

AGENDA

Wednesday, Sept. 30, 2009

7:30 a.m. – 8:30 a.m.

Check-in and Continental Breakfast in Exhibit Area

PLENARY SESSIONS

8:30 a.m. – 9:15 a.m.

Welcoming Remarks

THOMAS G. DURHAM, PhD

JOHN M. COLMERS, SECRETARY OF HEALTH IN MARYLAND

RENATA HENRY, DEPUTY SECRETARY FOR BEHAVIORAL HEALTH
AND DISABILITIES

HEATHER HAUCK, DIRECTOR OF MARYLAND AIDS
ADMINISTRATION

SALIMA SILER MARRIOTT, DSW, DEPUTY MAYOR OF BALTIMORE

9:15 a.m. – 10:15 a.m.

The Role of Outreach in a Recovery-Oriented System of Care

(Competencies 2 and 3)

JACK B. STEIN, LCSW, PhD

Research and field experience have taught us that a comprehensive approach to substance use disorders makes good sense. Only through a menu of linked services can the multitude of related services be provided to those in need. Outreach to those at risk for HIV and other infectious diseases plays a critical role in helping individuals access needed services. This presentation will highlight national trends in substance use, CSAT's response to HIV and other infectious diseases among substance using populations, lessons learned in developing a recovery-oriented system of care, and the role of outreach in a recovery-based model system.

10:15 a.m. – 10:30 a.m.

Break in the Exhibit Area

10:30 a.m. – 11:00 a.m.

Performance Excellence: The Art of Outreach

(Competencies 5 and 7)

JACQUELINE COLEMAN, MEd, MSM

As outreach worker professionals execute their tasks with precision and fortitude, there is a greater call to remember the human side and the passion that goes into the work. Outreach professionals and the agencies that support them embody this foundational principle. This plenary session will focus on the new paradigm of high performance and the ways and means to deliver with meaning and purpose. As a result, key stakeholders will understand the interconnections and the expanded responsibilities of leadership and self-care from both personal and professional dimensions. Finally, the plenary will offer a snapshot into The Tool Box of Full Engagement along with opportunities for Personal Renewal based on four primary questions for the Journey of Empowerment.

Learning Objectives: By the end of the plenary presentation, the participants will understand:

1. how the outreach competencies continually serve as the blueprint for high performance;
2. the innovative principle of team approach undertaken by outreach professionals and health care personnel to achieve high performance; and
3. techniques and strategies for employing added value to the work based on principles of high performance.

Wednesday, September 30 (continued)

11:00 a.m. – Noon

Drug Overdose Epidemic: Prescription Opioids are Replacing Heroin and Lifesaving Methods You Can Use in Outreach
(Competencies 2, 3, and 5)

T. STEPHEN JONES, MD, MPH

Drug poisonings and overdoses kill many drug users. In 2005–6, about 1,000 drug users died because of illicit fentanyl overdoses. This session includes an overview of the recent dramatic increases in drug overdose deaths; descriptions of the 2006 fatal illicit fentanyl overdose epidemic and the increasing importance of prescription opioids in fatal overdoses in the United States; and new approaches to prevent overdose deaths among drug users (including providing naloxone to drug users to treat people who have overdosed).

Learning Objectives: At the end of this session, participants will be able to:

1. describe how opioids (such as heroin, oxycontin, and methadone) cause overdoses.
2. describe the recent dramatic increases in overdose deaths and the role of prescription opioids.
3. describe how naloxone (Narcan) is used to reverse opioid overdoses and save lives.

Staying Alive: The City of Baltimore's Approach to Overdose Prevention

(Competencies 1 and 5)

CHRIS SERIO-CHAPMAN
MICHAEL BETHEA

This presentation will present participants with one city's response in managing the epidemic of opiate overdose deaths. Baltimore has long been a leader in harm reduction efforts for drug users and this plenary will highlight the class curriculum as well as relevant epi data for Baltimore as it relates to overdose.

Learning Objectives: At the end of this session, participants will be able to:

1. learn what is being done to prevent overdose.
2. learn how and where programs are being implemented.
3. learn what effect it has had on the Baltimore community at large.

Noon – 1:30 p.m.

Lunch provided

God Did Not Give Me HIV
(Competency 7)

DEVIN T. ROBINSON X (EGYPT)

This one man show is a series of “Confessional Narratives” (CN) that both educate and entertain the ages of 12–65 about HIV. The show displays seven different ways the virus can be spread without vulgarity or sexual inclinations. The beauty of what “Egypt” does is in the creation. He does not push people to use condoms, have unprotected sex, become abstinent or anything else, he just gives them facts and consequences. When you push people to think, they will have a better chance of making the right decision.

Wednesday, September 30 (continued)

1:30 p.m. – 2:30 p.m.

Exploring the Use of Web-based HIV Prevention for Injection Drug Using Black Men Who Have Sex With Both Men and Women: A Feasibility Study

(Competencies 1 and 5)

T. ALEX WASHINGTON, PhD, MSSW, MA

This study examined HIV prevention program needs from the perspective of injection drug using men who have sex with both men and women (IDU-MSM/W) involved in sex-trade. Focus groups were conducted involving an exploratory sample (n=105) of men who met the following parameters: African American, injection drug using behavior, men who have sex with men and women, and men who frequent parks and other areas for sex trade in Baltimore City and surrounding areas, aged 18–40 years. Data suggest that an HIV prevention program is needed that includes language acquisition specific to the IDU-MSM/W sex-trade community, comprehensive services including treatment for depression and other mental health needs, and methods for improving HIV-prevention, such as safer-sex communication skills. These findings provide a better understanding of a population for which little is known, and identifies HIV prevention program needs for the IDU-MSM/W community involved in sex-trade.

Learning Objectives: At the end of this session, participants will be able to:

1. understand HIV prevention program needs from the perspective of injection drug using men who have sex with men and women;
2. understand the feasibility of using the internet for HIV prevention efforts;
3. understand barriers to using a web-based HIV prevention model.

2:30 p.m. – 2:45 p.m.

Break in the Exhibit Area

CONCURRENT SESSIONS

2:45 p.m. – 4:00 p.m.

TRACK 1: Skills Training

HIV and African American Women: Promoting Empowerment Through Gender and Culturally Specific Prevention Services

(Competencies 4 and 5)

ABBY CHARLES

LAYEIDA HUGHES

TINSELYN SIMMS-HALL

This workshop will present the work of The Women's Collective, the only woman-focused AIDS service organization in Washington, DC, led by women with HIV and their advocates who aim to meet women, girls and their families 'where they are at' with safer sex education, culturally specific curriculum based interventions, and HIV testing specifically for this population. The organization's strength is in their peer-based staff of girls and women who come from the communities they serve and are able to provide important life-saving information, and culturally appropriate HIV counseling, testing, and support services.

The workshop will also highlight internal and external factors contributing to African American women's risk for HIV infection and will include the results of focus group discussions with African American women examining their interpersonal relationships, decision-making processes in these relationships, and the subsequent influence on health-related behaviors. These issues will be examined within a sociopolitical context.

Wednesday, September 30 (continued)

TRACK 2: Self Care for the Outreach/Prevention Worker

Clinical Supervision: An Important Resource for Self Care

(Competency 7)

THOMAS G. DURHAM, PHD, LADC, CCS

This workshop will examine the interpersonal aspects of clinical supervision, dynamics of the supervisory relationship, and the process by which outreach workers can benefit from professional support and mentoring in a supervisory relationship. Format: Didactic presentations and discussion, small group exercises/discussion, and case studies.

Learning Objectives: At the end of this session, participants will be able to:

1. understand the significance of the supervisory alliance, the various roles supervisors play to support such alliance, and the role of the supervisee in forming a productive relationship.
2. understand and recognize the symptoms of compassion fatigue and the value of utilizing clinical supervision as an important avenue of self-care.
3. demonstrate an ability to participate the mutual development of behaviorally-based professional growth goals.
4. develop knowledge of characteristics and skills of effective mentoring and leadership in the supervisory role.

TRACK 3: Research-Based Information on HIV/AIDS, Hepatitis and Substance Abuse

How Substance Use Really Affects HIV Transmission and Treatment

(Competencies 1, 2, and 3)

STEPHEN J. FALLON, PHD

Does the use of street drugs/recreational drugs make someone more likely to catch HIV, or interfere with HIV treatments? This workshop will present important discoveries about substance use and HIV, including new discoveries about why some people use substances. Some of the findings may surprise you. The workshop will outline the real reason that IV drug users have higher HIV infection rates. It will also document the ways in which substance use can interfere with HIV treatments, and the ways that some HIV medications could trigger an overdose if someone is taking recreational drugs. In the end, we will discuss strategies for counseling substance-using clients effectively, whether to improve treatment adherence or lower risk of acquiring HIV.

Learning Objectives: By the end of the session, participants will be able to:

1. identify at least one myth about street drug use as it relates to HIV transmission or treatment.
2. list two reasons why street drug use may interfere with HIV treatment adherence.
3. explain reasons that clients may “self medicate” with illicit drugs.

Wednesday, September 30 (continued)

CONCURRENT SESSIONS

4:00 pm – 5:15 pm

TRACK 1: Skills Training

Street-Based Outreach for Disease Prevention and Health Promotion With Sex Workers and Drug Users

(Competencies 3, 4, and 5)

GENEVIEVE FULCO
MEG PANICHELLI, MSW
RACHEL WARNER

The hallmarks of public health harm reduction include accepting people's decisions to engage in behaviors which put them at high risk for infections (e.g., viral hepatitis and HIV); building relationships with clients which respect their expertise and priorities; and offering information and resources that people can use to keep themselves healthy. Project SAFE, a volunteer-driven harm reduction organization in Philadelphia, operates a late-night Street Outreach Program, Supply Delivery Program, Bad Date Alert, and Referral Service for sex workers and drug users. This workshop will present harm reduction strategies for outreach workers to use with people who use drugs and do sex work. We will review harm reduction principles and practices; strategize about using anti-oppression frameworks to inform street-level outreach; discuss outreach strategies for reaching street-based sex workers and drug users; and use case studies and small group activities to practice communicating with clients without projecting our opinions about their behaviors.

Learning Objectives: At the end of this session, participants will be able to:

1. review harm reduction principles and practices.
2. strategize about using anti-oppression frameworks to inform street-level outreach.
3. discuss outreach strategies for reaching street-based sex workers and drug users.
4. use case studies and small group activities to practice communicating with clients without projecting our own opinions about their behaviors.

TRACK 2: Self Care for the Outreach/Prevention Worker

The HIV Treatment Problem

(Competency 7)

CARMI WASHINGTON FLOOD

The Maryland AIDS Administration envisions a Maryland with no new HIV infections. Our mission is to reduce the transmission of HIV and to assist Marylanders with HIV/AIDS live longer and healthier lives. In addition to the over 33,000 people living with HIV/AIDS, it is estimated that 9,000 persons in Maryland and 4,000 persons in Baltimore City have HIV and do not even know it. HIV prevention education, testing and treatment are critical strategies for reaching all racial and ethnic communities in Maryland and for mounting a heightened response to disproportionately impacted communities of color, especially women. The capacity of staff to identify and reduce stigma in the delivery of care is paramount to client success. This workshop will work towards increasing participant's awareness, communication and sensitivity to imposing pre-formed values on decision making.

Learning Objectives: At the end of this session, participants will be able to:

1. reduce stigma in the delivery of care.
2. enhance the delivery of care by addressing biases.
3. increase the impact of care by utilizing targeted referral services.

Wednesday, September 30 (continued)

TRACK 3: Research-Based Information on HIV/AIDS, Hepatitis and Substance Abuse

Eradicating Perinatal HIV Transmission, Is It Possible: A Model for Case Managers

(Competency 5)

T. ALEX WASHINGTON, PhD, MSSW, MA

Case managers are frontline workers with women and, if knowledgeable of the HIV medical advancements and health knowledge, they can be a valuable resource for educating women of childbearing age on the importance of HIV testing during prenatal care. This workshop describes a comprehensive model that may be used in agencies to prepare social work professionals with the knowledge and skills necessary to educate and encourage women of childbearing age to know their HIV status. Pregnancy makes the concern of HIV in women urgent because two lives are affected. Prenatal care that includes HIV counseling, voluntary testing and new drug treatment for infected mothers and their children save lives and resources. Hence, the Comprehensive HIV Perinatal Transmission Education Model has several key implications for practice that case managers in substance abuse treatment settings should consider when working with women of childbearing age, particularly in the African American and Latina communities.

Learning Objectives: At the end of this session, participants will be able to:

1. understand important HIV prevention knowledge for working with women who are of childbearing age;
2. understand the role public health workers can play in primary and secondary HIV prevention efforts for women and children;
3. understand a model for public health professionals who work with pregnant women, and those at risk for HIV infection (e.g., drug abusing women).

Thursday, October 1

7:30 a.m. – 8:30 a.m.

Continental Breakfast in Exhibit Area

PLENARY SESSIONS

8:30 a.m. – 9:30 a.m.

Breaking the Cycle of Risk – A Personal Decision

(Competencies 3 and 5)

THELMA KING THIEL, RN

The goal of this presentation is to provide new techniques for reducing client's risk behaviors. Unique and effective communication techniques and analogies presented in a lecture and video/DVD presentation will provide participants with easy-to-replicate motivational messages to encourage and empower their clients/patients to avoid participating in unprotected sex and other activities that can expose them to HIV, hepatitis and other blood borne pathogens; to avoid the use and abuse of drugs and alcohol; and to understand the importance of participating in their own health care and disease management. Extensive evaluations of these communication techniques have shown that once informed of a few vitally important liver functions they can relate to in their daily lives, individuals have reported being motivated to assess their own risk behaviors, to avoid liver damaging activities, to adopt healthier lifestyle behaviors, to seek medical evaluation of the status of their liver and to accept vaccination as a health maintaining routine.

Learning Objectives: At the end of this session, participants will be able to:

1. reduce the incidence of viral hepatitis in minorities and those at risk;
2. identify hepatitis A, B and C and their modes of transmission;

Thursday, October 1 (continued)

3. identify six basic functions of the liver that affect their daily activities;
4. identify how cirrhosis occurs and the impact it can have on their health and well being;
5. identify risk behaviors related to transmission of viral hepatitis and HIV;
6. identify ways to protect the liver and avoid liver damage;
7. identify immunization against hepatitis A and B and who should be vaccinated.

9:30 a.m. – 10:30 a.m.

What's New in Rapid Testing for HIV and HCV (Competencies 1 and 5)

LISA C. DANIELS, PhD, RD

HIV is a chronic disease and is manageable with ongoing treatments and care. There are many screening tests for HIV on the market. All HIV tests have different specificities/sensitivities and advantages/disadvantages. This talk will review the latest developments in testing for HIV 1/2 using rapid or conventional testing methods. In addition, participants will learn the advantages of using rapid testing for HIV 1/2 as part of their screening programs. The rate of Hepatitis C (HCV) is increasing at an alarming rate as is the issue of co-infection with HIV. OraSure has submitted a pre-market approval application to the FDA for a rapid, non-instrumented test to detect antibodies to the Hepatitis C virus, utilizing OraSure Technologies' OraQuick® technology platform. To date, no rapid (non-laboratory) HCV test has been approved by FDA for use in the US. We will also review the facts, figures, and HCV prevalence and tests currently on the market.

Learning Objectives: At the end of this session, participants will be able to:

1. learn the latest in Rapid Testing platforms for HIV 1/2 vs. conventional HIV 1/2 screening.
2. learn the benefits of Rapid Testing for HIV.
3. learn the latest advances in HCV Rapid testing.

10:30 a.m. – 10:45 a.m.

Break in Exhibit Area

CONCURRENT SESSIONS

10:45 a.m. – Noon

TRACK 1: Skills Training

Providing Services to Lesbian, Gay, Bisexual, Transgender, Intersex and Orientation Questioning Clients

(Competencies 4 and 6)

PHILIP T. MCCABE, CSW, CAS, CDVC, DRCC

Lesbian, Gay, Bisexual and Transgender people are more likely to use alcohol, tobacco and other drugs than the general population. They are also less likely to abstain from alcohol, tobacco and other drugs, they report higher rates of substance abuse problems, and they are more likely to continue heavy drinking into later life. For LGBT individuals, treatment must include a focus on the effects of stigma, homophobia and heterosexism in order to be beneficial to the patient. Not only does treatment need to be inclusive of the core issues affecting LGBT clients, it also needs to maintain a LGBT affirming understanding of the life skills necessary to develop and maintain a drug free existence. This workshop will provide participants with relevant information and skills to provide services to LGBT Individuals based on the Center for Substance Abuse Treatment Providers Guide.

Learning Objectives: At the end of this session, participants will be able to:

1. describe the differences between sexual behavior and orientation

Thursday, October 1 (continued)

2. contrast the diversity of race, ethnicity, gender, age, class and other subcultures within the Lesbian, Gay, Bisexual and Transgender communities.
3. identify issues of cultural shame and stigma that impact treatment and recovery for sexual minorities.

TRACK 2: Self Care for the Outreach/Prevention Worker *Wellness, HIV/AIDS and Infectious Disease: Nutrition Matters* (Competencies 1, 3, and 7)

GOULDA A. DOWNER, PhD, RD, LN, CNS

This workshop will focus on nutritional therapy as a key component in the treatment for persons infected with HIV at all stages of the disease. We will also discuss food safety, food security and drug nutrient interaction as components of quality of care and improving health outcomes. Participants will be actively engaged in a case study scenario and we will end with resources to empower participants to make safe nutritious food part of the medical treatment.

Diet is an important part in the battle against HIV infection. Further, nutritional care is an essential component in the treatment for persons infected with HIV at all stages of the disease. By improving nutritional status and reducing complicating symptoms, quality of life can be enhanced at each stage of the disease. The rationale for providing nutritional support to individuals diagnosed with HIV/AIDS is based on the fact that nutritional status can be improved, and that these improvements may have significant clinical benefits. The challenge for nutrition intervention however, is that treatment has to be individualized since not only the disease is taken into account, but also concomitant nutrition-related issues (heart disease, diabetes, renal complications, cancer, anemia, etc.), food allergies or intolerance, oral motor abilities, lack of money, social isolation, depression, cultural and linguistic differences all play adjunctive roles. Participants will be actively engaged in case study scenarios

Learning Objectives: At the end of this session, participants will be able to:

1. describe how to optimize nutrition status, immunity and overall well being for individuals diagnosed with HIV/AIDS.
2. articulate key dietary strategies to minimize nutrition-related complications of HIV/AIDS.
3. identify sanitation and safety measures to help reduce opportunistic diseases and improve resistance to infection in HIV/AIDS.
4. discuss how to manage medication side effects in HIV/AIDS.

TRACK 3: Research-Based Information on HIV/AIDS, Hepatitis and Substance Abuse

Spatial Analysis of Injection Drug Use, Drug Treatment, and HIV in Baltimore City: Implications for Mobile Drug Treatment

C. DEBRA FURR-HOLDEN, PhD

There are an estimated 60,000 drug addicts in Baltimore City, nearly 10% of the residential population. Among this group, it is estimated that approximately 45,000 have injected drugs within the past year. In 2005, 37% of the prevalent HIV cases and 44% of the AIDS cases in Maryland were attributable to injection drug use (IDU). In Baltimore city, injection drug use is documented as the primary mode of HIV transmission and IDUs with HIV represent a highly underserved at-risk population. To decrease the transmission of HIV among IDUs, Baltimore City started a needle exchange program in 1994 thru the Maryland AIDS Administration. The research indicates that needle exchange programs have been effective in reducing the likelihood of needle sharing and transmission of HIV (Bluthenthal, 2000; Gibson, 2000; Monterroso, 2000). Budgetary limitations require that needle exchange sites in

Thursday, October 1 (continued)

Baltimore are placed in areas where the need and demand are the greatest. This research aims to fill this gap by identifying the areas of highest need by identifying the geographic nexus where people use, where HIV incidence is elevated, and where treatment portals do not already exist. This research aims to identify geographic locations with relatively high unmet drug and HIV treatment need to better inform service delivery and access. This research provides a model for informing allocation of drug treatment/HIV prevention resources, especially in cities where mobile drug treatment/HIV prevention portals are an option.

12:00 Noon – 1:30 p.m.

Lunch provided with *Let's Talk About HIV/AIDS* video
(Competency 4)

CINTIA CABIB
LEILA CABIB

Filmmaker Cintia Cabib and animator Leila Cabib will screen and discuss the video “Let’s Talk About HIV/AIDS,” which they produced for the African American Health Program in Montgomery County, Md. “Let’s Talk About HIV/AIDS” presents the candid and personal stories of young African American adults living and working in the Washington, DC metropolitan area. They explain how protecting yourself, knowing your HIV status, talking to your partner and loving yourself all contribute to HIV/AIDS prevention. Cintia and Leila will show clips and will describe how they developed the program’s content and approach in order to reach out to their target audience.

Learning Objectives: At the end of this session, participants will be able to:

1. learn how to approach HIV/AIDS education by addressing health issues as well as individual behaviors.
2. understand how multimedia can be used to educate the community about HIV/AIDS.
3. learn how to disseminate information about HIV/AIDS through local media outlets.

CONCURRENT SESSIONS

1:30 p.m. – 3:30 p.m.

TRACK 1: Skills Training

Cultural Elements in Treating Hispanic/Latino Populations
This session is sponsored by the Caribbean Basin & Hispanic ATTC

(Competencies 4 and 5)

MARCO E. JACOME, MA, LPC, CSADC, CEAP

The purpose of this session is for participants to become aware of the cultural differences that can influence the outcome for substance abusers and their families in the Hispanic/Latino communities. This training will focus on traditional Hispanic/Latino values in comparison to the values of the main stream. Describing the diverse populations within the Hispanic/Latino community and possible treatment implications will lead to a better understanding of the values, traditions and customs of this culture.

Learning Objectives: At the end of this session, participants will be able to:

1. become aware of the importance of cultural differences that can influence the treatment for Hispanic/Latino substance abusers.
2. become aware of the importance of social institutions in the treatment of substance abuse in the Hispanic/Latino community.
3. become aware of the importance of acculturation, assimilation and transculturation in the treatment of the Hispanic/Latino substance abuser.

Thursday, October 1 (continued)

TRACK 2: Self Care for the Outreach/Prevention Worker

Maximizing Work While Caring About Others

(Competencies 6 and 7)

JACQUELINE COLEMAN, MEd, MSM
IN HONOR OF LASHAUN EVANS, MHS

The nature of outreach work draws tremendously upon the wellspring of social, mental, emotional, and physical energies of the best of workers. In order to proactively engage the work consistently and proficiently, it is only natural for workers to periodically experience burnout and frustration. Working with clients to help them develop and maintain safer behaviors and quality lifestyles can be gratifying yet also very difficult at times. Under the best of circumstances, outreach workers who have lost patients/clients/participants to HIV/AIDS, drug addiction or other challenges may find it even more difficult to sustain their own motivation and positive outlook. As an outreach worker, it is important to recognize and monitor your own levels of stress and frustration experienced with this type of work. With this goal in mind, this thought-provoking presentation will focus on 10 principles for Burnout and Relapse Prevention, and how to take care of yourself through actualizing Competency 7.

Learning Objectives: By the end of this session, participants will be able to:

1. recognize feelings of lack, doubt and burnout and the negative ripple effect when unaddressed.
2. identify the primary and secondary causes of burnout and lack of motivation.
3. learn simple, yet innovative techniques for harnessing will power and determination.
4. share with other champions, personal and professional strategies for self-empowerment.

TRACK 3: Research-Based Information on HIV/AIDS, Hepatitis and Substance Abuse

Introduction to Evidence-Based Practices for Motivating Client Change: Motivational Incentives

(Competencies 4 and 5)

MICHELE TUTEN, MSW, LCSW-C

Three decades of research support the use of motivational incentives (also known as contingency management) as an effective component of treatment. Motivational incentives have been used across a wide range of populations and are effective for increasing specific target behaviors (e.g., attendance, sobriety). Motivational incentives are designed to highlight and reinforce healthy behaviors, and as such are a positive approach to the process of client change.

Learning Objectives: At the end of this session, participants will be able to:

1. learn the current state of the knowledge on low cost motivational incentives;
2. learn the seven principles of effective use of motivational incentives;
3. become aware of aids available through the ATTC for implementing incentive programming.

3:30 p.m. – 3:45 p.m.

Break in Exhibit Area

CONCURRENT SESSIONS

3:45 p.m. – 5:15 p.m.

TRACK 1: Skills Training

AIDS and the Older Adult: Assessment and Intervention Strategies

(Competencies 4 and 5)

MARYANNE WILLIAMS, PsyD

Older adults are at increasing risk for HIV/AIDS and other STDs. According to the National Prevention Information Network about 19 percent of all people who are HIV positive

Thursday, October 1 (continued)

are age of 50 and older. Older adults experience a double stigma. They experience ageism as well as HIV-related stigma. Because older adults don't get tested for HIV/AIDS on a regular basis there may be even more cases of infection in this group that are currently undiagnosed. Older adults who have HIV/AIDS are a population rarely examined or discussed. The objective of this workshop is to educate street workers, substance abuse counselors and prevention counselors about this rarely discussed population and how to assess and treat this population. Risk factors include lack of knowledge about HIV/AIDS. Older adults also may be less likely to discuss sex and sexuality, in addition older adults may mistake some symptoms of HIV as normal aging. Participants will learn various risk factors for assessing older adults. In addition participants will learn how to use various intervention strategies to work with this population.

Learning Objectives: At the end of this session, participants will be able to:

1. learn how to assess risk of HIV infection in older adults;
2. learn how stigma impacts why older adults are less likely to get tested for HIV/AIDS;
3. learn various intervention strategies for working with older adults.

TRACK 2: Self Care for the Outreach/Prevention Worker

Health and Healing: Practical Solutions for Healthy Living
(Competencies 1, 3, and 7)

VALERIE E. ROBINSON, MS, LPC

This workshop will provide participants with an overview of practical solutions for healthy living. Many people are unaware of the mental and physical affects that food plays in their lives. Examples are stress, overweight and obesity, high blood pressure, high cholesterol, diabetes, some cancers, hair loss, brittle bones, arthritis, water and stool retention, lack of concentration, mood swings and other health related issues. These issues can be prevented and corrected with simple changes in their attitude, diet, and exercises.

Learning Objectives: At the end of this session, participants will be able to:

1. understand the importance of self care in the work environment;
2. understand the importance of developing a positive attitude about food using non-traditional and traditional strategies;
3. begin to look at food as a healthy tool for living:
 - brain function: memory and concentration
 - maintaining strong bones and proper organ function
 - body image (shaping)
 - maintaining clear skin, healthy hair, strong bones, healthy teeth, and nails;
4. recognize one's own bad eating habits;
5. understand the use of non-traditional practitioners and alternative remedies;
6. learn the fringe benefits of eating healthier versus emotional eating and yo-yo dieting;
7. learn strategies on how to incorporate healthier foods into your diet at home, work, eating out, or on travel;
8. understand the importance of family wholeness: physically and spiritually;
9. learn how to get started with simple inexpensive steps.

TRACK 3: Research-Based Information on HIV/AIDS, Hepatitis and Substance Abuse

Neurobiology of Addiction

(Competencies 1 and 2)

EDWIN A. SALSITZ, MD, FASAM

Over the last 25 years, significant scientific advances have been made in the addiction medicine field. Research has focused on the neurobiology of addiction, and understanding the impact of different drugs on brain circuitry. In addition research has

Thursday, October 1 (continued)

focused on the impact of different therapeutic modalities on brain function. Understanding the brain changes involved in addiction will enable the treatment providers to improve care and outcomes for those suffering from addictive disease.

Learning Objectives: At the end of this session, participants will be able to:

1. see an overview of the main brain circuits involved in addiction, so that participants understand the impact of drugs on brain function.
2. review vulnerability factors to addiction, and demonstrate brain imaging supporting these hypotheses.
3. discuss different therapeutic modalities, and their effect in the brain.

Friday, October 2, 2009

7:30 a.m. – 8:30 a.m.

Continental Breakfast in Exhibit Area

PLENARY SESSIONS

8:30 a.m. – 9:00 a.m.

NAADAC – National Certification Commission

Intern Level Credential Requirements

(Competency 5)

SHIRLEY BECKETT-MICHELL, NCAC II, CAC II, SAP

The Intern level credential was developed as a method of validation of skills and knowledge for those entering the Addictions Disorders Profession with less than three years of experience. This credential will assist in verifying for employers and consumers that the persons who are new to the profession have gone through a process which required them to demonstrate skills, knowledge and competency to practice within a limited scope as they prepare to achieve a higher level of credential.

Requirements:

Evidence of at least 100 hours of training/education

Evidence of at least 1 year of employment in a recovery/
support organization

Evidence of at least 6 months of clinical supervision

Documentation of practice in the following:

Screening and Intake

Crisis Management

Referral

Case Management

Continuing care

Application and Testing requirements: Must complete an application with statement from supervisor completed; must show documentation of employment; and must take and pass a 100-item examination

Learning Objectives: At the end of this session, participants will be able to:

1. inform potential candidates of this new credential that will be offered through state credentialing boards.
2. respond to questions and concerns that participants may have to qualifications and requirements to obtain the new credential.
3. encourage those who thought they had no way of validating themselves as professionals to seek a method by which to do so.

9:00 a.m. – 10:00 a.m.

The Role of the Mental Health Provider in Medication Treatment

Adherence: HIV/AIDS as a Case Study

(Competency 5)

EVELYN TOMASZEWSKI, MSW

Many clients are living with chronic illnesses, ranging from diabetes or HIV/AIDS to high blood pressure and mental illness. The common thread is the need for consistent and successful medication treatment. Using HIV/AIDS as a case

Friday, October 2 (continued)

study, the content will review micro and macro factors affecting adherence, the benefits of harm reduction strategies, and stages of behavior change to identify barriers and steps to adherence. A holistic practice model – ADHERE – will be reviewed.

Learning Objectives: At the end of this session, participants will be able to:

1. define adherence and understand the importance and challenges of medication adherence.
2. assess professional/personal issues in identifying and effectively working with substance using clients with HIV/AIDS and related mental health concerns.
3. review key concepts to ensure culturally competent practice.
4. understand the unique role of the mental health care provider in promoting adherence.
5. learn how to apply ADHERE, a skill-building model for application of adherence strategies.

10:00 a.m. – 10:15 a.m.

Break in Exhibit Area

10:15 a.m. – 11:30 a.m

Keepers of the Garden

ALFRED “COACH” POWELL

11:30 a.m. – Noon

Evaluations and Closing Remarks

THOMAS G. DURHAM, PhD

In Memory of LeShaun Evans, MHS

who passed away August 16, 2009

LaShaun was a speaker since 2004 on self-help at our Keeping It Real Conference.



LaShaun Evans, founder of In The Voice Of A Woman (www.inthevoiceofawomen.com), had, as her goal, the desire to bring about a better quality of life for others—especially those who are disenfranchised, marginalized, or have no voice to speak. She believed that educating, encouraging, and supporting one woman at a time makes a difference.

“I have learned from my life experiences that I am no different than you and you are no different than me. My many experiences have afforded me an opportunity to challenge and overcome many personal and professional fears. Through life’s many turns and ups and downs I have been given the opportunity to challenge reservations which have hindered me in my life and, as such, I have gained invaluable knowledge and foresight which I want to share with others.”

Ms. Evans believed in giving back to her community and lived out that belief through her actions. She was a dedicated change agent who delighted in cheerleading others in becoming the best that they can be. As a woman of faith, she was a much sought after speaker at churches, national conferences, and community events. Wherever she was invited to speak, she communicated a message of hope, health and wellness, commissioned people to get involved in the fight for social change and against health disparities.