# 2019 Call for Programs

## Iowa Mental Health Counselors Association (IMHCA)

## 13th Annual Conference

Thursday, May 16, 2019 & Friday, May 17, 2019

Stoney Creek Hotel & Conference Center

5291 Stoney Creek Ct, Johnston, Iowa 50131

(515) 334-9000

### Submission Deadline: Presentations must be received by November 15, 2018

**Share Your Knowledge**

IMHCA members & mental health professionals are invited to submit a proposal to present either a 90-minute or 3-hour breakout session on a mental health counseling topic at the 13th Annual IMHCA Conference.

Act now! Submissions must be received by November 15, 2018! Submission guidelines listed below.

**About the Conference**

The IMHCA Conference is the **only** state-wide professional conference for licensed mental health counselors. IMHCA members, mental health counseling students, and other mental health professionals gather to share their expertise at this conference. Take this opportunity to get involved and share your work with your colleagues. IMHCA is an approved continuing education provider (ACEP) for NBCC. As an NBCC ACEP provider, IMHCA is responsible for ensuring that all aspects of our continuing education (CE) offerings are in compliance with the NBCC Continuing Education Provider Policy. The IMHCA conference also provides CE hours for alcohol and drug counseling professionals certified through Iowa Board of Certification. Tentative schedule indicates approximately 12 CE hours for LMHC’s, LMFT’s, Social Workers, and approximately 12 CE hours for CADCs/IADCs. **Additionally, a 3-hour ethics session for satisfying ethics licensure requirements will be sought.**

**Presentation Topic Suggestions**

* Addiction – Youth, Heroin Epidemic, Trends in Treatment
* Assessment and Diagnosis
* Children/Adolescents/Family
* Clinical Supervision and Ethics
* Dialectal Behavior Therapy
* Dual-Diagnosis Disorders – Assessment and Treatment
* Eating Disorders
* Ethics
* Evidence Based & Emerging Practices – Innovative Treatments, Expressive Creative Therapies, Skill Building
* Expressive Art Therapy and Approaches – Play Therapy, Art Therapy, Narrative Therapy, etc.
* Integrated Care, Practice Issues, and Healthcare Reform
* LGBTQ – Issues, Cultural Competence for Counselors
* Marriage and couples counseling
* Mid-Life and Ageing Issues
* Mindfulness
* Transitioning from grad school to licensure
* Trauma – Assessment and Treatment
* Traumatic Brain Injury, Brain Function and Neuroscience
* Telehealth and Web-based Counseling
* Human Trafficking

**Submission Guidelines**

* Deadline: Presentations must be received by November 15, 2018
* Incomplete information may result in presentations being excluded from the conference committee review process.

**Presentation Format:**

**1. Oral Presentations**

Presentations can be either 90 minutes, or 3 hours (including Q/A) and are designed to be interactive and produce identifiable outcomes. Presentations may be made by single or multiple presenters, or in panel formats. Fill out the form at the end of this document and submit it with your presentation documents.

**Next Steps**

1. Send your completed submission including A/V and Conference Room needs to the following two contacts by November 15, 2018:

Christy Johnston, **conference@imhca.net** and Erik Oostenink, **eriklmhc@gmail.com**

1. IMHCA will acknowledge receipt of proposal applications via email within 10 days.
2. If you do not receive an email acknowledgment within 10 days of submission of your program, please contact IMHCA’s Conference Committee Chair, Christy Johnston, at **conference@imhca.net**

**Abstract Review Process:**The IMHCA Conference Planning Committee will review all presentations that have been submitted with complete information. Presentations will be selected based on topic, speakers’ qualifications on the topic, and intended audience. The Committee will send notification by email to the main presenter of acceptance or rejection. The main presenter will be responsible for notifying others participating in the program of the outcome.

**Presenters will receive a complimentary conference registration:**Complimentary registrations are limited to **two**for team presentations. **All accepted presenters will need to register for the conference.**

The Presentation Submission Requirements Document is found on the following two pages of this document.



**Contact Information**

Iowa Mental Health Counselors Association (IMHCA)

P.O. Box 8233

Des Moines, IA 50301

www.imhca.net

Christy Johnston, LMHC

Conference Committee Chair, IMHCA

515-556-8933

conference@imhca.net

Oral Presentation Submission Requirements Document

Please enter the following information regarding your Oral Program submission

|  |  |
| --- | --- |
| Presentation Type: Indicate 90-Minute Oral Presentation or 3-Hour Oral Presentation |  |
| Indicate Single Presenter, Multiple Presenters, or Panel Discussion |  |

Please complete for the Primary Presenter. The IMHCA Conference Team will communicate with this person.

|  |  |
| --- | --- |
| Primary Presenter Name |  |
| Primary Presenter Email |  |
| Primary Presenter Phone |  |
| Plans for Conference Attendance:Just my presentationThursday onlyFriday onlyBoth days |  |

|  |  |
| --- | --- |
| AV Needs – e.g. projector, type and quantity of microphones (lavalier, handheld, etc.) |  |
| Do you plan to show a video or movie during your presentation? |  |
| Room Needs – e.g. podium, flip chart, etc. |  |

Please see next page for Co-Presenter information

Please include a Word document with the following information:

* Short Biography for Each Presenter (50 Words Maximum for Each Presenter)
	+ Biography for each presenter must include presenters’ degree and license/certification information
* Program Description to Include:
	+ Abstract/Overview (600 Words Maximum)
	+ Learning Objectives: Define objectives you intend the audience to achieve by the end of your presentation
	+ Description of accompanying materials or handoutsOral Presentation Submission Requirements Document (continued)

Please complete for each Co-Presenter

|  |  |
| --- | --- |
| Presenter Name |  |
| Presenter Email |  |
| Plans for Conference Attendance:Just my presentationThursday onlyFriday onlyBoth days |  |

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| --- | --- |
| Presenter Name |  |
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| Plans for Conference Attendance:Just my presentationThursday onlyFriday onlyBoth days |  |

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| Presenter Name |  |
| Presenter Email |  |
| Plans for conference Attendance. Indicate:Just my presentationThursday onlyFriday onlyBoth days |  |

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