

PRE-CONFERENCE WORKSHOPS

FRIDAY OCTOBER 9 2015

12:30-3:30 PM

Registration/Lunch 11:30-12:30p

WORKSHOP A

Barry Duncan Psy.D.

On Becoming a Better Therapist: Evidence Based Practice One Client at a Time

Despite overall efficacy, many clients do not benefit, therapists significantly vary in success rates, are poor judges of negative outcomes, and don't have a clue about their effectiveness. This presentation presents the nuts and bolts of a solution: The Partners for Change Outcome Management System (PCOMS). PCOMS, a SAMHSA evidence based practice, finally gives clients the voice they deserve and provides an early warning system that identifies clients who aren't responding to therapeutic business as usual, allowing new directions to be collaboratively charted. Supported by mounting empirical evidence and widespread implementation, PCOMS focuses the practitioner and the client on the *present* evidence of effectiveness, whether *this* therapeutic approach provided by *this* provider is benefiting *this* client—or *evidence based practice one client at a time*.

WORKSHOP B

Robert H. Moore, Ph.D., CTS, BCETS

Critical Issues in Trauma Resolution

Fully functional and feeling fine, we sometimes say our hippocampus is in control. Knowingly or subliminally reminded of a previous threatening or hurtful event or adversity, however, we spike into a state of alarm. This is our amygdala at work. No problem when danger actually is imminent. But the resemblance of present circumstance to past misfortune is often superficial, and the amygdala's warning emotional jolt is a false alarm (PTSD).

Until recently, such false alarms have been regarded as a manageable but generally irreversible consequence of prior trauma. Good news: we now have clear evidence of the amygdala's native ability to thoroughly *un*encode, or actually reverse and permanently reclassify even a long-standing traumatically encoded event for complete resolution of post-traumatic effects.

What's needed for such a reversal (among other things) is the brain-state that occurs only when the amygdala is given uninterrupted control of executive function in working memory. In this mental arena and in close (neurochemical) conference with the hippocampus, the amygdala ultimately sees and agrees that the dire situation, to which it had thought all reminders justified an alarm, no longer exists. It then simply removes the incident in question from its trauma "watch list," putting the hippocampus, at last, in control of its memory, fully functional and feeling fine.