

## CONFERENCE SCHEDULE

### **Thursday, April 30:**

7:30 am-8:15 am: Registration & Breakfast  
8:15 am-8:30 am: Welcome & Opening Remarks  
8:30 am-11:45 am.: Keynote Session  
11:45 am-1:15 pm: Lunch & Annual Board Mtg  
1:15 pm-2:45 pm: Breakout Session #2  
3:00 pm-4:30 pm: Breakout Session #3  
4:30 pm.: Networking

### **Friday, May 1:**

7:45 am-8:15 am.: Registration & Breakfast  
8:15 am-8:30 am: Opening Remarks  
8:30 am-11:45 am: Breakout Session #4  
11:45 am-12:45 pm: Lunch  
12:45 pm-2:15 pm: Breakout Session #5  
2:30 pm-4:00 pm: Breakout Session #6

## HOTEL INFORMATION

The IMHCA Conference will be held at the **Sheraton West Des Moines** located at 1800 50th St. West Des Moines, IA 50266. **Mention the IMHCA Conference to receive a REDUCED ROOM RATE (\$115.00) at the Sheraton . Must be reserved by March 30th!** For reservations, call (515) 223-1800.

## ADDITIONAL INFORMATION

For additional information, including descriptions of the breakout sessions, please visit the IMHCA website at <http://imhca.net>. Still have questions? Please contact Christy Johnston: (515) 556-8933, [imhcaconference@gmail.com](mailto:imhcaconference@gmail.com).

**REFUND POLICY:** Refunds are limited to conference fees paid only. Refunds do not include any travel, lodging, transportation, or other fees paid independently of conference registration. On-site conference registration fees and no-shows are non-refundable. To qualify for a full refund of registration fees paid less a \$50 administrative fee, a written cancellation must be received by the IMHCA treasurer no later than 11:59 PM CST on April 15, 2020. Absolutely NO refunds will be given after April 15, 2020. Cancellation and refund requests should be sent via email to: [treasurer.imhca@gmail.com](mailto:treasurer.imhca@gmail.com).

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Iowa Mental Health Counselors Association  
c/o Kristen Buttemore  
214 5th St  
Ames, IA 50010



Iowa Mental  
Health  
Counselors  
Association

**20/20**

**Honoring the Past &  
Looking Toward the  
Future**

Our 20th Anniversary

**Keynote:**

**Angela Skurtu, M.Ed.,  
LMFT, AASECT**

Thursday, April 30

Friday, May 1, 2020

Sheraton West Des Moines

1800 50th St.

West Des Moines, IA 50266

## **BREAKOUT OPTIONS AND CE'S: April 30**

### **Keynote Session (3 CE's):**

**1A:** *Developing a Healthy Sexuality: How Individuals and Couples Learn to Love* by Angela Skurtu, M.Ed., LMFT, AASECT, Certified Sex Therapist

### **Lunch & Annual Board Meeting**

### **Breakout Session #2 (1.5 CE's):**

**2A:** *Each Life Matters: Empowering Therapists for Effective Suicide Prevention—Part 1* by Tabitha Webster, Ph.D., LMFT

**2B:** *Environmental Justice and Mental Health: A Toolkit for the 21st Century* by Elisa Woodruff, Ph.D., MS Ed., LPC, NCC

**2C:** *Defining Loss of Control Eating: An Exploration of Treatment Philosophies and Interventions for Binge Eating Disorder* by Brandi Stalzer, MS, LIMHP

### **Breakout Session #3 (1.5 CE's):**

**3A:** *Each Life Matters: Empowering Therapists for Effective Suicide Prevention—Part 2* by Tabitha Webster, Ph.D., LMFT

**3B:** *Establishing a Private Practice: Processes and Pitfalls* by John Bisenius, MS, LMHC

**3C:** *The Isms and the Brain: Is it Really a Big Deal?* by Breanne Ward, MS, CRC, LMHC

### **Networking Event**

## **BREAKOUT OPTIONS AND CE'S: MAY 1**

### **Breakout Session #4 (3 CE's):**

**4A:** *Counseling Ethics: Roles and Responsibilities in Legal Interactions* by Kenya Rocha, MS, LMHC and Lindsay Owens, MS, LMFT

**4B:** *Cracking the Relationship Code: A Key Component for Health and Well-Being* by Jack Perkins, D.Min, LADC, CSAC, CCLC

**4C:** *Counseling LGBTQ+ in 2020* by David Depew, MA, tLMHC, CRC, CADC

**Join IMHCA and save! Enjoy the benefits of membership, including discounted registration for the IMHCA Conference. Learn more at <http://imhca.net>.**

## **BREAKOUT OPTIONS AND CE'S: MAY 1 cont.)**

### **Breakout Session #5 (1.5 CE's):**

**5A:** *Enhancing Counseling Support for Older Clients Through the Application of a Wellness Framework and Theories of Aging* by Eran Hanke, Ph.D., LMHC and Ben Fienup, BA

**5B:** *How Grief and Trauma Affect Children* by Sasha Mudlaff, MA

**5C:** *Yoga and Mindfulness in Clinical Practice* by Sarah White, MS, LMHC, CADC, RYT

### **Breakout Session #6 (1.5 CE's):**

**6A:** *The Role of Mental Health Counselors in the Legal Realm of Collaborative Divorce* by Lawrence Scanlon, JD, MA, LMHC, LPC; Kristen Boldt, JD and Kendra Erkamaa, MA

**6B:** *Yours, Mine and Ours: What Do I Do with All This Trauma?* by Jennifer Gauerke, MS, CADC, tLMHC

**6C:** *A Principle Centered Approach to Couples Therapy: A Multidimensional Framework and the Impact Personality and Attachment Have on Relationship* by Donald Gilbert, MS, Ph.D., LMHC

### **CREDENTIALS**

**CE's:** IMHCA determined that this conference meets the criteria for the Iowa Board of Behavioral Science Examiners and the Iowa Board of Social Work Examiners for 12 hours continuing education for mental health counselors, marriage and family therapists, and social workers.



Iowa Mental Health Counselors Association (IMHCA) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 2060. Programs that do not qualify for NBCC are clearly identified. IMHCA is solely responsible for all aspects of the program.

**ATTN NCC's:** This conference is approved by IMHCA (NBCC Provider #2060) for 12.0 CE contact hours (1.2 CEU's) including 3.0 contact hours of Ethics.

**CADC/IBC:** The Iowa Board for Certification has approved this conference for 12.50 CE contact hours (Category A: Counseling Theories or Generic).

**CRC/CRCC:** The Commission on Rehabilitation Counselor Certification has been asked to approve this conference for 12 CE contact hours (Content Area 01: General Content).

## **REGISTRATION**

Register **ONLINE** at [www.imhca.net](http://www.imhca.net) or complete and mail the following registration form.

| <b>Registration Fees</b>                           | <b>Early:</b> | <b>After 03/16/20:</b> |
|--|---------------|------------------------|
| <input type="checkbox"/> <b>Member 2 Days</b>      | <b>200.00</b> | <b>240.00</b>          |
| <input type="checkbox"/> <b>Member 1 Day</b>       | <b>170.00</b> | <b>210.00</b>          |
| <input type="checkbox"/> <b>Non-Member 2 Days</b>  | <b>295.00</b> | <b>335.00</b>          |
| <input type="checkbox"/> <b>Non-Member 1 Day</b>   | <b>265.00</b> | <b>305.00</b>          |
| <input type="checkbox"/> <b>Joining Now 2 Days</b> | <b>265.00</b> | <b>305.00</b>          |
| <input type="checkbox"/> <b>Joining Now 1 Day</b>  | <b>235.00</b> | <b>275.00</b>          |
| <input type="checkbox"/> <b>Student 2 Days</b>     | <b>130.00</b> | <b>150.00</b>          |
| <input type="checkbox"/> <b>Student 1 Day</b>      | <b>110.00</b> | <b>130.00</b>          |

**After 04/22/20 Add \$50.00 Late Fee**

### **Select Breakout Sessions for day(s) attending:**

| <b>Thursday, April 30</b>          |                                    | <b>Friday, May 1</b>               |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> <b>1A</b> |                                    | <input type="checkbox"/> <b>4A</b> | <input type="checkbox"/> <b>4B</b> | <input type="checkbox"/> <b>4C</b> |                                    |
| <input type="checkbox"/> <b>2A</b> | <input type="checkbox"/> <b>2B</b> | <input type="checkbox"/> <b>2C</b> | <input type="checkbox"/> <b>5A</b> | <input type="checkbox"/> <b>5B</b> | <input type="checkbox"/> <b>5C</b> |
| <input type="checkbox"/> <b>3A</b> | <input type="checkbox"/> <b>3B</b> | <input type="checkbox"/> <b>3C</b> | <input type="checkbox"/> <b>6A</b> | <input type="checkbox"/> <b>6B</b> | <input type="checkbox"/> <b>6C</b> |

### **Method of Payment: (Payable to IMHCA)**

**Check Enclosed**    **Purchase Order Enclosed**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Dietary Needs:** \_\_\_\_\_

Send registration forms and payment to:

**Iowa Mental Health Counselors  
Association**

c/o Kristten Buttermore  
214 5th St.  
Ames, IA 50010