increased anxiety,” Dr. Rafii says. “Very few psychiatric disorders have been linked to a single gene, and it will be important to find out if patients with the disorder have an alteration of *Slitrk5*.”

Weill Cornell Medical College (2010, April 25). Weill Cornell researchers find that a single gene is responsible for OCD-like behaviors in mice. Retrieved April 29, 2010, from http://weill.cornell.edu/news/releases/wcmc/wcmc_2010/04_25_10-2.shtml

September 11 Attacks Linked to Increase in Miscarriages

MCT Illustration by Brennan King



Stress caused by psychological shock from the September 11, 2001, terrorist attacks, felt even by people with no direct link to the event, may have led to an increase in male children being miscarried in the United States.

Tim Bruckner, assistant professor of public health at the University of California—Irvine, and colleagues at UC Berkeley

found that the fetal death rate for males spiked in September 2001 and that significantly fewer boys were born than expected in December of that year. They report their findings online in the open access journal *BMC Public Health*.

“The theory of ‘communal bereavement’ holds that societies may react adversely to unsettling national events, despite having no direct connection to persons involved in these events,” Bruckner said. “Our results appear to demonstrate this, as the shocks of 9/11 may have threatened the lives of male fetuses across the U.S.”

Bruckner and his colleagues used fetal death data from all 50 states compiled by the National Vital Statistics System between January 1996 and December 2002 to calculate how many male fetal losses would be expected in a normal September. Reviewing all fetal deaths occurring at or beyond the 20th week of gestation, they found male fetal losses rose 12 percent above expected levels in September 2001.

“Across many species, stressful times reportedly reduce the male birth rate,” said Bruckner, in explaining this phenomenon. “This is commonly thought to reflect some mechanism conserved by natural selection to improve the mother’s overall reproductive success.”

Ralph Catalano and Jennifer Ahern of UC Berkeley contributed to the study, which expands upon a 2005 study in which Berkeley researchers examined fetal death and birth-sex ratios in California following the September 11 terrorist attacks. They found that the fetal death rate for males increased in October and November of that year.

UC Irvine Today (2010, May 24). Sept. 11 Attacks Linked to Increased Male Baby Miscarriages. Retrieved June 2, 2010, from http://today.uci.edu/news/2010/05/nr_bruckner_100524.php

Dreaming Enhances Learning

MCT Illustration by Hector Casanova/The Kansas City Star



It is by now well established that sleep can be an important tool when it comes to enhancing memory and learning skills. And now, a new study sheds light on the role that dreams play in this important process.

Led by scientists at Beth Israel Deaconess Medical Center (BIDMC), the new findings suggest that dreams may be

the sleeping brain’s way of telling us that it is hard at work on the process of memory consolidation, integrating our recent experiences to help us with performance-related tasks in the short run and, in the long run, translating this material into information that will have widespread application to our lives. The study is reported in the April 22 online issue of *Current Biology*.

“What’s got us really excited is that after nearly 100 years of debate about

the function of dreams, this study tells us that dreams are the brain’s way of processing, integrating, and really understanding new information,” explains senior author Robert Stickgold, PhD, director of the Center for Sleep and Cognition at BIDMC and associate professor of psychiatry at Harvard Medical School. “Dreams are a clear indication that the sleeping brain is working on memories at multiple levels, including ways that will directly improve performance.”

First author Erin Wamsley, PhD, a postdoctoral fellow at BIDMC and Harvard Medical School, said, “Our [nonconscious] brain works on the things that it deems are most important.” She adds, “Every day, we are gathering and encountering tremendous amounts of information and new experiences. It would seem that our dreams are asking the question, ‘How do I use this information to inform my life?’”

Beth Israel Deaconess Medical Center (2010, April 26). To learn better, take a nap (and don’t forget to dream). *ScienceDaily*. Retrieved April 29, 2010, from <http://www.sciencedaily.com/releases/2010/04/100422153753.htm>

Smoking Is Dumb

MCT Illustration by Kirk Lyttle/St. Paul Pioneer Press



“Only dopes use dope,” goes the memorable warning about drugs. Now a Tel Aviv University researcher cautions that the same goes for cigarettes.

A study led by Professor Mark Weiser of Tel Aviv University’s Department of Psychiatry and the Sheba Medical Center at Tel Hashomer Hospital has determined that young men who smoke are likely to

have lower IQs than their non-smoking peers. Tracking 18- to 21-year-old men enlisted in the Israeli army in the largest-ever study of its kind, he has been able to demonstrate an important connection between the number of cigarettes young males smoke and their IQ.

The average IQ for a nonsmoker was about 101, while the smokers’ average was more than seven IQ points lower at about 94, the study determined. The IQs of young men who smoked more than a pack a day were lower still, at about 90. An IQ score in a healthy population of such young

men, with no mental disorders, falls within the range of 84 to 116.

“In the health profession, we’ve generally thought that smokers are most likely the kind of people to have grown up in difficult neighborhoods, or who’ve been given less education at good schools,” says Weiser, whose study was reported in the journal *Addiction*. “But because our study included subjects with diverse socioeconomic backgrounds, we’ve been able to rule out socioeconomic factors as a major factor. The government might want to rethink how it allocates its educational resources on smoking.”

Making the results more significant, the study also measured effects in twin brothers. In the case where one twin smoked, the nonsmoking twin registered a higher IQ on average. Although a lower IQ may suggest a greater risk for smoking addiction, the cross-sectional data on IQ and smoking found that most of the smokers investigated in the study had IQs within the average range nevertheless.

American Friends of Tel Aviv University (2010, April 2). Proof: Smoking is dumb. Retrieved April 29, 2010, from <http://www.aftau.org/site/News2?page=NewsArticle&id=11971>

Self-test Helps Diagnose Alzheimer’s

MCT Illustration by Fred Matamoros



A self-administered test to screen for early dementia could help speed the diagnosis and subsequent treatment of memory disorders, including Alzheimer’s disease. It could also provide health care providers and caregivers an earlier indication of life-changing events that could lie ahead.

The handwritten self-assessment, which can take less than 15 minutes to complete, is a reliable tool for evaluating cognitive abilities. Findings confirming the validity of the tool are reported in the current issue of the journal *Alzheimer Disease and Associated Disorders*.

Douglas Scharre, a neurologist at the Ohio State University Medical Center, developed the Self-Administered Gerocognitive Examination (SAGE) to help identify individuals with mild thinking and memory impairments at an early stage. The research shows four out of five people (80%) with mild thinking and memory (cognitive) issues will be detected by this test, and 95% of people who are normal thinking will have normal SAGE scores.

Scharre, who specializes in treating Alzheimer’s disease, said treatments for Alzheimer’s and dementia are more effective when they are introduced in the earliest stage of the disease. Unfortunately, he said he often sees patients more than three to four years after the first symptoms of a cognitive impairment began to appear.

“It’s a recurring problem,” said Scharre. “People don’t come in early enough for a diagnosis, or families generally resist making the appointment because they don’t want confirmation of their worst fears. Whatever the reason, it’s unfortunate because the drugs we’re using now work better the earlier they are started.”

The SAGE self-assessment is a practical tool for a busy primary care office, added Scharre, who makes the tests available free of charge to health-care personnel at www.sagetest.osu.edu. It only takes a paper, pen, and a few minutes to take the test, and because it’s self-administered, it doesn’t necessarily take time away from the appointment. “They can take the test in the waiting room while waiting for the doctor,” said Scharre.

Ohio State University (2010, April 5). Researchers design self-test for memory disorders. Retrieved April 29, 2010, from <http://researchnews.osu.edu/archive/alzheimer.htm>

Morality and the Brain

MCT Illustration by Patricia Corrigan/St. Louis Post-Dispatch



MIT neuroscientists have shown they can influence people’s moral judgments by disrupting a specific brain region—a finding that helps reveal how the brain constructs morality.

Previous studies have shown that a brain region known as the right temporo-parietal junction (TPJ) is highly active when we think about other people’s intentions, thoughts, and beliefs. In the new study, the researchers disrupted activity in the right TPJ by inducing a current in the brain using a magnetic field applied to the scalp. They found that the subjects’ ability to make moral judgments that require an understanding of other people’s intentions—for example, a failed murder attempt—was impaired.

The researchers, led by Rebecca Saxe, MIT assistant professor of brain and cognitive sciences, report their findings in the *Proceedings of the National Academy of Sciences*.

The study offers “striking evidence” that the right TPJ is critical for making moral judgments, says Liane Young, lead author of the paper.

The researchers used a non-invasive technique known as transcranial magnetic stimulation (TMS) to selectively interfere with brain activity in the right TPJ. A magnetic field applied to a small area of the skull creates weak electric currents that impede nearby brain cells’ ability to fire normally, but the effect is only temporary. In both experiments, the researchers found that when the right TPJ was disrupted, subjects were more likely to judge failed attempts to harm as morally permissible. Therefore, the researchers believe that TMS interfered with subjects’ ability to interpret others’ intentions. “You think of morality as being a really high-level behavior,” Young said. “To be able to apply (a magnetic field) to a specific brain region and change people’s moral judgments is really astonishing.”

Massachusetts Institute of Technology (2010, March 30). Moral judgments can be altered: Neuroscientists influence people’s moral judgments by disrupting specific brain region. ScienceDaily. Retrieved April 29, 2010, from <http://www.sciencedaily.com/releases/2010/03/100329152516.htm>

When Clients Can't Afford Therapy

Ways to help them—and yourself—weather the nation's economic downturn

Mental health practitioners and their clients share a common source of anxiety these days: the recession. Despite some signs of recovery, high unemployment persists, and many therapists have been confronted with the issue of clients who can no longer afford to pay for their therapy.

In hard-hit Arizona, Sharon Mendenhall has felt the effects of the downturn. Mendenhall, who works as a clinical therapist in schools and part time in private practice in Queen Creek, Arizona, said she has seen more clients struggling to afford therapy. "I am concerned because I was planning to go into private practice full time... Even the schools are having trouble with their budgets. It's a very scary time," she said.

While it doesn't advertise the service, the clinic where Mendenhall works will negotiate a lower fee for clients having financial difficulties. "They have to fill out a form and prove they have a need," she said.

Adjusting fees for clients in need is fairly common. "In this economy, I will adjust my fee schedule based on ability to pay if there is clinical need, and the patient demonstrates a willingness to work," said Brett Rhoden, who practices marriage and family therapy in Jacksonville, Florida. While Rhoden rejects the notion that you can't make money in the psychotherapy field—"I have, and will continue to do so"—he feels an obligation to provide the best treatment possible to every patient he accepts. **"In the end, I have always found consideration of another's needs to be in my best interest,"** Rhoden said.

Cheryl Green of Hamden, Connecticut, said that during her nine years in private practice, she would "flex the payment" for patients who had difficulty affording therapy. She added that "patients and their family members were always so thankful that many ultimately did pay the full price and if they could not, that was okay also."

Another option is reducing the frequency or duration of therapy sessions. New York City psychotherapist Irene Rosenberg Javors has switched to an every-other-week sched-

ule, or cut the session time in half, for those who have trouble affording her fees. Javors, who has been "fee for service" for many years rather than accepting insurance, said it's a necessary reality. "It's not optimal, it's not the way one is trained to work or wants to work, but it's real. Most of the people I see are just grateful," she said. "It's affected my income, of course."



Insurance Pitfalls

For therapists who do accept insurance, helping clients understand their benefits pays off. If a client makes a mistake with an insurance claim, the result can be that the mental health practitioner ends up going unpaid.

Authors Steven Walfish and Jeffrey E. Barnett, in *Financial Success in Mental Health Practice*, recommend clinicians have procedures in place to clarify that the client is ultimately responsible for payment of therapy fees. The authors also suggest, as one of their principles of private practice, that "although not to the point of having a disorder, it is helpful to have some obsessive-compulsive tendencies when dealing

with insurance companies and collecting payments from clients."

Heather DiDomenico, who practices marriage and family therapy in Flanders, New Jersey, takes this approach.

"I do provide my clients the service of submitting the paperwork. I don't need to be chasing people around," DiDomenico said, noting the hazards of leaving insurance claims up to the client.

In New York, Javors said she has noticed a lot of therapists have stopped accepting insurance altogether, leading to "an epidemic of people having to go through their GP" (general practitioner) for mental health care. And she notes that among her colleagues who accept insurance, some end up taking on a heavy caseload because the compensation is so low.

Money Mind-set

Because many people enter the mental health field primarily out of a desire to help others, it can be uncomfortable for them to reconcile the desire to be genuinely caring with the reality of getting people to pay for their therapy—sometimes requiring self-reflection about money issues.

A private practice is, by definition, a small business. But entrepreneurship and the basic requirements of running a practice are seldom addressed in clinicians' education and training, leaving many to learn the hard way about the business aspects of their profession.

DiDomenico believes financial issues have to be dealt with internally. She recommends hiring a business coach, if necessary, to overcome mental blocks about money. She found that using a business coach helped her get past the fact that she practices from a home office and recognize that she can provide the same service—and charge the same fees—as if she were working out of a traditional office.

"I think the underlying issue there for the therapist is how good of a therapist do they believe they are. How worth it

“Over the last five years I’ve come to really, really value my training and the work that I do. I try very hard to accommodate someone if they’re in financial duress.”

— Irene Rosenberg Javors

is your time?... You have to reinforce in your mind that you’re a professional,” DiDomenico said.

Of course, not all therapists experience such a conflict. “I have no problem with this,” said Kris Topaz, a marriage and family therapist in Altadena, California. “It costs a lot for me to live when I’m old and pay my health insurance, etc. I know that I will fulfill the needs of those who need me. If they can’t pay, I know that someone else will fulfill the person’s needs. I have to have boundaries and care for myself.”

Collecting Fees

Therapists interviewed for this article agreed on the importance of not letting clients run up a large bill, with most collecting payments or co-payments at the time of the session.

“I have people pay at the beginning of the session, ‘so I don’t forget at the end,’” Topaz said. Some practitioners will allow a grace period, such as 7 to 10 days, or require that a client bring payment by the next session.

Mendenhall also takes payment before the session. “The expectation has to be there from the get-go because people just don’t pay or they forget or whatever. It’s much harder to collect after they leave than while they are present.” Mendenhall explains to her clients that they should think of psychotherapy like a doctor or dentist appointment. “It’s a service we provide for you, and the payment is expected at the time of the service. I don’t know why, but for some reason people think...we should do that for free.”

The clinic where Mendenhall works does use a collection agency, when necessary.

“They have signed a form ahead of time when they come to counseling agreeing to the fees. We have that on record, so basically they have agreed already they are going to pay that,” she said.

A Matter of Priorities?

So, clients are too broke to pay for therapy—or are they?

“I have discussed priorities with them,”

said Topaz. “They think that they can’t pay but have cable TV, fancy coffees and fancy cell phones. They come to see that instead of buying new clothes and eating out, they can value their growth and see therapy as a priority.”

Javors agrees. “A lot of times people put therapy up there with going to the movies, shopping, etc. If they put some of that money toward their therapy, they might not have trouble financially... Their priorities are off, that may be part of the problem.”

Eight Strategies for Success

- 1** Develop multiple streams of income to reduce your dependence on private practice. Consider teaching a course, consulting, writing a book or e-book, speaking to community or professional organizations, or conducting workshops to increase your visibility.
- 2** Take inventory of your practice. Many times, what you think you know about your practice turns out to be inaccurate. Gathering objective data on your biggest expenses, most profitable and least profitable services, and how much of your time is spent on unpaid tasks such as administrative work can be an eye-opening experience and help you make informed business decisions.
- 3** Ask for referrals. Physicians, clergy members, and even fellow therapists can be good sources of future clients. Let your clients know you are open to new referrals, as well, by placing referral cards in your waiting room or mentioning that you plan to expand your practice in any written contacts.
- 4** Consider offering a limited number of appointments during nontraditional hours, such as early morning, evenings, or Saturdays, to gain a competitive advantage.
- 5** Don’t neglect self-care. Keeping physically and emotionally healthy can ward off burnout and help you maintain the energy and enthusiasm needed to do good work.
- 6** Develop a niche. Focusing on a targeted market can help you develop a reputation as an expert in that area. Anger management, children with ADD or ADHD, divorce prevention, and addiction treatment are just a few examples.
- 7** Offer multiple options for payment. Specialty health care credit cards such as CareCredit allow clients a range of payment plans with no interest as long as the balance is paid within a specified time frame.
- 8** Try to establish a clear time frame for the length of therapy when working with a new client. Knowing in advance how much the therapy will cost can help clients plan financially with a specific goal in mind and may reduce the odds that they will drop out of therapy prematurely.

Have a suggestion?

Helping our members succeed is a key goal of the American Psychotherapy Association. The Annals welcomes your ideas on topics for future Success Files columns. E-mail editor@americanpsychotherapy.com to share your thoughts.

The Times They Are a-Changin'

— Bob Dylan

After a long, cold winter, it's a beautiful spring in Minnesota. The grass is turning from brown to green again; leaves on the trees are returning. Flowers are beginning to bloom, and birds outside my window now wake me up each morning. People who live in this state have several wardrobes to accommodate the changing seasons: fall (sweatshirts but no jackets), winter (anything warm), spring

(short-sleeved shirts), summer (T-shirts and shorts). Pale arms are starting to show as more short-sleeved shirts are pulled from storage. As things go, we are in a new season, and most people are happy about that. For me, it is one more example of how things change, and in my view, "the times they are a-changin'."

Last week I was working at my office and a notification came up on my computer informing me that a new e-mail was in my inbox. Not so unusual for me, as I receive close to 200 e-mails a day from my various roles. This one was different; it was a Facebook notification. I had a friend request in my inbox. As I usually do, I clicked to look at who this request might be from (because of the dangers of the Internet, I tend to be a little cautious before just clicking "Accept" on friend requests. Although I will admit that when I received a friend request from my brother, I thought it was a bit strange!) Clicking the notification opened a message: "Hi Dr. Dan, how are you? I am good. I know I still owe you from the last bill you gave me 4 years ago, but I haven't had the money to pay you. Sorry. You will get it from me someday when I have the money. I haven't forgotten about you." At this point, my jaw was wide open and I was immediately concerned about confidentiality being broken (by a former client, not by me). An old invoice, hmm, not too divulging, crossed my mind, and I thought, "OK, this will be fine," but then it got worse. "I just got out of the hospital last night. I was beaten up by my former boyfriend. Don't worry, I'm doing fine now. I'm healing and feeling better. Oh, and I'm not depressed anymore. The last few years have been hard on me, and my family has been supportive, but I've grown up a lot and on a better path now." Thankfully, this was the end of the message, but it did not stop my mind from having racing thoughts of privacy and confidentiality being broken—second only, of course, to my relief that this former patient was OK and getting the help she needed.

But what now? Do I respond? If so, how? Do I accept her "friend request" or not? She

was never my friend; she was my patient. How would she feel if I didn't accept her request and I just hit decline? What would it mean if I hit accept? Would she now somehow think we are "friends?" Oh, the dilemmas that ran through my mind in those first few minutes. Then another thought crossed my mind: what if I accept her friend request? My gosh, then she would be able to see all of my postings and those of my friends on my Facebook page! Now, full disclosure, I use social media only for work purposes, so I felt a bit safer in thinking I could accept the request without having to worry she might learn something about me or my life. However, I realize that most people use social media for "social" purposes and I am in the minority here, but I am not one of those people; for me it is work-related only. On the other hand, do I really want her to know who my friends are and what they are doing and saying? Not at all. That felt far too close to my life and world and not one she (or any of my clients) should have access to. The dilemma continued.

Before responding to her request, I let a day or two pass so I could collect my thoughts and consult with others on the best course of action. During those two days, I received another "friend" request from another former patient. These two had been in the hospital at the same time many years ago, and they, too, connected through Facebook. She apparently told him that she found me on there, and he now wanted to be my friend too! This was definitely not one popularity contest that I wanted to have, but was in the midst of, and I assumed others were as well. So what did I do?

After much reflection and consultation, I decided to accept their requests. I also sent my first request patient an e-mail via Facebook (however, not through a post on her or my wall). I told her how glad I was to hear from her and that she was getting the help she needed, and my hope for her that she would continue to get better. Also, I asked her to not post anything to me on Facebook to maintain her privacy and that



if she wanted or needed to contact me, to do so by phone, and I gave her my number. While I haven't heard anything more from either of these two individuals, I know that they continue to use Facebook for what it was designed for. I continue to use it only for work purposes, and hopefully that maintains my privacy and desire to limit how much of my personal life is exposed via these new methods of connection and communication.

But with all of that said, I wondered to myself who else has experienced this? I questioned what does it mean for us going forward? As a field, **psychotherapy continues to change and evolve, and this is just another variation of change.** For example, online crisis chat and online therapy are becoming increasingly of interest to clients. What does that mean for our field? Right now, for example, I know of one organization training 160 "online chat counselors," yet there are no standards for training, supervision, or quality assurance developed as of yet. Medications continue to change our field, with efficacy rates varying with and without therapy as part of a full treatment plan. However, we know there are far more people on medications for depression, bipolar disorder, anxiety disorders, etc. than are in therapy.

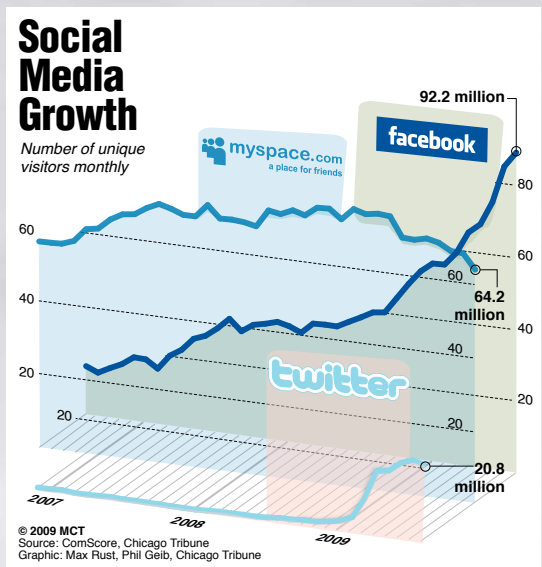
The DSM is also changing again. They are considering a new organizational and structural approach in the DSM-5. As with prior revisions to the DSM, some diagnostic categories will be eliminated, others combined into one, while others are added. New screening/assessment is being developed to be required for diagnostic assessments. And what's more, the American Psychiatric Association, which publishes the DSM, reports that this will be the last print version of the manual. All future versions will only be produced online. There is truly so much change going on in our field that at times it seems hard to keep up with all of it.

I don't know of any easy answers to some of these questions and dilemmas, nor do I think as a field we can predict where it will all fall out over time. What I can tell you is I firmly believe our work still needs to be done, and it should be focused on helping people in the most quality, efficient, and human-to-human way possible. So we need to do good work. We need to do it wisely, appropriately, and ethically. We need to ensure that it is always done in their best interest, not ours. And to ensure all of that

happens, we must know who we really are and how we—our lives—fit into this world.

Each of us lives with many interests, desires, responsibilities, and obligations that affect us daily. We all have families, friends, neighborhoods, places of work and worship, clients, and life engaging us each day. But how many of us get lost in all of that? How many of us forget which are priorities, or are all of them priorities? Who does all of them well, halfway, or only when it becomes a priority because it is right upon us (take buying an anniversary gift as an example)? What do we do to ensure that we are living the life that we are supposed to vs. having our lives run us? I suspect that this is a challenge for many of us, and one that I also believe is becoming increasingly hard to solve.

Recently I watched an episode of the CBS show *Undercover Boss*. Personally, I do not watch much television, but I admit that I have enjoyed this series and feel the network has done a good job with it. It has been incredibly moving to watch these executives go undercover and try to find out what life is like from an entirely different perspective. In one particular episode they featured the president and CEO of Roto-Rooter. At one point in the show, he was talking to the camera and tearfully acknowledged my point. He said: "...and when I die, they can sure say he made a lot of money and had a lot of nice things, but is that all of what I really want them to say about me? If it is, I've failed. I failed them. I failed my family and I failed my employees. That's not what I want, and because of this I know I have to make some changes." I hope like the other CEOs who have been equally enlightened, he has remained committed to the changes he said he would make in the lives of his company and, almost more importantly, in his own personal life.



You may be wondering how this all relates to "the times they are a-changin'?" At our upcoming National Conference, I have been given the honor by our founder, Dr. Robert O'Block, to give the keynote address at the Thursday night banquet. My talk will be on this topic of living your life, through all of its changes, ups and downs. My address will not be about living your life as if it might end tomorrow, but rather how you can live today hoping for and looking forward to tomorrow. It will be about being the best that you can be, in all parts of your life, in a way that makes sense because it is you running your life, not letting your life run you. So if it is about the changing seasons, the dilemmas we face in our careers like clients wanting to become your Facebook friends, or changes in how we diagnose and treat people, we all need to find a way to live. I will share with you some of my tips for how to incorporate this way of living for your professional life and personal life, and I plan to also share how you can use these tips to help your clients as well. I hope that you plan to join us for the conference in Orlando in September, and I hope you plan to come to the banquet to learn how to live your dash.



Daniel J. Reidenberg, PsyD, FAPA, DAPA, CRS, MTAPA, is the chair of the American Psychotherapy Association's Executive Advisory Board and has been a member since 1997. He is a Fellow and Master Therapist of the American Psychotherapy Association and executive director of Suicide Awareness Voices of Education (SAVE) in Minneapolis, Minnesota. Contact him with your thoughts at dreidenberg@save.org.

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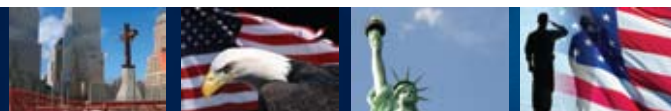


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- 1. Multidisciplinary:** The conference will bring together leading professionals from the psychotherapy, integrative medicine, forensic, and homeland security disciplines. This one-of-a-kind event will provide unique opportunities for attendees to be exposed to and learn from others outside of their current and immediate networks.
- 2. Inspiration:** Keynote speakers Dr. Dan Reidenberg, Dr. Joachim de Posada, Governor Thomas Ridge, and others will inspire and motivate you to perform at a higher level and think about things differently. In addition, you will have the opportunity to meet and interact with them in person.
- 3. Knowledge:** By attending the breakout sessions, facilitated by top industry professionals, you will be exposed to new ideas and theories that you can immediately put into practice.
- 4. Networking:** The conference will provide endless opportunities to speak with other people who may be facing the same challenges as you. Not only will you be able to learn from others, but you can also form networks with people who share similar interests and experiences, which can help expand both your network and circle of influence.
- 5. Recharge:** During challenging times, it is easy to become overwhelmed and to lose sight of what originally drew you into the field. Surrounding yourself with like-minded, passionate people will help reinvigorate your own passion for the profession.



www.2010nationalconference.net

A premier agenda, stellar presenters, networking opportunities, and sunny Orlando—they will all come together at the 2010 National Conference.

The National Conference offers members the chance to meet and network with fellow professionals and participate in learning experiences led by preeminent presenters. Again this year, the American Psychotherapy Association® (APA) National Conference will run concurrently with its sister associations—the American Board for Certification in Homeland SecuritySM (ABCHS), the American College of Forensic Examiners InstituteSM (ACFEI), the American Association of Integrative MedicineSM (AAIM), and the American College of Counselors (ACC). During this unique experience, you can learn from other professional disciplines and expand both your professional and knowledge bases, as well as learn from others who wish to do the same.

Outstanding Programs

Central to the conference is the opportunity to learn from the best, and this year provides ample opportunities. The Thursday evening annual banquet will feature a presentation by Dr. Dan Reidenberg on “Living Your Dash,” the importance of living your life fully every day, as addressed in the well-known poem “The Dash” by Linda Ellis.

At the working luncheon on Friday, September 24, international motivational speaker and author Dr. Joachim de Posada will share the principles of success addressed in his book *Don't Eat the Marshmallow ... Yet: The Secret to Sweet Success in Work and in Life* and its sequel, *Don't Gobble the Marshmallow ... Ever: The Secret to Sweet Success in Times of Change*. Also on Friday, Governor Thomas Ridge, first Secretary of the U.S. Department of Homeland Security, will deliver his keynote address, “Leadership Principles: Delivered and Defined.”

In addition, attendees will be able to choose from a variety of presentations by top psychotherapy professionals on topics including neurophysiology, PTSD, emotional intelligence, couples and family therapy, domestic violence, and more.

Attendees can also relieve stress and gain focus by starting their days with Tai Chi. Dr. Zhaoming Chen, a physician and Tai Chi expert, will lead a 30-minute session on Thursday and Friday mornings.

The schedule for the conference begins on page 20, and a conference registration form appears on page 29. **Registration is even easier online** at www.americanpsychotherapy.com or by calling (800) 205-9165.

SCHEDULE AT A GLANCE

Wednesday, September 22

Registration and Exhibitors.....	12:00pm–8:00pm
ABCCHS Pre-Conference Session.....	3:00pm–5:00pm
Welcome Reception.....	5:00pm–7:00pm

Thursday, September 23

Exhibit Hall Opens/Continental Breakfast.....	7:00am
Tai Chi.....	7:00am–7:30am
General Session.....	8:00am–9:00am
Morning Break.....	9:00am–9:30am
Breakout Sessions.....	9:30am–11:00am
ACFEI/AAIM Working Luncheons (Additional Registration Required).....	11:00am–12:30pm
Breakout Sessions.....	12:30pm–5:30pm
Annual Banquet.....	7:00pm–9:00pm

Friday, September 24

Exhibit Hall Opens/Continental Breakfast.....	7:00am
Tai Chi.....	7:00am–7:30am
General Session.....	8:00am–9:00am
Morning Break.....	9:00am–9:30am
Breakout Sessions.....	9:30am–11:00am
ABCCHS/APA Working Luncheons (Additional Registration Required).....	11:00am–12:30pm
Breakout Sessions.....	12:30pm–5:30pm

Travel Information

The 2010 National Conference will be held at the Renaissance Orlando Resort at SeaWorld®. Boasting a prime location across from SeaWorld Orlando and adjacent to Discovery Cove and Aquatica, the Renaissance Orlando Hotel expertly combines the enhancement of Orlando with its own imaginative style. By staying at the Renaissance, you will be close to all the conference activities and enjoy the following benefits:

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- 24-hour complimentary fitness center
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- Multiple on-site dining options including Starbucks, Tradewinds Restaurant, and Boardwalk Sports Bar
- On-site Hertz® car rental
- Complimentary transportation to SeaWorld

Orlando, Discovery Cove, Aquatica (SeaWorld's Waterpark), and Universal Studios Orlando. *Transportation based on shuttle schedule.*

A special discounted group rate of \$175/night has been established for conference attendees. For room reservations, call (800) 266-9432 and reference the APA National Conference. Rooms are limited; the cut-off date to receive the group rate is Monday, September 13, 2010.

Also, be sure to contact our travel partner Great Southern Travel, which has negotiated special discounts on airfare for members traveling on American, Delta, and Southwest Airlines. For more information or to book your travel, contact Kelly Christian or Lesley Palmer at (800) 749-7116 or visit them online at www.greatsouthern-travel.com/managementexec.php.



Featured Speaker

Daniel J. Reidenberg, PsyD, FAPA, MTAPA, BCPC

Dr. Dan Reidenberg is the executive director of SAVE (Suicide Awareness Voices of Education), a national nonprofit agency working to prevent suicide and help suicide survivors and those

suffering with brain illnesses. He is also the managing director of the National Council for Suicide Prevention and serves on the Steering Committee for the National Suicide Prevention Lifeline and the Steering Committee for the Suicide Prevention Resource Center. Reidenberg is the U.S. representative to the International Association for Suicide Prevention. He graduated from the University of Minnesota in 1988 with a degree in psychology and minor in child psychology. After completing training at the St. Peter Regional Treatment Center and the Minnesota Security Hospital, he received his Doctor of Clinical Psychology degree in 1994 from the Minnesota School of Professional Psychology.

Reidenberg began his career working on crisis lines at Crisis Connection in Minneapolis and went on to work at the Bill Kelly House (one of the first dual-diagnosis residential treatment programs for adults in the country), maintained a private practice, and worked on inpatient psychiatry adolescent and adult units in St. Paul, Minnesota. Before coming to SAVE, Reidenberg was the director of Family & Children's Service in Minneapolis, overseeing 10 mental health and community-based programs. His background includes working extensively with adolescents and adults who are seriously and persistently mentally ill, chemically dependent, and diverse personality disorders in a variety of inpatient, outpatient, partial-hospitalization, and day-treatment and residential programs. He also consults with psychologists, attorneys, and businesses on health care and legal matters and has testified in more than 200 forensic/commitment cases.

Reidenberg speaks nationally on suicide prevention issues, assisted with ground-breaking research on billboards and media related to suicide prevention, and serves on various state suicide prevention task forces and committees. Under his direction, SAVE operates a national multimedia campaign and professional and community education and training programs, as well as develops resources and support for those in crisis and survivors. Reidenberg was responsible for the development of LEADS (Linking Education and Awareness of Depression and Suicide), a best-practices suicide prevention curriculum for use in high schools. He has a particular interest in working with the media and entertainment industries and is a member of the Entertainment Resource Professionals Association. He also

convened a meeting of national experts to develop media recommendations for reporting on suicide. Reidenberg conducts crisis management training and is certified as both an aviation disaster responder and critical incident stress debriefer.

The American Psychotherapy Association awarded him Diplomate status in 1998 and Fellow status in 2004. He is also certified as a Master Therapist and a Certified Relationship Specialist. He serves as chair of the Executive Advisory Board, as well as serving on the Editorial Advisory Board of the *Annals of the American Psychotherapy Association*. Reidenberg is also on the editorial board of *Esperanza* magazine. In 1997, he was inducted into the Who's Who Registry of Business Leaders as a Lifetime VIP and in 2001 was inducted to the International Biography of Distinguished Leaders.

Reidenberg has been interviewed by the television, radio, and print media from around the world on topics including children, adolescents, mental and chemical health issues, suicide, parenting and child maltreatment issues, custody, and prostitution. He has provided testimony before state and federal legislators and the U.S. Food and Drug Administration, been a keynote speaker and guest lecturer, and presented numerous workshops. He is the author of *Sports Talk*, a book chapter for professionals on helping clients with communication issues; wrote the forward for *The Power of Acceptance*, a book on anxiety disorders; has written numerous articles for the *Annals of the American Psychotherapy Association*; and wrote an endorsement for *Eight Stories Up*, the true story of DeQuincy Lezine's adolescent struggle with suicide.

As a volunteer, Reidenberg served eight years on the Board of Directors of the Minnesota Committee for Prevention of Child Abuse, lectured to more than 6,500 individuals on child abuse, and received two commendations from the governor for organizing 24-hour Radiothons to End Child Abuse. He helped create the Open Door support group and served on its Advisory Board and was a counselor at the Crisis Connection. From 1995–2002, he served on the Advisory Board of a golf tournament for KDWB raising money for the Variety Children's Association and was the event coordinator for the Heart & Soul Concerts raising money for Camp Heartland, serving on its Board of Directors from 1996–2001. Reidenberg also coordinated other fundraising events including the Princess Diana dress display, Dance Marathon, Paul Molitor golf tournament, and the Cities 97 Hope in the Heartland concerts. In December 2006, he was named one of the Ten Outstanding Young Minnesotans for his 20 years of volunteer service and work in the health care field, and in January 2007, he was awarded the B. Warren Hart Award for service to humanity.



Featured Speaker

Joachim de Posada, PhD, DAPA

Dr. Joachim de Posada, a highly acclaimed international motivational speaker and author based in San Juan, Puerto Rico, is the keynote speaker for this year's APA working luncheon. He specializes in sales, management, leadership, and team building and

has worked in more than 50 countries and the United States. In 2009, *Speaker* magazine named de Posada one of the 25 hottest speakers in the world. xx

De Posada holds a bachelor's in business administration from the University of Puerto Rico, a master's degree, and a doctorate in psychology. Serving as director of the Learning Systems Division of Xerox Corporation, de Posada had the best research in the industry available to him and participated in the development of some of the most successful sales training programs available today. He then became a consultant for Learning International and Achieve Global after the division was sold to Times Mirror Corporation. He helped Franklin Covey Corporation expand to Latin America, working in its international and domestic divisions.

He is an adjunct professor at the University of Miami since 1988, teaching Leadership, Psychology Applied to Sales, Negotiating Skills, and Time Management. Due to his book tour schedule, he didn't teach this year but still remains on the active list.

He has traveled with his message, energy, and passion on stage to address audiences in more than 60 countries. Some of his clients include Exxon Mobile, Merck, Verizon, Baxter, BBVA, the U.S. National Guard, Sprint, Amadeus, and American Airlines.

His motivational methods have been so successful that they have been transferred to the sports world. In the past he has been a consultant in sports psychology for the NBA's Milwaukee Bucks, the Los Angeles Lakers, Puerto Rican professional teams, and Olympic teams, motivating the players to achieve higher levels of performance.

This combination of academia, corporate, and sports has given de Posada a unique perspective in putting proven principles to work to motivate and inspire people to new levels of excellence.

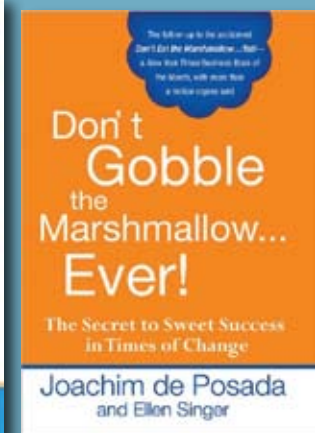
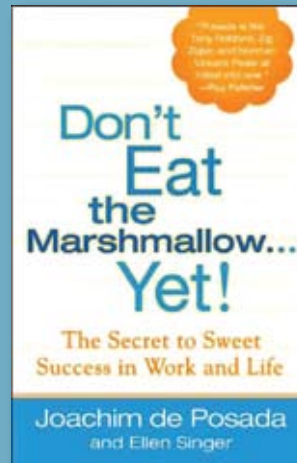
He is the main author of the book *Don't Eat the Marshmallow... Yet: The Secret to Sweet Success in Work and Life*, named the best book of the month by the New York Times and published by Penguin. This book has been translated into 16 languages and is an international best seller, having sold more than 2 million copies since its publication in 2005. *Don't Gobble the Marshmallow... Ever: The Secret to Sweet Success in Times of Change*, the sequel to his previous book, was published in 2007 and has sold more than 500,000 copies. His other very successful book is *How to*

Survive among Piranhas: Motivation to Succeed, a best seller in Latin America and in Korea. This book was published by Planeta, the largest Spanish publisher in the world and the seventh-largest in the world.

Presently, he writes a weekly column in the Business Monday Section of the Puerto Rico Daily Sun and has a daily motivational capsule three times a day on WOSO, the only commercial English radio station in San Juan, Puerto Rico.

De Posada served as director on the board of the National Speakers Association for 2008-2009. He spoke at the TED Conference in 2009 and 2010.

He is a member of the American Society of Journalists and Authors, the International Management Consultants Association, and Rotary.



Don't Eat the Marshmallow...Yet: The Secret to Sweet Success in Work and in Life
and
Don't Gobble the Marshmallow...Ever: The Secret to Sweet Success in Times of Change

Joachim de Posada's *Marshmallow* books use a simple parable and real-life examples to illustrate his theory that the ability to delay gratification is key to why some people succeed and others fail.

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Featured Speakers



Governor Thomas J. Ridge

Following the tragic events of September 11, 2001, The Honorable **Tom Ridge** became the first assistant to the president for Homeland Security, and on January 24, 2003, he became the first secretary of the U.S. Department of Homeland Security. During his tenure, Ridge worked with more than 180,000 employees from a combined 22 agencies to create an agency that facilitated the flow of people and goods, instituted layered security at air, land, and seaports, developed a unified national response and recovery plan, protected critical infrastructure, integrated new technology, and improved information sharing worldwide. Ridge served as secretary of this historic and critical endeavor until February 1, 2005. Before the events of September 11, Ridge was twice elected governor of Pennsylvania. He served as the state's 43rd governor from 1995 to 2001. Ridge's aggressive technology strategy helped fuel the state's advances in economic development, education, health care, and the environment.

Ridge regularly addresses audiences throughout the world on issues such as security, terrorism, global engagement, leadership, technology, and more. Ridge is the author of *The Test of Our Times: America Under Siege—And How We Can Be Safe Again* (September 2009), an account of his personal journey immediately following the attacks of September 11, 2001, through his days as White House Homeland Security director, his leadership of the Department of Homeland Security, and his experiences following that historic endeavor.



Greg Vecchi, PhD, FACFEI, DABLEE, DABCIP, CHS-V

Dr. Greg Vecchi is chief of the Behavioral Science Unit at the Federal Bureau of Investigation. He conducts research, training, and consultation activities in behavior-based conflict analysis and resolution, crisis management, and global hostage situations. Prior to joining the FBI in 1996, he was a special agent/criminal investigator with the U.S. Department of Justice – Office of the Inspector General (OIG), U.S. Department of Agriculture – OIG, and the U.S. Army Criminal Investigation Division (CID). Dr. Vecchi is published in the areas of conflict and crisis management and communication, and he teaches, trains, and consults with executive law enforcement officers on the topic.



Cyril Wecht, MD, JD, FACFEI, CFP

Dr. Cyril Wecht is actively involved as a medical-legal forensic science consultant, author, and lecturer. Dr. Wecht served 20 years as elected coroner of Allegheny County in Pennsylvania, and has performed approximately 16,000 autopsies, while assisting on 36,000 additional autopsies. He has testified in more than 1,000 civil, criminal, and worker's compensation cases in more than 30 states. He is the author or co-author of 44 books. Dr. Wecht has appeared on nationally syndicated programs discussing various medicolegal and forensic scientific issues, including medical malpractice, drug abuse, the assassinations of both President John F. Kennedy and Senator Robert F. Kennedy, the death of Elvis Presley, the O.J. Simpson case, and the JonBenét Ramsey case. He is an honorary Life Fellow of the American College of Forensic Examiners International and chair of the American Board of Forensic Medicine and the ACFEI Executive Advisory Board.



Henry Lee, PhD, FACFEI, DABFE, DABLEE

Dr. Henry C. Lee is one of the world's foremost forensic scientists. He has been a prominent player in many of the most challenging cases of the last 40 years. Dr. Lee has worked with law enforcement agencies in helping to solve more than 6,000 cases. Dr. Lee's testimony figured prominently in the O.J. Simpson trial and in the convictions of the "Woodchipper" murderer, as well as hundreds of other murder cases. Dr. Lee has assisted local and state police in their investigations of other famous crimes, such as the murder of JonBenét Ramsey in Boulder, Colorado; the 1993 suicide of White House Counsel Vincent Foster; and the reinvestigation of the Kennedy assassination.

Dr. Lee graduated from the Central Police College in Taiwan with a major in police science. He earned his PhD in biochemistry from New York University and has nine honorary doctorates. He has served as editor of seven academic journals and is the author of (with Jerry Labriola, MD) *Dr. Henry Lee's Forensic Files* and *The Budapest Connection*, with (Thomas W. O'Neil) *Cracking Cases and Cracking More Cases*, among other works. Dr. Lee appeared in *Trace Evidence* on CourtTV. He has also testified more than 1,000 times in both criminal and civil cases.

SEPT. 23rd

American Psychotherapy Association

Conference schedule is subject to change without notice.

8:00am-9:00am	General Session Keynote Speakers: Cyril Wecht, MD, JD, FACHEI, CFP, and Henry Lee, PhD, FACHEI, DABFE, DABLEE CEs: 1.0 ACEFI Location: Oceans Ballroom 1-4	
9:00am-9:30am	Morning Break Location: Fantail	
	Location: Fantail	Location: Grouper
9:30am-11:00am	Healthcare Provider Suicide Prevention Training Presenter: Dan Reidenberg, PsyD, FAPA, MTAPA, BCPC CEs: 1.5 American Psychological Association, NBCC, CBBS	Postpartum Depression: Its Impact on Couples and Marital Satisfaction Presenter: Diana Lynn Barnes, PsyD, LMFT, FAPA CEs: 1.5 NBCC, CBBS
11:00am-12:30pm	Lunch on Own Location: Fantail	
	Location: Fantail	Location: Grouper
12:30pm-2:00pm	Mindfulness-Based Cognitive Therapy: From Inside Out Presenter: Patrick Thornton, PhD, DAPA CEs: 1.5 American Psychological Association, NBCC, CBBS	Domestic Violence: "Not in My Backyard" Presenter: Cornell J. Brunson, D.Th., MS, BCPC CEs: 1.5 NBCC, CBBS, ASWB
2:15pm-3:45pm	Invisible Wounds: Healing Combat Veteran PTSD Using Reichian-Myofascial Release Therapy (RMFR) Presenter: Peter M. Bernstein, PhD, FAPA, MFT CEs: 1.5 ACEFI	The "Business" of Counseling: What Healthcare Professionals Did Not Learn in Graduate School Presenter: Wayne E. Tasker, PsyD, LCSW, LPC, DAPA CEs: 1.5 NBCC, CBBS
4:00pm-5:30pm	Contextual Family Therapy Presenter: Stephanie K. Scott, PhD, LMHC, DAPA, BCPC CEs: 1.5 American Psychological Association, NBCC, CBBS	Attending to Multicultural Issues in the Professional Environment Presenter: Frances Clark-Patterson, PhD, LADC, MAC, BCPC CEs: 1.5 NBCC
7:00pm-9:00pm	Annual Banquet Living Your Dash, Keynote Speaker: Dr. Dan Reidenberg, PsyD, FAPA, MTAPA, BCPC CEs: 2.0 ACEFI Location: Oceans Ballroom 1-4	

PRESENTERS



Conference schedule is subject to change without notice.

8:00am-9:00am	General Session Keynote Speaker: Governor Tom Ridge CEs: 1.0 ACEI Location: Oceans Ballroom 1-4	
9:00am-9:30am	Morning Break	
	Location: Fantail	Location: Grouper
9:30am-11:00am	Quantifying Emotional Intelligence: Identifying Healthy Relationship Skills Presenter: Darwin Nelson, PhD, DAPA CEs: 1.5 American Psychological Association, NBCC, CBBS	Relationships in the "Red Zone": Using Sports Metaphors in Couples Therapy Presenter: Kathe Palermo Skinner, MA, LMFT, DAPA, CRS CEs: 1.5 NBCC, CBBS
11:00am-12:30pm	Working Luncheon (Additional Registration Required) Don't Eat the Marshmallow Yet: Leadership Principles Needed to Succeed in a Changing World Keynote Speaker: Joachim De Posada, PhD, DAPA CEs: 1.0 ACEI Location: Yellowtail A	
	Location: Fantail	Location: Grouper
12:30pm-2:00pm	Counseling the Woman of Trauma Presenter: Trudy Johnson, MA, LMFT CEs: 1.5 NBCC, CBBS	Family Therapy Basics Presenter: Amy L. Flavin, MS, LPC, DAPA, BCPC CEs: 1.5 NBCC, CBBS
2:15pm-3:45pm	Acts of Self Destruction Presenter: Ronald Hixson, MBA, LPC, LMFT, MTAPA CEs: 1.5 ACEI	Yesterday's Child Presenter: D. Andrew Creamer, EdD, DAPA, BCPC CEs: 1.5 NBCC, CBBS
4:00pm-5:30pm	Ways to Increase Your Practice: Private Probation Officers and Other Fields Panel Discussion CEs: 1.5 ACEI	New Discoveries about the Brain: Practical Implications for Treatment of Clients Presenter: Donald E. Goff, PhD, DAPA, MTAPA CEs: 1.5 NBCC



“There was a great variety of presentations, and I enjoyed the ability to network across the associations as many of our collective problems require new ideas from the entire community.”



AMERICAN
PSYCHOTHERAPY
ASSOCIATION®

SEPT. 23rd

American College of Forensic Examiners Institute

Conference schedule is subject to change without notice.

8:00am-9:00am	<p>General Session Keynote Speakers: Cyril Wecht, MD, JD, FACFEI, CFP, and Henry Lee, PhD, FACFEI, DABFE, DABLEE CEs: 1.0 ACFEI Location: Oceans Ballroom 1-4</p>			
9:00am-9:30am	<p>Morning Break</p>			
9:30am-11:00am	<p>General Session: Part 2 Keynote Speakers: Cyril Wecht, MD, JD, FACFEI, CFP, and Henry Lee, PhD, FACFEI, DABFE, DABLEE CEs: 1.5 ACFEI Location: Oceans Ballroom 1-4</p>			
11:00am-12:30pm	<p>Working Luncheon (Additional Registration Required) Real Reasons Why Jurors Accept One Expert While Utterly Rejecting Another Keynote Speaker: John Romano, Senior Partner, Romano Law Group Location: Coral Ballroom</p>			
	General: Oceans 9	Mental Health: Oceans 10	Accounting: Oceans 11	Nursing/Medical: Oceans 12
12:30pm-2:00pm	<p>Conflict and Crisis Communication Presenter: Gregory M. Vecchi, PhD, FACFEI, CFC, CHS-V CEs: 1.5 ACFEI</p>	<p>Is the Confession Admissible?: Assessing a Defendant's Competency to Waive Miranda Rights Presenters: Cheryl Paradis, PsyD, and Elizabeth Owen, PhD, CFC CEs: 1.5 American Psychological Association, ACFEI</p>	<p>The Forensic Accountant's Role in an Effective Internal Investigation Presenter: Brad Sargent, CPA, FACFEI, DABFA, Cr.FA CEs: 1.5 NASBA, ACFEI</p>	<p>The Graying of Domestic Violence: Recognition and Response to Elder Abuse Presenter: Dianne Ditmer, MS, RN, CFN, CHS-III CEs: 1.5 CBRN, CBBS, ACFEI</p>
2:15pm-3:45pm	<p>The Last Goodbye: A Forensic Approach to Suicide Notes Presenter: Lori Bates, MA, CFC CEs: 1.5 ACFEI</p>	<p>Identifying, Assessing, and Litigating Mental Retardation Presenters: Wanda Romero, PhD, FACFEI, DABFE, CFC, and Elizabeth Hooper, PsyD CEs: 1.5 American Psychological Association, ACFEI</p>	<p>Application of the Seven-Step Methodology of Criminal Investigations in Forensic Accounting Presenter: Robert Lechter, CPA, Cr.FA CEs: 1.5 NASBA, ACFEI</p>	<p>Forensic Review: Coding/Billing and Medical Record Documentation Abuse Presenter: Debra Pacha, FACFEI, DABFE, DABPS CEs: 1.5 ACFEI</p>
4:00pm-5:30pm	<p>DNA: Primary, Secondary, and Tertiary Transfer Presenter: Dana Way, CMI-II, RI CEs: 1.5 ACFEI</p>	<p>Understanding the Complexities Associated with Brain Injury and Trauma Presenter: Debra M. Russell, PhD, DABFE, CMI-V, CHS-III CEs: 1.5 American Psychological Association, ACFEI</p>	<p>Testifying as an Expert Witness at Deposition and Assisting Counsel in Preparing to Depose Other Witnesses Presenter: Eric A. Kreuter, PhD, CPA, FACFEI, DABFA CEs: 1.5 ACFEI</p>	<p>Intimate Partner Violence: A Case Study Presenter: Sue Gabriel, EdD, RN, CFN, DABFN CEs: 1.5 CBBS, ACFEI</p>

PRESENTERS

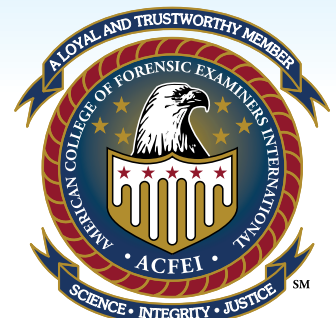


American College of Forensic Examiners Institute

SEPT. 24th

Conference schedule is subject to change without notice.

General Session Keynote Speaker: Governor Tom Ridge CEs: 1.0 ACEFI Location: Oceans Ballroom 1-4				
8:00am-9:00am				
9:00am-9:30am	Morning Break			
	General: Oceans 9	Mental Health: Oceans 10	Accounting: Oceans 11	Nursing/Medical: Oceans 12
9:30am-11:00am	Evidence Collection, Preservation, and Presentation: Making Sure Your Evidence Withstands the Litigation Challenges Presenter: Marvin E. Bullington, CFC, FACFEI, DABFE CEs: 1.5 ACEFI	A Case Study of Faulty Forensic Psychological Assessment of the Mental Functioning of a Victim of Crime Presenter: Eric A. Kreuter, PhD, CPA, FACFEI, DABFA CEs: 1.5 ACEFI	The Microeconomic and Socioeconomic Affects of Identity Theft Presenter: Robert K. Minniti, MBA, CPA, Cr.FA CEs: 1.5 NASBA, ACEFI	So You Want to Be a Forensic Nurse: Panel Discussion Moderator: Heidi Bale, RN, CFN Panel Members: Dianne Dittmer, MS, RN, CFN, CHS-III, Sue Gabriel, EdD, RN, CFN, DABFN, Linda Doyle, RN, CFN, CMI-III, CHS-III, Elizabeth Russell, RN, BSN, FACFEI, DABFN, and Diane Rebovy, MS, RN, CFN, FACFEI CEs: 1.5 CBRN, ACEFI
11:00am-12:30pm	Lunch on Own			
	General: Oceans 9	Mental Health: Oceans 10	Accounting: Oceans 11	Nursing/Medical: Oceans 11
12:30pm-2:00pm	Observe, Deduce, Corroborate: What Forensic Forerunners Forged for Us Presenter: Katherine Ramsland, PhD, CMI-V CEs: 1.5 ACEFI	Child Homicide: Psychological and Socio-Cultural Factors Presenter: Tina Jaeckle, PhD, LCSW, DABCP, CFC CEs: 1.5 ACEFI	Socially Responsible Accounting: Protecting the Public Interest Presenter: Richard Kravitz, CPA, DABFA CEs: 1.5 NASBA, ACEFI	A National Protocol for Sexual Assault Forensic Examinations of Adults and Adolescents: 2010 Changes: Important Updates for Practice Presenter: Kim Day, RN, CFN, SANE-A CEs: 1.5 CBRN, ACEFI
2:15pm-3:45pm	Challenging the Digital Forensics Examination Presenter: Larry E. Daniel CEs: 1.5 ACEFI	Ensuring Proper Supports for Individuals with Autism so that Prison Does Not Become a 'Placement Option' Presenters: David L. Holmes, EdD, FACFEI, DABFE, DABPS, and Ira Fingles, Esq. CEs: 1.5 ACEFI	Targeting Your Forensic Investigation Using Benford and Other Related Studies in Your Data Presenter: A. Lamar Casparis, CPA, FACFEI, DABFA, Cr.FA CEs: 1.5 ACEFI	Agitated-Excited Delirium Syndrome and Sudden Deaths Presenter: Ron Martinelli, PhD CEs: 1.5 American Psychological Association, ACEFI
4:00pm-5:30pm	Professional Expectations Presenter: George C. Frank, FACFEI, DABFE, CFC CEs: 1.5 ACEFI	Investigation Protocol for Accusations in High Conflict Co-Parenting Presenter: Elizabeth Baker Gibbs, MD, FACFEI, DABFE, CMI-V CEs: 1.5 American Psychological Association, CBBS, ACEFI	Uncovering, Tracking, and Disrupting Illicit Money Flows Presenter: Joseph Wheeler, CPA, Cr.FA CEs: 1.5 NASBA, ACEFI	Child Abuse: Recognition and Assessment Presenter: Lawrence Lavine, DO, MPH, CMI-V, CHS-V, SSI CEs: 1.5 ACEFI



SEPT. 22nd & 23rd

American Board for Certification in Homeland Security

Conference schedule is subject to change without notice.

Wednesday, September 22

8:00am-3:00pm	<p>CHS-V Review Course and Examination *Additional Registration Required*</p>
3:00pm-5:00pm	<p>CHS Pre-Conference Session Keynote Speaker: Colonel Xavier Stewart, NR-EMT, RRT, FACFEI, CHS-V CEs: 2.0 ACEFI Location: Oceans Ballroom 1-4</p>

Thursday, September 23

8:00am-9:00am	<p>General Session Keynote Speakers: Cyril Wecht, MD, JD, FACFEI, CFP, and Henry Lee, PhD, FACFEI, DABFE, DABLEE CEs: 1.0 ACEFI Location: Oceans Ballroom 1-4</p>			
9:00am-9:30am	<p>Morning Break</p>			
	Nomeus	Palani Sailfish	Unicorn	Walu
9:30am-11:00am	<p>Digital Who-Done-IT: An Interactive Demonstration of Digital Forensics Presenters: Clay Fielding, CHS-I, and Andrew Neal, CHS-III CEs: 1.5 ACEFI</p>	<p>Overview Nationwide SAR Initiative Presenter: Tom O'Reilly CEs: 1.5 ACEFI</p>	<p>Homeland Security Chaplaincy Presenter: David J. Fair, PhD, SSI, CHS-IV, ACMC-III CEs: 1.5 ACEFI</p>	<p>The Terrorist Threat to the USA Presenter: John W.A. Didden, CHS-III CEs: 1.5 ACEFI</p>
11:00am-12:30pm	<p>Lunch on Own</p>			
	Nomeus	Palani Sailfish	Unicorn	Walu
12:30pm-2:00pm	<p>Integrating Technology in Homeland Security at the Community Level: A Model for the Nation? Presenter: John J. Sullivan, PhD, CHS-V CEs: 1.5 ACEFI</p>	<p>Lifesaving Skills for Non Medical Law Enforcement Officers Presenters: JJ Magyar, CHS-V, and Gregory R. Frailey, DO, FACOEP, CHS-V CEs: 1.5 ACEFI</p>	<p>Food Defense: Events, Responses and Risk Mitigation Presenters: Thor Thomsen, CHS-V CEs: 1.5 ACEFI</p>	<p>Medical Professionals Role in Homeland Security Support Presenter: Val Bilotti, RN, BS, CQM, CHS-V CEs: 1.5 ACEFI</p>
2:15pm-3:45pm	<p>Supply Chain Security: Is Your Cargo Really Secure Presenter: Hank Nolin, CHS-III CEs: 1.5 ACEFI</p>	<p>Crisis Leadership and Decision Making Presenter: Barbara Citarella, RN, MS, CHS-V, DABCHS CEs: 1.5 ACEFI</p>	<p>Developing Effective Force on Force Training Presenter: David L. Johnson, CHS-V, DABCHS CEs: 1.5 ACEFI</p>	<p>Enhanced Family Preparedness: An Introduction to CDP-I Presenter: Paul Purcell, CHS-V CEs: 1.5 ACEFI</p>
4:00pm-5:30pm	<p>Understanding Threat Assessment...The Sum of the Parts to the Whole: Part 1 Presenter: Andrew J. Jurchenko, Sr., CHS-V, DABCHS CEs: 1.5 ACEFI</p>	<p>Workplace Violence Prevention and the Power of Verbal De-escalation Presenter: Jim Sawyer, CHS-III, CPP, CHPA CEs: 1.5 ACEFI</p>	<p>Electronic Security Systems Overview Presenter: Marquis L. Laude, CHS-V, CPP CEs: 1.5 ACEFI</p>	<p>Special Attention Required: Security and Response Planning for Special Events Presenter: Eric White, CHS-V, DABCHS CEs: 1.5 ACEFI</p>

PRESENTERS



Conference schedule is subject to change without notice.

General Session				
Keynote Speaker: Governor Tom Ridge CEs: 1.0 ACEFI Location: Oceans Ballroom 1-4				
Morning Break				
Noneus	Palani Sailfish	Unicorn	Walu	
8:00am-9:00am				
9:30am-11:00am Understanding Threat Assessment...The Sum of the Parts to the Whole: Part 2 Presenter: Andrew J. Jurchenko, Sr., CHS-V, DABCHS CEs: 1.5 ACEFI	Law Enforcement National Data Exchange Program, (N-Dex) Presenter: Patrick Fagan CEs: 1.5 ACEFI	Blending Traditional Safety, Human Resources and Risk Management Policies and Procedures With Post 9/11 "Best Practices" Presenter: Cathi L. Marx, CHS-V CEs: 1.5 ACEFI	Diversity and Political Correctness in a Threat Environment Presenter: Clifford Castle, CHS-V CEs: 1.5 ACEFI	
11:00am-12:30pm Working Luncheon (Additional Registration Required) Overview of the FBI Behavioral Science Unit Keynote Speaker: Gregory M. Vecchi, PhD, FACFEI, CHS-V, CFC CEs: 1.0 ACEFI Location: Coral Ballroom				
Noneus	Palani Sailfish	Unicorn	Walu	
12:30pm-2:00pm Evolving Security Paradigms Presenter: Thomas Gluzinski, CHS-V CEs: 1.5 ACEFI	2010 Radiation Course Presenter: Colonel Xavier Stewart, NR-EMT, RRT, FACFEI, CHS-V CEs: 1.5 ACEFI	Defining Business Continuity Presenter: Clint Hilbert, CHS-III CEs: 1.5 ACEFI	H1N1 Pandemic Influenza Response, Mohave County, Arizona Presenters: Bruce Leeming, CHS-V, and Anna Scherzer CEs: 1.5 ACEFI	
2:15pm-3:45pm Telephone Threat Management and Crisis Communications Presenter: Steven M. Crimando, MA, CHS-III CEs: 1.5 ACEFI	Secure Commerce- The Crucial Role of Business in Homeland Security Presenter: Andrew Neal, CHS-III CEs: 1.5 ACEFI	Undercover Operations Presenter: Oscar Baez, CHS-V CEs: 1.5 ACEFI	Terrorism- The Security Challenge Presenter: Brian Westphal, CHS-III CEs: 1.5 ACEFI	
4:00pm-5:30pm Women and Terrorism in Our Culture-Is it Possible? Presenter: Richard Hughbank, CHS-IV, CMAS CEs: 1.5 ACEFI	Developing Integrated Public-Private Resiliency Programs: A Blueprint for Integrating Healthcare in Continuity of Operations Planning Presenter: James L. Paturas, LP, CHS-IV, CEM, CBCP CEs: 1.5 ACEFI	The War That Has No Borders Presenter: Ronald Hixson, MBA, LPC, LMFT, CHS-I CEs: 1.5 ACEFI	So It Never Happens Again Presenters: Dr. James Blair, CHS-V, and Dr. Marti Jordan CEs: 1.5 ACEFI	



SEPT. 23rd

American Association of Integrative Medicine

*Conference schedule is subject to change without notice. *

8:00am-9:00am	<p>General Session Keynote Speakers: Cyril Wecht, MD, JD, FACFEI, CFP, and Henry Lee, PhD, FACFEI, DABFE, DABLEE CEs: 1.0 AAIM Location: Oceans Ballroom 1-4</p>	
9:00am-9:30am	<p>Morning Break</p>	
9:30am-11:00am	<p>Integrative Sleep Medicine Presenter: Zhaoming Chen, MD, PhD, CFP, FAAIM Room: Veiltail</p>	
11:00am-12:30pm	<p>Working Luncheon (Additional Registration Required) Normalizing the Brain: The New Science of Neuromodulation for Mood Disorders and Insomnia Presenter: Daniel L. Kirsch, PhD, DAAPM, FAIS, CHS-III CEs: 1.0 AAIM Room: Labrid</p>	
12:30pm-2:00pm	<p>Allopathic vs. Complementary Therapies: It Does Not Have to Be Either/Or Presenter: Tara C. Sharma, MD, FAAIM, DCP, BCIM CEs: 1.5 AAIM Room: Veiltail</p>	<p>Art Therapy: Part 1 Presenter: Giora Carmi, BCIM CEs: 1.5 AAIM Room: Bluegill</p>
2:15pm-3:45pm	<p>Preventing and Reversing Cardiovascular Disease: A Non-Prescription, Non-Interventional Evidence Based Approach Presenter: Shashi Agarwal, MD, FAAIM CEs: 1.5 AAIM Room: Veiltail</p>	<p>Art Therapy: Part 2 Presenter: Giora Carmi, BCIM CEs: 1.5 AAIM Room: Bluegill</p>
4:00pm-5:30pm	<p>Educate Don't Medicate: Alternative Therapy Without Medication for ADD/ADHD Symptoms Presenter: Brian Sheen CEs: 1.5 AAIM Room: Veiltail</p>	

PRESENTERS



*Conference schedule is subject to change without notice. *

<p>8:00am-9:00am</p>	<p>General Session Keynote Speaker: Governor Tom Ridge CEs: 1.0 AAIM Location: Oceans Ballroom 1-4</p>
<p>9:00am-9:30am</p>	<p>Morning Break</p>
<p>9:30am-11:00am</p>	<p>Introduction to Holistic Healing, Complimentary Alternative Modalities, and Wellness Presenter: Barbara Ann Wilmes, DSW, LMSW CEs: 1.5 AAIM Room: Veiltail</p>
<p>11:00am-12:30pm</p>	<p>Lunch on Own</p>
<p>12:30pm-2:00pm</p>	<p>Healing Oils: Raindrop Therapy Presenter: Roger Rickman, FAAIM, DCPM, DCPC, BCIM CEs: 1.5 AAIM Room: Veiltail</p>
<p>2:15pm-3:45pm</p>	<p>Dietary Supplement Containing ProHormones and Prosexual Nutrients Alleviates PMS/Menopausal Symptoms, Boosts Desire, Arousal, and Female Sexual Response Presenter: Daniel S. Stein, MD, FAAIM CEs: 1.5 AAIM Room: Veiltail</p>
<p>4:00pm-5:30pm</p>	<p>The Etiology of Psychophysiological Disorders Presenter: Gregory Nevens, EdD, FAAIM, FACFEI, DCPM CEs: 1.5 AAIM Room: Veiltail</p>



“The networking this year was incredible! There was an energy about this conference that led to great excitement about being there and taking away as much as possible.”

“Great speakers. They were well organized and very passionate with their area of expertise.”



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ATTENDEE INFORMATION (please print)

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CHS-V REVIEW COURSE AND EXAMINATION

Wednesday, September 22, 8:00am-3:00pm

CHS-V: CBRNE (Chemical, Biological, Radiological, Nuclear, Explosives) Preparedness

\$495 _____

This course will consist of a half-day review followed by the CHS-V certification exam. You must successfully complete the CHS-IV course to earn CHS-V status (CHS-IV is available online at www.abchs.com).

ACFEI, ABCHS, APA, AAIM, & ACC National Conference Registration

Wednesday, September 22-Friday, September 24

All registration rates include one ticket to the Annual Banquet. Registration with ACFEI, ABCHS, APA, AAIM, or ACC grants you full access to the sessions of ALL five associations. You will only receive the complimentary conference merchandise for the association with which you register. **Student and group pricing is available; please call for details.**

Please check the primary association with which you wish to be affiliated with (check only one).

- The American College of Forensic Examiners Institute (ACFEI) One-Day Conference Pass \$249
 The American Board for Certification in Homeland Security (ABCHS) Thursday, September 23 Friday, September 24
 The American Psychotherapy Association (APA)
 The American Association of Integrative Medicine (AAIM)
 The American College of Counselors (ACC)

**EXTENDED
JULY 30**

Please circle the appropriate registration rate.	Member Loyalty (before 12/31)	Early-Early Bird (before 2/28)	Advanced Early Bird (before 4/30)	Early Bird (before 6/30)	Regular (before 8/31)	Late/Onsite (after 8/31)
Member	\$349	\$399	\$449	\$499	\$549	\$599
Life Member (save 10%)	\$310	\$359	\$400	\$449	\$494	\$539
Active Duty Military or CHS-V Course Attendee	\$299	\$349	\$399	\$449	\$499	\$549
Non-Member	\$514	\$564	\$614	\$664	\$714	\$764

ADDITIONAL REGISTRATION OPTIONS

- Working Luncheon \$25/each: Fee includes lunch and presentation. All lunches will be held from 11:00am-12:30pm.
 Thursday, September 23: ACFEI or AAIM Friday, September 24: ABCHS or APA
- Additional Banquet Ticket \$75 (banquet will be held on Thursday, September 23)

PAYMENT PROCESSING

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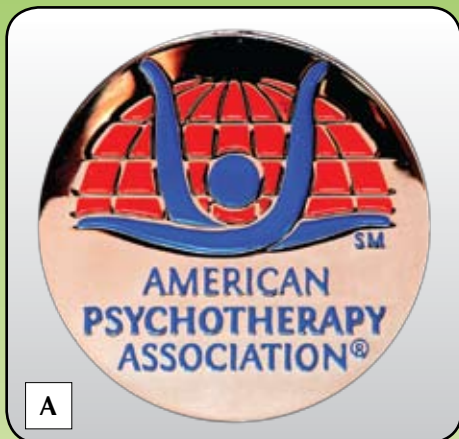
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