



IMHCA's 17th Annual Conference

A Field of Opportunities: Cultivating the Art of Clinical Counseling

April 19-21, 2023

2023 Conference Breakouts Full Description

Pre-Conference, Wednesday, April 19, 2023 (online only)

PC1: An Application of Participatory Ethical Decision-Making for Social Justice-Informed Practice

i. Program Overview (Intermediate Level)

Mental health counselors must utilize effective models for practicing ethical decision-making to protect themselves, their clients, and their communities. At the core of ethical decision-making are the ethical principles embedded in counseling practice: autonomy, nonmaleficence, beneficence, justice, and fidelity (Beauchamp & Childress, 1989). Traditionally, ethical decision-making models have been designed to support a professional in systematically resolving ethical dilemmas (Cottone & Claus, 2000; Tarvydas et al., 2015). However, traditional methods of ethical decision-making are not inclusive of a participatory approach and have been referred to as restrictive (Prilleltensky et al., 1996). Best practices in developing a therapeutic alliance with one's client includes the shared development and understanding of the tasks, goals, and bonds necessary for clinical success (Bordin, 1979; 1983). Using the same philosophy, Prilleltensky and colleagues (1996) posited a participatory approach to ethical decision-making with clients. More recently, Tarvydas and colleagues (2015) established a model of Applied Participatory Ethics (PE), which incorporates four interactive elements that facilitate client participation in the process of ethical decision-making: ethical knowledge and practices, the therapeutic alliance or relationship, client involvement, and client empowerment. In addition, early evidence indicates that the accompanying scale, the Participatory Ethics Scale, has appropriate psychometric properties for assessing self-reported ethical orientation in relation to client participation in the solution of ethical dilemmas (Tarvydas et al., 2017). This presentation will highlight the applicability of this model as an alternative to more traditional decision-making approaches, while maintaining a social justice counseling lens. The PE Model extends the original participatory ethics concept by Prilleltensky et al. (1996), elaborating on the idea that counselors with a participatory orientation allows for both client and counselor to together identify the "harmful behaviors and solutions within a common model" (p. 221). Using participatory approaches to research and education have been encouraged as methods for incorporating social justice into such practices. Participatory approaches allow for increased inclusivity in policies and practices that have historically been exclusionary or oppressive. Moreover, participatory approaches allow the voices of marginalized groups to be included in the policies and practices that are being developed in response to their perceived needs. In counseling, a participatory approach to ethical decision-making allows counselors to embody ethical principles including autonomy, beneficence, and justice while keeping a social justice orientation (Tarvydas et al., 2014). Participatory ethical decision-making re-situates the traditional power inherent in the counselor-client relationship and includes the client voice the process. Such a shift encourages clients to be able to experience empowerment and growth out of a situation that potentially could have been damaging or detrimental to their wellbeing.



The proposed program will expand on the PE Model and its implications using a case-study in addition to small group discussions and activities.

ii. Learning Objectives

1. Recognize limitations of current models of ethical decision-making for addressing client autonomy, empowerment, and wellbeing.
2. Identify key components in the Applied Participatory Ethics Model and how these components support the therapeutic alliance and client wellbeing.
3. Incorporate concepts of social justice into ethical decision making using the Applied Participatory Ethics Model.
4. Discuss ways to incorporate this model during the process of ethical decision-making through case examples.

iii. Presenter(s)

Allison Levine, Ph.D., CRC

Dr. Allison Levine is an Assistant Professor of Counselor Education and Supervision at the University of Iowa. Dr. Levine has been a Certified Rehabilitation Counselor since 2012 and completed her doctorate in Rehabilitation Counselor Education at Michigan State University in 2018. Prior to entering counselor education, Dr. Levine worked with adults with psychiatric illnesses in an outpatient group setting. Dr. Levine's research uses social justice frameworks for improving counselor education and supervision, with a focus on disability biases and professional disposition evaluation.

Katy Schroeder, Ph.D., NCC

Dr. Katy Schroeder is an Assistant Professor of Clinical Mental Health Counseling at the University of Iowa. Her areas of expertise are in group counseling, qualitative research methods, and the human-animal bond. Her research interests broadly explore multi-species interactions, with a special focus on the inclusion of horses in counseling and psychotherapy practice.

Erin Barnes, Ph.D., LMHC, CRC, NCC

Dr. Erin Barnes is a Clinical Associate Professor at the University of Iowa's Department of Counselor Education. She received her undergraduate and graduate degrees from the University of Iowa (UI). She is credentialed as both a Certified Rehabilitation Counselor (CRC) and a National Certified Counselor (NCC). She is also a Licensed Mental Health Counselor, as well as a Licensed Professional Counselor (LPC) in the State of Texas. Barnes gained considerable experience in rehabilitation and mental health counseling through agencies providing services focusing on homelessness, bereavement, sexual assault, smoking cessation, employee assistance, higher education, and vocational rehabilitation.

John Wadsworth, Ph.D., CRC (past)

Dr. John Wadsworth is an Associate Professor of Counselor Education at the University of Iowa. Dr. Wadsworth is the program coordinator for the Rehabilitation Counseling and Clinical Mental Health Counseling CACREP-accredited Master's programs. Dr. Wadsworth conducts research in the areas of employment of older persons with disabilities, counselor education, and note-taking practices among counselors. He is Co-Chair of the Institutional Review Board for Bio-behavioral and Social Science.



PC2: Closing the Clinical Loop: Documentation Basics for Beginning Counselors

i. Program Overview (Beginner Level)

Graduate programs and clinical internships cover a wealth of topics in preparing students, and yet pre-licensure clinicians often report feelings of being ill-prepared with the practical elements of applying counseling skills. One area often reported is the ability to document in an agency for utilization review departments and consistent with insurance expectations. This presentation is geared toward the beginning counselor or those unfamiliar with documenting within an agency. The information covered will focus on defining the term, "Clinical Loop," explaining the parts of an effective treatment plan, and developing goals and objectives that are measurable and collaborative. This presentation will combine lecture, discussion and activities-based methods.

ii. Learning Objectives

1. Define the term "Clinical Loop," and apply it to their own documentation,
2. Ensure treatment goals and interventions are measurable,
3. Be collaborative in documenting and using the client's own language,
4. And ensure that documentation assesses and provides intervention for risk.

iii. Presenter(s)

Brandi Stalzer, MS, LIMHP, LPCC, LMHC

Brandi Stalzer, LIMHP, LPCC, LMHC specializes in the treatment of binge eating symptoms and the underlying causes including. Most recently, Brandi served as the Clinical Director for the largest eating disorder virtual program in the country where her passion for virtual care grew. Ms. Stalzer has specialized training in Cognitive Behavioral Therapy for Eating Disorders (CBT-E) and Dialectical Behavior Therapy for Binge Eating. She also uses approaches from Acceptance and Commitment Therapy and Exposure and Response Prevention.

Thursday, April 20, 2023

1 (Keynote): Emotions on the Couch: examining the uses of felt-sense experiences in psychotherapy.

i. Program Overview (Intermediate Level)

All psychotherapies and psychopathologies dignify some form of emotional presence or absence, ease or discomfort, intensity or lightness. Yet, many modalities of treatment propose a simplified method for emotional identification or intervention. It is unsurprising that mastery in feelings and its derivatives increase emotional regulation, consciousness, and a sense of subjective recognition and presence, "You see me, you feel me." Emotions are the keystone of the therapeutic endeavor, the workings of the therapeutic alliance, and the emollient of attachment security. In this vein, this workshop highlights the many presentations of feelings and emotions and the many possibilities of its uses in psychotherapy.

ii. Learning Objectives



1. Differentiate four channels of emotional expression.
2. Examine felt-sense experiences in your own body and interpersonally.
3. Discuss complexity, inconsistencies, and dialectic tensions in emotional experience.
4. Describe at least three different types of emotional engagement.

iii. Presenter(s)

Carlos Canales, Psy.D., SEP, CGP, AGPA-F

Dr. Carlos Canales, Psy.D., CGP, FAGPA, SEPTM, is a bilingual/bicultural licensed Clinical Psychologist, Certified Group Psychotherapist, and Somatic Experiencing® Practitioner. He specializes in working with affect, the body, and relational dynamics.

2A & 3A: Combining cognitive behavioral approaches to simultaneously treat Binge Eating Disorder and Attention-Deficit Hyperactivity Disorder

i. Program Overview (Intermediate Level)

There is growing research on the co-occurrence of neurodivergent populations and eating disorders, yet treatment approaches have yet to develop treatment methods that address attention regulation and binge eating simultaneously. Enhanced Cognitive Behavioral Therapy for Eating Disorders remains the front-line approach for bulimia and binge eating in adults, and cognitive behavioral methods are the evidenced-based approach for Attention Deficit-Hyperactivity Disorder. This presentation goes in-depth to show how to combine CBT-E and CBT-ADHD, and focuses on learning step-by-step interventions using case studies, discussion, and role playing.

ii. Learning Objectives

1. Implement the four stages of CBT-E for Eating Disorders.
2. Incorporate attention regulation techniques.
3. Understand how executive function plays a role in disordered eating.
4. And differentiate issues of motivation from issues of attention regulation as barriers to implementing skills.

iii. Presenter(s)

Brandi Stalzer, MS, LIMHP, LPCC, LMHC

Brandi Stalzer, LIMHP, LPCC, LMHC specializes in the treatment of binge eating symptoms and the underlying causes including. Most recently, Brandi served as the Clinical Director for the largest eating disorder virtual program in the country where her passion for virtual care grew. Ms. Stalzer has specialized training in Cognitive Behavioral Therapy for Eating Disorders (CBT-E) and Dialectical Behavior Therapy for Binge Eating. She also uses approaches from Acceptance and Commitment Therapy and Exposure and Response Prevention.

2B: Emotional Support Animals: Essential for Mental Health Counselors

i. Program Overview (Beginner Level)



The inclusion of Emotional Support Animals (ESAs) in mental and rehabilitation healthcare has gained considerable attention in the last decade, with an increasing number of people acquiring ESAs to support their mental health needs (King, et al., 2021). ESAs can be any species of animal acquired by a person with an emotional or mental health disorder. Importantly, ESAs are not trained to provide support for specific symptoms of a disability (i.e., as compared to a service animal such as those used by people with visual impairments and blindness; ADA National Network, 2022). There are several important issues counselors must navigate related to ESAs. For example, according to the Fair Housing Act, landlords may request tenants provide an ESA letter from a qualified mental healthcare provider. This documentation must link the animal's presence with mitigation of one or more symptoms of an emotional or mental disability. Bones et al., (2017) found that 33% of mental health providers who provided documentation for ESA did not feel qualified to do so. This may be owing to a lack of guidelines and professional best practices. Despite the large amount of anecdotal evidence, there is no empirical research confirming that the presence of an ESA reduces symptoms associated with disorders such as anxiety or depression. Furthermore, several internet-based companies advertise services such as ESA letters, or ESA certification, which presents significant ethical concerns under our professional duty to care (Chandler, 2019; Ferrell & Crowley, 2021). The lack of research and guidance about ESAs combined with their increased presence contributes to considerable confusion about their role, especially as compared to service animals. Furthermore, news stories about ESAs causing public safety concerns or being used for numerous anecdotes result in negative public perceptions of ESAs, which have been generalized to service animals as well. These issues contribute to further stigmatization of people with disabilities, who have documented needs for service animals. Notably, research has demonstrated that people do feel more comfortable defining service animals compared to ESAs but were uncertain of the legitimacy of other types of support animals, and many determined that they could not differentiate amongst multiple types of service animals (Schoenfeld-Tacher et al., 2017). Therefore, it is imperative professional counselors understand the major ethical and legal considerations associated with ESAs. Counselors working with clients who have ESAs should be able to provide proper clinical documentation of the animal's impact on the client's treatment goals. Relatedly, counselors must also navigate the complexities of ESA letter writing when clients make requests for documentation. This program will provide attendees with information on the latest research, as well as ethical and legal issues associated with ESAs, to increase mental health counselors' awareness, knowledge, and skills to collaborate effectively with clients who would like to incorporate ESAs with their mental health recovery.

ii. Learning Objectives

1. Define key differences between emotional support animals, service animals, and therapy animals.
2. Understand the potential benefits and risks associated with acquiring ESAs.
3. Identify safety, ethical, and legal considerations related to ESAs.
4. Recognize new guidelines and best practices for clinical decision-making involving ESAs.

iii. Presenter(s)

Katy Schroeder, Ph.D., MS, NCC

Dr. Katy Schroeder is an Assistant Professor in Counselor Education at the University of Iowa. Her areas of expertise are group counseling, qualitative research methods, and the human-animal bond. Her



research explores multispecies interactions, with a special focus on the inclusion of horses in counseling and psychotherapy practice.

Randall Boen, Ph.D., MS, CRC, LCPC

Dr. Randall Boen is an Assistant Professor of Rehabilitation Counseling at the University of Iowa. Boen's clinical experiences include outpatient mental health counselor and graduate assistant within Disability Support Services at Southern Illinois University-Carbondale. Boen's research explores mental health stigma, the professional practice of vocational evaluation, and disability attitudes.

Allison Levine, Ph.D., MS, CRC

Dr. Allison Levine is an Assistant Professor in Counselor Education at the University of Iowa. Her work has included psychiatric rehabilitation and pre-employment services to students with autism spectrum disorders. Her research uses social justice frameworks in counselor education, professional disposition development, and disability bias within the helping professions.

2C: The School Mental Health Crisis

i. Program Overview (Beginner Level)

There is currently a mental health crisis in schools affecting the overall health and wellbeing of our students and educators. This is evidenced by increasing rates of mental health diagnoses, suicidality, educator burnout, and educators leaving the field of education. In order for our students to have successful educational and social-emotional outcomes, the mental health and wellbeing of students and educators must be prioritized. The presenters will share recent statistics and literature relating to the mental health needs in Iowa's K-12 education system, as well as factors contributing to the rise in mental health needs. Founded in June of 2021, the Scanlan Center for School Mental Health (SCSMH) in the College of Education at the University of Iowa is working to address this crisis and promote wellbeing across the state through education professional development, research and training, and clinical service delivery. The SCSMH is uniquely situated in Iowa's mental health delivery system. It is charged to serve Iowa's schools, so is therefore staffed with leading professionals in both the education and mental health sectors. The SCSMH also works to support collaborations through schools with providers and agencies within Iowa's Children's Behavioral Health System. The presenters will provide a review of the priorities, goals, and accomplishments of the SCSMH over the past 18 months, with a specific focus on school mental health research and clinical service. Within the clinical service domain, presenters will discuss evidence-based practices for suicide risk assessment, post-crisis debriefing and response, and supporting students in their return to school after psychiatric hospitalization.

ii. Learning Objectives

1. Understand factors contributing to increase in suicidality and increased mental health diagnoses in the K-12 student population.
2. Understand factors contributing to educator burnout.
3. Increase familiarity with evidence-based strategies for post-crisis response and support in the K-12 system.
4. Understand the purpose of and services available from the Scanlan Center for School Mental Health.



iii. Presenter(s)

Alissa Doobay, Ph.D.

Dr. Alissa Doobay is Director of Clinical Services at the Scanlan Center for School Mental Health and a Clinical Associate Professor of Counseling Psychology. She earned her PhD in Counseling Psychology from the University of Iowa. She is a Licensed Psychologist with expertise in school mental health, assessment, and twice-exceptionality.

Bradley C. Niebling, Ph.D.

Brad earned his Ph.D. from the University of Wisconsin-Madison in School Psychology. He has worked at the school, intermediate service agency, and state levels as a school psychologist, trainer, and researcher. He is currently the Senior Project Manager for Outreach and Alignment at the Scanlan Center for School Mental Health.

3B: Neuroqueering: Neurodiversity, Queer Identities, and Therapy with Youth

i. Program Overview (Beginner Level)

In 2014, Dr. Nick Walker, professor of psychology at California Institute of Integral Studies, coined the term Neuroqueer, to explain her embodiment and approach to life, but also a phenomenon she saw in her friends and colleagues. Dr. Walker shares the “first-word” definition, consisting of 8 points, the first being “Being both neurodivergent and queer, with some degree of conscious awareness and/or active exploration around how these two aspects of one’s being entwined and interact (or are, perhaps, mutually constitutive and inseparable).” (2021, Walker. N. Retrieved Nov 8th, 2022: <https://neuroqueer.com/neuroqueer-an-introduction/>). Many groups, academics, and advocates have taken to continue Dr. Walker’s work and expand its initial conceptualization and use. Many therapists that work with the neurodivergent and/or queer communities may have noticed the overlapping of these identities but may not have been able to put an intersectional conceptualization to it. In the last decade, researchers have begun to explore possible correlations as well. Many findings support evidence that there is a higher correlation between neurodivergence and non-binary gender identity and sexual expression (George, R. & Stokes, M.A., 2018; Strange, J.F. et al., 2018; Strange, J.F. et al., 2018; Walsh, R.J. et al., 2018). In the largest study to date, the researchers sought to confirm these findings again and did (Warrier, V. et al., 2020). While many of these studies focused specifically on autistic folx, there is clear evidence that these correlations exist with other neurodivergence neurotypes, also. Unfortunately, for many with neurodivergent identities, these studies tend to be often not presented affirmingly. This presentation aims to discuss the phenomenon of Neuroqueer from an affirming lens. The presentation will discuss the neurodiversity movement at large and explore what it means to be a neurodivergent-affirming clinician. The presentation will explore the correlation between gender and sexual diversity, and neurodivergence. The presentation will then discuss the application of this framework in clinical practice, focusing on youth and young adults. This presentation is for those who want to learn more about the neurodiversity movement and the intersection of the neuroqueer identity and develop strategies for being an effective and affirming clinician for neuroqueer youth.

ii. Learning Objectives



1. Based on the content of this session, participants will be able to describe the affirming tenants of the Neurodiversity Movement.
2. Based on the content of this session, participants will be able to describe the correlations between neurodivergence and gender and sexual diversity.
3. Based on the content of this session, participants will be able to apply an affirming lens to their work with Neuroqueer youth and young adults in clinical practice.

iii. Presenter(s)

Tabitha Webster, Ph.D., LMFT

Tabitha N. Webster, Ph.D., LMFT, a neurodivergent therapist, is an Associate Professor for Alliant International University. While Dr. Webster's clinical and research interests are many, they all center around the hub of trauma, its neurobiological and socio-cultural impacts on individuals, couples, and families, and the systems they live in.

Tina Patterson, MA, LMFT

Tina G. Patterson, M.A., LMFT, is a neurodivergent therapist and teacher who has nearly 40 years of experience working with children and teens in a variety of educational and extracurricular settings, using creativity and humor to explore commonality and expression of their true selves.

3C: Assessing the Pressure Applied to Black Clinicians

i. Program Overview (Intermediate Level)

Black Clinicians seem to be a rarity in our communities. Have you ever wondered why? This presentation will address the challenges, systemic barriers, and continued struggle to be seen as competent providers. There will be moments for inquiries, interaction, and opportunities to gain empathetic understanding to the plight of Black mental health providers.

ii. Learning Objectives

1. View the national and state statistics of Black mental health clinicians.
2. Talk through intersectionality and residual impact of serving while Black.
3. Explore self preservation strategies to maintain Black excellence.

iii. Presenter(s)

Breanne Ward, MS, CRC, LMHC

Breanne Ward is a Licensed Mental Health Counselor and a nationally recognized certified rehabilitation counselor with the Commission on Rehabilitation Counselor Certification (CRCC). In 2014, she founded ForWard Consulting, LLC to provide culturally relevant speaking engagements and more motivation-led conversations for community change. March 2019, she has granted approval to provide mental health therapeutic services to persons 14 years old and up through this entity. Breanne has expertise in race-related, childhood, sexual, and intimate partner trauma. She also utilizes CBT, DBT, and trauma informed care practices to assist with changing the mindsets of those she works with.



January 2021 she and her husband, Moses A Ward, Sr opened a group practice to fulfill their purpose and passion to support and guide people obtain their overall wellness. Her graduate alma mater is Drake University where she earned a Master's in Counseling at Drake University. Her undergraduate degree was obtained at Iowa State University, receiving a Bachelor's degree in Child, Adult, and Family Services with a specialization in Youth. She has great faith that she will continue to be a vessel to carry out the work of her community and welcomes new opportunities to strengthen and empower others.

Friday, April 21, 2023

4A & 5A: Clients with Chronic Pain: Understanding the Neurobiology of Trauma for Treatment

i. Program Overview (Intermediate Level)

Chronic pain affects up to 40% of the general population, around 144 million US citizens, and holds significant rates of comorbidity with mental health concerns. According to the CDC (2018), 8% of sufferers have "high impact" chronic pain. Common types of chronic pain are back pain, headaches and migraines, fibromyalgia, irritable bowel disease, Crohn's disease, joint disorder, arthritis, pelvic, and other inflammatory diseases. Prevalence rates of Depressive and Bipolar Disorders in chronic pain sufferers are as high as 61%. Anxiety and PTSD rates exceed over 50% (Hooten, 2016), meaning mental health providers are serving this population and are often unaware of the comorbidity sitting in the room with us because it is seen as a "physical health issue." Even when there is awareness or is a known presenting concern, chronic pain is often termed in the health care community as the "hard" patients, leaving both providers and patients frustrated and feeling hopeless. Those serving chronic pain sufferers do not often understand how it is linked to a traumatic experience in their lives. For example, correlations between childhood sexual abuse and chronic pain symptomology in adulthood are well supported, ranging up to 80% (van der Kolk, 2013). However, many clinicians report feeling uncomfortable talking with clients about sexual abuse histories (Pistorius et al., 2008), and even fewer assessing for chronic pain at intake. We also have robust data supporting how developmental and childhood trauma can cause mass disorganization and random neural pattern firing within the brain (Siegel, 2012). "Random neuronal firing patterns" or the like are often used to describe many chronic pain disorders. Thus, understanding how trauma affects the neurobiology of a body is key to understanding chronic pain. If we can better understand this connection, we can better understand how to facilitate the healing of comorbid manifestations of chronic pain clients. This presentation examines some of the literature on the prevalence of chronic pain and comorbidity to mental health concerns. It aims to explore the link between specific and broad diagnoses of chronic pain and traumatic life experiences. It then will explore the neurobiological effects of trauma on a body, linking that back to the manifestations of chronic pain as symptomology of trauma. It will give tools for assessment and treatment and highlight the importance of this work in couples therapy. This presentation integrates trauma informed-care from a neurobiological framework. It fits within the focus strands of practice development and clinical implications; how do mental health providers better serve those with chronic pain because they are part of every clinician clientele, whether or not we know it.

ii. Learning Objectives



1. Participants will better understand the prevalence and comorbid occurrence of chronic pain and mental health disorders.
2. Participants will better understand how traumatic early life experiences are often linked to chronic pain in adulthood.
3. Participants will better understand the neurobiology behind traumatic early life experiences and chronic pain syndromes.
4. Participants will gauge clinical insights and applications to serve their chronic pain clientele better.

iii. Presenter(s)

Tabitha Webster, Ph.D., LMFT

Tabitha N. Webster, Ph.D., LMFT, a neurodivergent therapist, is an Associate Professor for Alliant International University. While Dr. Webster's clinical and research interests are many, they all center around the hub of trauma, its neurobiological and socio-cultural impacts on individuals, couples, and families and the systems they live in.

4B: Tyrannosaurus Sex: The Evolution of Sexual Health and Your Lizard Brain

i. Program Overview (Beginner Level)

Contemporary neuroscientific research related to mindfulness and sexuality is redefining the way our culture needs to be looking at and talking about sexuality and sexual health. This breakout session will address the challenges related to discussing sexuality in the therapy office, and it will address the barriers to sexual health. It will focus on the importance of sexual health, and the latest research findings will be shared related to sex and its effect on the brain and the overall well-being of individuals. Participants will learn the significant role that mindfulness plays in achieving sexual satisfaction, and they will be led in a mindfulness meditation exercise.

ii. Learning Objectives

1. Develop skills to address sexuality and sexual health with clients in a direct and sensitive manner.
2. Discuss the role mindfulness plays in improving sexual satisfaction.
3. Summarize the significant contemporary research related to sexuality and the latest neuroscientific findings connecting sex to overall health.

iii. Presenter(s)

Julie Lemon, Ph.D., LMHC

Julie Lemon received her PhD from Mount Mercy University in Marriage and Family Therapy. She has been a practicing LMHC for over twenty years and is the owner of Cedar Rapids Therapy. She is the creator of the Spiritual Program for Individual and Couple Empowerment (SPICE), a relationship education program, and she regularly speaks on mindfulness and the positive impact it can have on our health and relationships.



4C: Mindfulness for Mental Health

i. Program Overview (Beginner Level)

Mindfulness is the practice of engaging yourself in the present moment, and can play an integral role in supporting your mental health. This session will explore the positive impact of mindfulness for mental health. Participants will not only be presented with the research on how mindfulness support mental health, but they will also learn the benefits of a mindfulness practice, how mindfulness is related to mental health, and learn and practice several mindfulness techniques to support their mental health. Techniques will include breathwork practices, guided mindfulness (meditation), movement, mantras/affirmations, gratitude, and the power of emotional check-ins. Participants will learn how to utilize these techniques to support their own mental health as well as their patients, clients, or students. By the end of this presentation, participants will feel empowered to integrate mindfulness techniques into their personal and professional lives and to guide others to do the same.

ii. Learning Objectives

1. Recognize the positive impact of mindfulness on mental health.
2. Summarize the evidence on how mindfulness supports mental health.
3. Apply mindfulness techniques in their personal and professional lives.
4. Create a mindfulness practice to teach within their setting.

iii. Presenter(s)

Kristin Kilburg, MS, MOTR/L

Kristin Kilburg, MOTR/L, RYT-200, RCYT, is the Medical Mindfulness Director at Challenge to Change, Inc. Through her experience as a pediatric and orthopedic occupational therapist and yoga instructor, she has witnessed the power of mindfulness on improving quality of life, and is passionate about sharing mindfulness techniques.

5B: Pastoral Counseling: What is it and When to Refer?

i. Program Overview (Beginner Level)

This presentation will focus on what Pastoral Counseling is, how to recognize when clients are looking for spiritual/religious guidance and when to refer clients to other counseling resources. Pastoral Counseling stands at the intersection of religious faith and secular mental health counseling. Pastors are trained to perform soul care and counselors are trained to initiate interventions based on established behavioral health treatment modalities. The convergence of these two applications may occur when clients experience existential crises due to religious beliefs contradicting prescribed mental health interventions. There can be wider applications as well when faith informs the best mental health treatment in which to engage. Finally, who the practitioner is may be influenced by faith but faith may not be explicitly identified in the process of counseling. As a result, ethical issues may arise which are best handled transparently and expediently.

ii. Learning Objectives



1. Participants will analyze the origins of Pastoral Counseling and recognize how it differs from Licensed Mental Health Counseling.
2. Participants will develop strategies for identifying spiritual/religious concerns in their clients and assess the need to refer out for more specialized care.
3. Participants will identify through case studies and group discussion how spiritual/religious concerns present within counseling sessions.
4. Participants will be challenged to think about how, in their own practice of counseling, they might incorporate tools to care for the spiritual needs of existing clients in the context of well-established therapeutic alliances.

iii. Presenter(s)

Matthew Manz, MDiv, MS, LMHC

Matthew served in full-time pastoral ministry in the Evangelical Lutheran Church in America from 2006 to 2014. Following graduation from Drake University with an M.S. in Counseling in 2015, Matthew worked with Lutheran Services in Iowa from 2016 to 2019. Matthew started Manz Pastoral Counseling, LLC in 2019.

5C: Psychedelic Integration in Therapy

i. Program Overview (Beginner Level)

Psychedelic use is beginning to make headway in mainstream culture and the mental health field. Various formats of these drugs have been used by humans for thousands of years as both a healing modality and a tool for spiritual emergence. Western culture saw the largest wave of use during the 1960s-1970s until the War on Drugs was declared in 1971, effectively halting research and legal use. Today we are in the midst of a psychedelic renaissance as research and use increases. Many individuals report using psychedelics for mental health and spiritual growth reasons, often seeking experiences abroad or “underground” domestically due to legal restrictions. Research is exploring the impact of a number of different psychedelic drugs on a variety of mental health conditions. Current literature indicates these compounds can be used safely and effectively to treat depression, anxiety, PTSD, and substance use disorders. Outside of research, ketamine is currently the only legal drug available in the US for use in the treatment of mental health conditions. While it is not considered a classic psychedelic, this drug can induce profound psychedelic experiences. Regardless of one’s initial intention of use, individuals are seeking therapeutic support after psychedelic and ketamine experiences for a variety of reasons including symptom management, life style changes, relationship issues, and meaning-making (exploring and understanding the experience). Mental health professionals are uniquely positioned to support the transformational experiences of clients but are lacking opportunities for training and supervision to do so ethically and responsibly. This presentation will provide a brief timeline of psychedelics in mental health, explore how psychedelic experiences intersect with mental health diagnostic criteria, and outline the special considerations when integrating psychedelic experiences in therapy.

ii. Learning Objectives

1. Demonstrate a basic understanding of psychedelics and the impact on mental health.
2. Compare and contrast mental health symptoms and common psychedelic experiences.



3. Outline special considerations when integrating psychedelic and ketamine experiences in therapy.
4. Develop a basic approach to incorporate psychedelic and ketamine experiences into therapy based on the principles of harm-reduction and scope of practice.

iii. Presenter(s)

Amber Kerby, MS, LMFT

Amber Kerby is a licensed marriage and family therapist, working primarily with adults and couples, utilizing IFS and other strengths-based approaches. Amber is certified to offer Ketamine Assisted Psychotherapy (KAP), Psychedelic Assisted Therapy (pending approval of the FDA), and psychedelic integration in therapy. She is the first LMFT in Iowa to provide KAP in a private practice setting. She also provides education, consultation, and training around ketamine/psychedelic preparation and integration in a therapeutic context.

6A & 7A: You see it, I see it, Where is it? A presentation and group discussion about internet addiction.

i. Program Overview (Intermediate to Advanced Level)

Internet addiction is not included in the DSM V, yet we're seeing it in our work with clients. Utilizing existing clinical definitions, we'll explore a scale from healthy technology use to addiction/dependence. This will include a dive into aspects unique to internet addiction, the role of trauma, and co-occurring disorders. We will consider the unique social aspects of internet addiction and ways to address impairment to promote recovery. Discussion will include addictions that utilize technology, such as gaming, sex/porn, social media, gambling, etc.

ii. Learning Objectives

1. Participants will be able to evaluate client's technology use to determine if interventions are needed.
2. Participants will recognize complications around dysfunctional technology use, including how it can hamper recovery and co-occurring disorders.
3. Participants will identify the role of socialization in recovery and utilize their relationship with the client to promote change.

iii. Presenter(s)

Jennifer Gauerke, MS, CADC, LMHC

Jen is a substance abuse counselor and therapist in private practice at Full Heart Family Therapy in Ankeny. Her areas of expertise are trauma and addiction, with a passion for group work. She provides individual services and group support for clinicians and people in recovery from substance use disorders.

6B: Demystifying PANS/PANDAS

i. Program Overview (Beginner Level)

Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) are relatively new diagnoses to the



medical field. They present with dramatic psychiatric symptoms, including OCD and are often misdiagnosed. In this presentation, you will learn the history of PANS/PANDAS, gain a better understanding of current research surrounding this diagnosis, and recognize symptoms to understand a diagnosis of PANS/PANDAS. You will also learn a basic understanding of OCD symptoms and how to treat using CBT/Exposure Response Prevention therapy. This presentation will include case examples.

ii. Learning Objectives

1. Understand what PANS/PANDAS is and the difference between the two.
2. Understand the medical controversy and current research surrounding PANS/PANDAS.
3. Recognize symptoms and how to diagnosis PANS/PANDAS.
4. Be able to recognize triggers and flares for PANS/PANDAS.
5. Understand different treatment modalities available.
6. Have a basic understanding of OCD and Exposure Response Prevention therapy.

iii. Presenter(s)

Angela Porath, MS, LMHC, RPT-S

Angela Porath received her M.S. degree in Community Agency Counseling and Secondary School Counseling from Drake University. She is a Licensed Mental Health Counselor and a Registered Play Therapist - Supervisor with experience treating children, adolescents, adults, and families. Angela is a therapist and the Clinical Director at 515 Therapy & Consulting.

Crystal Hemesath, Ph.D., LMFT, LMHC

Crystal Hemesath received a Ph.D. in HDFS from Iowa State and an M.S. specializing in MFT, from Kansas State. She is an LMFT and LMHC with over two decades of experience treating couples, individuals, and families. Crystal is a clinical member of AAMFT. She owns 515 Therapy & Consulting.

Taylor Hovey, MS, tLMHC

Taylor Hovey received an M.S. in Clinical Mental Health Counseling from Drake University. She is a tLMHC with experience in working with children, teens, adults, and families, and is employed at 515 Therapy and Consulting. Taylor is trained in ERP/CBT for OCD and other related anxiety disorders.

6C: Understanding the Narratives of Racial Trauma in Black Communities

i. Program Overview (Beginner Level)

When utilizing cultural competence within our practice, it is essential to understand the experiences and historical narratives of the communities that we serve. Utilizing a trauma informed lens and interactive presentation style, the presentation explores the history of marginalization and oppression to Black people, internal narratives that were developed, and the development of transgenerational trauma. Attendees will develop a greater awareness of the impact of historical racial trauma toward Black people and strategies to begin exploring racial trauma within a therapeutic setting.

ii. Learning Objectives



1. Participants will be prepared to discuss and apply the history of racial and transgenerational trauma toward their Black clientele.
2. Participants will learn and discuss the impact of racial trauma on the internalized narratives within the Black community.
3. Participants will develop strategies to create a safe and inclusive environment within their therapeutic practice when working with Black clients.
 - iii. Presenter(s)

Kayla Bell-Consolver, MS, LMHC

Kayla is the Director of the Drake University Student Counseling Center, President of the Iowa Mental Health Counselor's Association, and member of the Delta Sigma Theta Sorority, Inc., National Physical & Mental Health Subcommittee She specializes in trauma informed practices, with a primary focus on racial and LGBTQ+ related trauma.

7B: Emotional Connections: How Relationships Guide Early Learning

- i. Program Overview (Beginner Level)

This presentation will explore infant and early childhood mental health symptoms and needs with specific focus on how positive relationships can shape positive mental health outcomes. Participants will explore the impact of trauma on dysregulation and will learn to identify and respond to different types of dysregulation in young children. Participants will explore the importance of co-regulation in responding to dysregulation and how responses from parents, caregivers, and direct service staff can support learning, regulation, and development throughout the lifespan.

- ii. Learning Objectives

1. Participants will gain an understanding of childhood mental health needs and symptoms
2. Participants will learn what dysregulation is, identify the different types, and causes of dysregulation.
3. Participants will learn strategies to respond to dysregulated children and increase regulation/co-regulation utilizing a relational lens.

- iii. Presenter(s)

Denise Stadter, MA, LMHC, CADC, IMH-E®

Denise Stadter is the Clinical Director of Behavioral Health at Children & Families of Iowa. Denise has received extensive training in domestic violence, addiction, trauma, attachment, and infant/early childhood mental health. Denise is nationally rostered as a Child Parent Psychotherapy clinician, is endorsed as an Infant Mental Health Specialist(IMH-E®) in the state of Iowa and serves on the board of the Iowa Association for Infant & Early Childhood Mental Health.

7C: Inviting In While Coming Out: Empowering LGBTQIA+ Youth By Helping Families Navigate Internal/External Stressors

- i. Program Overview (Intermediate level)



There is an established body of research that demonstrates LGBTQIA+ youth are at significantly higher risk for depression, anxiety, bullying and suicide. Lack of family support is also related to more negative outcomes for this population. The research reveals specific protective factors for this population which include having a strong support system. Historically research has not addressed how to bridge the gap between youths' identity exploration and the reciprocal impact that has within a family system. By inviting family members in, LGBTQIA+ clients are empowered in that decision process. As counselors we often are working with an individual navigating their coming out process independently. How difficult this process is, in large part, dependent on the understanding and support of the client's immediate family. Yet often ignored in this paradigm, is that the family as a whole and each of its members has to navigate their own coming out process. Facilitating this in a way that is respectful, empathetic and sensitive to all parties has the potential to ease the distress which often accompanies this process. As family members learn how to support their loved one through their identity process and are supported in the family process, there is more room for understanding. This presentation will provide information on emerging research and provide practical strategies and interventions to use with youthful clients and their families to facilitate more effective communication and understanding. Specific recommendations and considerations for intersectionality and cultural diversity will be addressed. This presentation will be interactive and attendees will be invited to ask questions and share their own perspectives/experiences related to this topic.

ii. Learning Objectives

1. Utilize interventions specific to working with LGBTQIA+ youth from a family systems approach.
2. Identify and access resources supporting best practices of care when working with LGBTQIA+ youth/families.
3. Differentiate cases when a family systems approach would be appropriate or potentially harmful
4. Recognize when case conceptualizations and/or interventions may need to be adjusted in response to multicultural/intersectionality considerations.

iii. Presenter(s)

Cynthia Boyle, MA, LMHC, LPC, LCPC, NCC

The presenter has been the clinical director of a counseling private practice since 2010. For several years she also operated a satellite office in a rural Midwest community lacking any mental health providers. The presenter is also a former president of her state's Mental Health Counselors Association and is currently working to revitalize the state counseling association where she is currently completing her PhD in Counselor Education and Supervision. The presenter embraces the advocate identity of counseling and utilizes opportunities to serve marginalized clients. She works actively to share knowledge and trainings with other professionals to broaden the base of support and resources for these populations. As new laws are seeking to limit access to services for gender diverse clients, the presenter has become more active as an advocate for this population and welcomes opportunities to assist her own clients and provide research based trainings for other counselors looking for ways to support their clients in ways that are culturally affirming and evidence-based.