



Dr. Brett Davis – *Addressing the Treatment Needs and Disparities for LGBTQ+ Clients Seeking Substance Abuse Services: A Complex Problem with no Easy Solutions*

Dr. Brett Davis has worked in the mental health field since 1995 in a wide range of settings, including residential care, crisis intervention services, intensive outpatient substance abuse programs, mental health treatment centers, and college counseling centers. He earned his Master's and Doctorate degrees in Clinical Psychology from Loyola University Maryland. From 2005 until 2014, Dr. Davis worked at Chase Brexton Health Care in Baltimore, MD serving as both a Staff Psychologist and as the Assistant Director of Behavioral Health. During this time, he dedicated himself to increasing his competence and skill in working affirmingly with clients across the broad spectrum of gender and sexual identities. In 2014, he started his private practice, and in August 2019, he began working at the Greater Baltimore Counseling Center in Timonium, MD, where he continues to provide affirming mental health care to LGBTQ+ individuals and their families.

Presentation Abstract

This training will discuss some of the factors that contribute to the comparatively high rate of substance abuse among members of the LGBTQ+ community. As with any non-majority population, treatment services can range from adequate to woefully inadequate when it comes to offering treatment that is appropriate, inclusive and affirming to LGBTQ+ clients. Clearly, these factors can and do impact their willingness to approach treatment services. We will discuss the most prominent barriers to LGBTQ+ clients' challenges in engaging in treatment. The seminar will conclude with a discussion about specific ways to make addiction programs more inclusive and affirming for this often multiply marginalized population.

Learning Objectives:

1. Identify at least two likely contributors to the high incidence of substance use problems among the LGBTQ+ population.
2. List at least two primary barriers for LGBTQ+ clients in starting and/or adhering to substance abuse treatment services.
3. Identify and discuss programmatic issues that must be addressed in order for substance abuse treatment services and programs to be genuinely welcoming and affirming to LGBTQ+ clients.



Dr. Kristine Hitchens – *Understanding Co-Occurring Disorders*

Kristine earned her PhD in Social Work and Social Research from Bryn Mawr College in 2011 and her Master's Degree in Social Work from Widener University in 1999. Kristine specializes in trauma, family issues and addiction treatment. She has been Director of family and clinical programs at premier addiction recovery facilities, developed and ran several specialized programs, worked as an adjunct professor for area colleges and universities, and volunteered with domestic violence and juvenile justice programs. Kristine currently sits on the Board of Addictions Connections Resource, Inc. She is now in private practice, A Change Would Do You Good, LLC, in North East, Maryland

Presentation Abstract

This presentation will explain in detail why addiction is a disease of the brain. Factors that contribute to the creation of addiction will be explored in depth. Mental health issues commonly associated with addiction will be described including depression, anxiety, PTSD/trauma, bipolar I and II, psychotic disorders and personality disorders. Ways in which mental health issues create, complicate and exacerbate addiction will be discussed. Lastly, methods to integrate treatment will be reviewed.

Learning Objectives

1. State clearly why addiction is a disease of the brain.
2. Recognize factors that create addiction including genetics and instinctual drives for pleasure and removal of pain.
3. Determine why mental health issues such as depression, anxiety, PTSD/trauma, bipolar I and II, psychotic disorders and personality disorders can and do co-occur with addiction.



Dr. Gregory Neimeyer – *Technology-Based Behavioral Addictions*

Dr. Neimeyer is Director of the Office of Continuing Education in Psychology and the Center for Learning and Career Development at the American Psychological Association in Washington, DC. A Professor Emeritus in the Department of Psychology at the University of Florida in Gainesville, FL, Dr. Neimeyer has served as Graduate Coordinator and Director of Training in the APA-approved doctoral training program in counseling Psychology. A Fellow of the American Psychological Association, he is a recipient of its Award for Outstanding Research in Career and Personality Psychology. Dr. Neimeyer has published over 200 journal articles and book chapters, and more than 12 books, largely in the areas of personality and professional and career development. As a clinical faculty member in the Department of Community Health and Family Medicine at the University of Florida, Greg specialized in treating behavioral addictions and eating disorders. His courses in psychopathology, eating disorders and behavioral disorders have earned Dr. Neimeyer numerous teaching recognitions, culminating in his induction into the Academy of Distinguished Teaching Scholars.

Presentation Abstract

Recent diagnostic developments have given rise to the renewed conceptualization, assessment, and treatment of behavioral and technology addictions. The official recognition of Gambling Disorder has been joined by the consideration of Online Gaming Disorder and a wide range of other potential behavioral and technology addictions from within the “Impulsive-Compulsive” spectrum of disorders. Cyber-porn addiction, Internet Addiction, and online social networking are joined by compulsive online shopping, and a range of other technology-related additions to form the rapidly developing field of behavioral addictions. This talk focuses on the full range of behavioral and technology disorders, and the key features that are the subject of clinical intervention.

Learning Objectives

1. Discuss key features of the conceptualization of a technological addiction.
2. Describe at least five technological addictions and their defining features.
3. Compare and contrast substance-related disorders with technological addictions in relation to at least three of the following factors: natural history, comorbidity, genetic predispositions, neurobiological mechanisms, or response to treatment.
4. Discuss at least three forms of intervention for the technological addictions and the research support surrounding these interventions.



James Ryan, LCPC – *Experiential Interventions in Substance Use Disorder Treatment: Engaging Emerging Adults and Their Families*

James Ryan is a Licensed Clinical Professional Counselor and the Assistant Program Director overseeing Emerging Adult Services at Ashley Addiction Treatment. He joined the Ashley clinical team as a Clinical Mental Health Counseling Intern and earned his Master's in Clinical Mental Health Counseling from South University in 2015. As a clinician, he is dedicated to the holistic health of every individual. His clinical philosophy is rooted in spiritual and existential tradition with particular emphasis on the inherent human need for meaning and purpose in life.

Presentation Abstract

Emerging adults struggle to engage in Substance Use Disorder treatment services for a variety of reasons, and their families are challenged with a myriad of obstacles when attempting to support them in this process. Traditional treatment approaches have proved largely ineffective with these “treatment resistant” clients; therefore, a change in treatment philosophy and delivery of services is needed to improve outcomes. Through the use of experiential interventions clients are more effectively engaged and outcomes are dramatically improved. In this session, we will discuss obstacles to treatment for emerging adults, review various types of therapeutic and experiential interventions, and apply these to case examples.

Learning Objectives

1. Discuss obstacles to treatment for emerging adult patients and their families.
2. Review types of therapeutic interventions for emerging adults and their families.
3. Define experiential interventions and provide examples.
4. Provide support for the use of experiential modalities with emerging adults.
5. Provide information about recovery for emerging adults and their families.