

# Institute Tracks: Monday

**Monday, June 8, 2026**

## **Track 1: Medical Topics**

Room: Ballroom A

Speaker: Dr. Kirk Moberg

The medical impact of addictive disorders continues to change. Medical access can be limited in rural communities putting this population at particular risk for adverse outcomes.

### **Part 1: Chronic Pain**

Chronic pain is much more than just acute pain that lasts a long time. It represents a point at which pain is no longer just a symptom but rather the disease itself. This session will review the physiology, classification and treatment paradigms of chronic pain.

### **Part 2: Pain and Addiction**

There is considerable correlation in patients who experience both addiction and chronic pain. This session will explore this correlation from both a physiologic and clinical perspective.

### **Part 3: Gambling Disorder**

A Review Gambling Disorder was added to the section on addictive disorders in the DSM-5 over ten years ago. It is the process addiction that is probably the best understood but many gaps in our understanding remain. This session will provide an up-to-date overview of Gambling Disorder.

### **Part 4: Pharmacologic Interventions for Addictive Disorders**

There are relatively few FDA approved medications to treat addictive disorders, and these are limited to Tobacco Use Disorder, Alcohol Use Disorder and Opioid Use Disorder. This session will detail each of these medications and those currently being investigated for use in treating these and other addictive disorders.

## **Track 2: Grant Writing and Fund Raising Survival School**

Room: Ballroom C

Speaker: Paul N. McKenzie, PhD

The fastest rate of substance misuse in the nation is not urban centers, but small rural communities. Despite the devastating impact that drugs and alcohol have on rural communities, the availability of high quality prevention, treatment, and recovery services is often sparse, many times due to inadequate funding. This workshop provides step-by-step training on how to secure funding to support services in a rural environment. This workshop was presented before at the National Rural Institute to exemplary reviews. The length, pace, content, and energy level for the workshop are appropriate for a Track presentation format.

### **Part 1: Understanding the Approach**

Introduction to the workshop structure and overview

- Grant Review exercise and discussion
- The three most important elements of a successful grant
- Why a partnership is important to grant writing and program operation
- What is the single most important thing to do to increase funding? How are grants reviewed and how to use this information to your advantage
- Review of data sources useful to your local community
- What are the essential supplies that every grant writer needs
- Assumptions underlying a grant application, and how to maximize your success
- What is your motivation for writing? What SHOULD your motivation be?

### **Part 2: Understanding Grant Applications**

Top 10 Reasons that a grant is not funded

- How to use a grant "skeleton" to guide writing and facilitate the review process.
- Avoiding dumb mistakes
- Identifying funding sources quickly

# Institute Tracks: Monday

- Building a data warehouse to use in future grants
- What types of data are useful in grants?
- A Section by Section analysis of a typical grant – what is it? How to make it better?
- Winning the battle of first impressions.
- Strong opening sentences
- How to write a clear and measurable goal/objective

## **Part 3: Understanding the Creative Edge to Securing Funds**

Understanding the Creative Edge to Securing Funds The importance of cultural competence in grant writing, partnership and program

- Demystifying program evaluation
- Budgets in grants, what to do, what never to do
- What to do when a grant is rejected?
- Letters of support that will increase the likelihood of getting funded
- The aesthetics of grants – why pretty is important
- Hate grant writing? How to raise money other ways

## **Part 4: Finishing Up and Questions**

Finishing Up and Questions The workshop changes as the classroom composition and interest varies. New exercises are added, or unique discussions conducted to accommodate to specific problems attendees describe. The workshop consists of lecture, discussion, skill practice, and review of online materials. It moves at a furious pace, with a significant amount of materials and tools provided to participants.

## **Track 3: Safety First: Proven Strategies to Prevent and Respond to Workplace Violence in Behavioral Health and Substance Use**

## **Treatment Agencies**

Room: Cedar/Maple

Speaker: Phil McCabe, CSW, CAS, DRCC

Workplace violence is an escalating concern in behavioral health and substance use treatment agencies, where staff routinely engage with individuals in acute crisis, withdrawal, or severe emotional distress. Healthcare workers face a disproportionate risk, accounting for 73% of all nonfatal workplace violence injuries, nearly six times the rate of other occupations.

This interactive, skills-based workshop prepares participants to prevent, recognize, and respond to all four OSHA-classified types of workplace violence, Type I (Criminal Intent), Type II (Client/Patient/Visitor, including former or unsatisfied clients and family members), Type III (Worker-on-Worker, including supervisors or leadership), and Type IV (Personal Relationship). The curriculum also addresses ideologically motivated terrorism, including targeted acts of violence driven by extremist beliefs that may impact healthcare, behavioral health, and community-based workplaces. Real-world case studies, including the 2025 CDC shooting, assaults in psychiatric and addiction treatment settings, and incidents of mass violence and civil unrest, illustrate how community stressors can heighten workplace risks.

Participants will analyze scenarios such as domestic violence spillover, patient dissatisfaction escalating to aggression, and staff vulnerability exacerbated by moral injury, compassion fatigue, and burnout. Evidence-based strategies include trauma- and violence-informed de-escalation techniques, rapid environmental safety assessments, and integrating personal and organizational resilience practices into prevention planning. The second part of the presentation features Stress First Aid, a peer-support and self-care model for high-stress occupations, with methods to strengthen coping skills, peer networks, and psychosocial safety climates

# Institute Tracks: Monday

that visibly prioritize worker well-being.

By session's end, participants will have practical, research-backed tools to improve workplace safety, safeguard staff and clients, and foster resilient, trauma-informed care environments—while aligning with OSHA guidance and Joint Commission violence prevention standards.

**Part 1:** The Landscape of Healthcare Violence & The Four OSHA Threat Types along with the recent emergence of Idiopathic Violence

**Part 2:** Proactive Environmental Safety & Trauma-Informed De-Escalation.

**Part 3:** Understanding Vicarious Trauma: Exploring how the psychological impact of healthcare violence can persist for months or years after an event. Defining “stress injuries” (trauma, loss, moral injury, and wear-and-tear)

**Part 4:** Implementing the Stress First Aid Model.

## Track 4: At the Point of Risk: Understanding Gambling Use Disorders

Room: Oakwood  
Speaker: Anita Pindiur

Navigating a “hidden” Disorder in a Complex Field. Gambling use disorder often hiding in plain sight. One that can develop without obvious physical signs, yet carries significant consequences for individuals, families, and entire communities. This session provides a comprehensive overview of gambling use disorder across the lifespan, with a focus on how it presents in adolescents and impacts family systems. Participants will explore the psychological, social, and environmental factors that contribute to the development of gambling use disorder, as well as the

unique challenges it poses compared to other behavioral health conditions. The course will examine how stigma, accessibility, and evolving technologies, including online betting and mobile platforms, have increased both risk and complexity in prevention and treatment efforts. A core emphasis is placed on understanding the interconnected roles of individuals, families, and communities in both the emergence and resolution of gambling-related problems. Attendees will learn to recognize early warning signs in teens and adults, understand family dynamics that may either buffer or exacerbate risk, and identify community-level strategies that support prevention and early intervention. In addition, this course provides a practical introduction to evidence-informed prevention strategies, screening tools, and treatment approaches. Participants will gain insight into how to navigate a fragmented and rapidly evolving field, including when and how to refer individuals for specialized care. By the end of the course, participants will have a clearer understanding of how to identify, address, and respond to gambling use disorder in a way that is informed, compassionate, and grounded in a systems-level perspective.

**Part 1:** Gambling Use Disorders 101; an overview of history, diagnostic criteria and identifying types of gamblers

**Part 2:** Family; across the life span of gambling from teens to older adults how gambling affects individuals.

**Part 3:** Community; how accessibility and acceptability influence gambling, gambling related harm, and measures to reduce risk and harm as a result of gambling.

**Part 4:** Prevention, Intervention and Treatment; what you can do even if gambling is not your specialty. When and how to screen, refer, and treat.

# Institute Tracks: Tuesday

**Tuesday, June 9, 2026**

## **Track 5: Substance Potpourri**

Room: Ballroom A

Speaker: Dr. Kirk Moberg

This track will review the current status of selected addictive substances.

### **Part 1: Alcohol**

The reputation of alcohol has changed over the last several years from a substance with purported health benefits if consumed in moderate quantities to one where the ideal amount consumed is none. This session will review the medical impact of alcohol.

### **Part 2: Cannabinoids**

Cannabinoids encompass a variety of compounds the use of which are governed by a complex, multi-layered system of federal and state regulations. This session will review various cannabinoid products and their medical impact.

### **Part 3: Stimulants**

Stimulant use remains popular in the United States. The combination of stimulants with opioids is a particularly toxic mixture. This session will provide an overview of the impact of stimulants. The complex biochemistry of stimulants will also be reviewed.

### **Part 4: What's the latest?**

The availability and popularity of specific substances is a moving target. This session will review current trends of a variety of substances in terms of markers such as use prevalence and overdose.

## **Track 6: The Family's Journey Through Change and Conflict**

Room: Ballroom C

Speaker: Dee Priddis, PhD

This 4-hour workshop will provide tools and knowledge, through a communication lens, to manage conflict when the family is experiencing change. The change may occur within a dysfunctional family system (e.g., addiction, alcoholism, abuse) or when a family system tries to heal. We will explore the communication studies lens of the family to understand conflict, conflict styles, stigma, and grief.

### **Part 1: Introduction to Conflict and Family Systems**

Part one will introduce participants to definitions of conflict, family, and family systems. Participants will also learn the ways in which addiction of one (or more) family members impacts the whole family, not just the individual. Participants will discuss aspects of interpersonal communication and the origin of our conflict management skills.

### **Part 2: The Role of Power in Conflict**

Interpersonal Power is defined as "the ability to influence a relational partner in any context because you control, or at least the partner perceives you control, resources that the partner needs, values, desires, or fears" (Hocker, Berry, & Wilmot, 2022). Power is unique to the specific interpersonal relationship (e.g., work, family, partner, friend), rather than an individual quality. We will address the types of power that each relationship partner brings to the relationship and the role of that power. We will also discuss power imbalance and how to even the power in the relationship during the second session of this short course.

### **Part 3: Conflict Styles: Yours and Theirs**

We will address conflict style, or patterned responses a person uses in conflict, during the third session of this short course. You will take the Thomas-Kilmann Conflict Styles self-assessment to calculate your "go to" conflict style. Together, we will discuss the benefits and drawbacks of the various conflict styles that one party may use. You will increase

# Institute Tracks: Tuesday

your toolbox of strategies when patterned conflict styles appear in your interpersonal relationships.

## **Part 4: Grief, Stigma, Social Support**

Part four will discuss the role of grief when you have a loved one with SUD. Disenfranchised grief may look different for various loved ones, as it impacts the whole family system. We will review my published research on disenfranchised grief within families. Social support is often overlooked for the family member due to the stigma associated with SUD. We will identify and discuss how we can support family members to help the family system heal.

## **Track 7: LGBTQIA+ Topics**

Room: Cedar/Maple

Speaker: Chad Curtis, Gus Raymond, Patrick Perry, Philip McCabe

For our seasoned Rural attendees, this is a radically different LGBTQ+ track than we have offered in the past. For new comers, you will get fresh information on LGBTQ+ issues from four very different nationally recognized presenters on the latest clinical updates on this special population which will prepare you for working with very specific identities. All four presenters have very unique experiences in working with this population including diverse rural areas of the country.

## **Part 1: LGBTQ2iA+ Inclusivity: From Awareness to Action - Chad Curtis, LMSW/CTS/RAE/RAC/CPRS/CHSM/SAP**

This dynamic session equips professionals with the foundational knowledge and practical tools needed to create affirming, inclusive environments for LGBTQ2iA+ individuals. Participants will learn key terminology related to gender identity and sexual orientation, explore the real-world impact of stigma, bias, and discrimination, and identify strategies for navigating respectful professional interactions. The session will also address cultural humility,

implicit bias, and the unique risks LGBTQ+ individuals face related to addiction and suicide. Attendees will leave prepared to move beyond passive support and toward actionable allyship in their workplaces and communities.

## **Part 2: Digging Deeper - Working with trans, non binary, and intersex clients - Patrick Perry, MA, LPCC**

Often in rural settings clients who are trans, Non binary and Intersex do not have access to a community that is like them. As a counselor it is imperative that we provide affirming support and inform them of supports in their community and online. Rural clients tend to have higher use of drugs and alcohol due to lack of support. Some support sources will be given in the presentation. In this presentation we will look at the unique experiences and challenges of our transgender, non-binary, and intersex clients. After completing this session participants will be able to understand what it means to be transgender, non-binary, or intersex and clinicians will understand risk factors for substance use in this population and use affirming practices in the treatment settings. We will also look at how trauma and rate of suicide impacts this population and the importance of trauma informed care.

## **Part 3: Sex, Intimacy & Recovery: Supporting LGBTQ+ Clients Through a Sex-Positive Recovery - Philip McCabe, CSW, CAS, DRCC**

This interactive one-hour workshop is designed for addiction counselors, behavioral health professionals, peer support specialists, and recovery advocates working with LGBTQ+ clients. The session explores the complex relationship between recovery, sexuality, intimacy, attraction, and relational patterns through a sex-positive, trauma-informed, and culturally responsive framework. Using the "Invisible Line" experiential activity, participants will engage in guided reflection and discussion around topics including emotional vulnerability, hookup culture, fantasy versus genuine connection, attraction patterns,

# Institute Tracks: Tuesday

shame, boundaries, and recovery-based intimacy. Special attention will be given to the unique experiences of LGBTQ+ individuals navigating recovery within environments where substance use, nightlife, sexuality, and community connection may intersect. The workshop emphasizes that sex positivity is not the absence of accountability, but the ability to discuss sexuality openly and without shame while supporting healthier, more intentional behaviors aligned with recovery goals and personal wellbeing. Participants will leave with practical tools for facilitating affirming conversations about sex, intimacy, relationships, and emotional connection in clinical and recovery settings.

## **Part 4: Ethics of Affirming Care - Gus Raymond, tLMHC, CADC, NCC**

This workshop explores the ethical dimensions of providing affirming, competent clinical care to transgender and gender expansive (TGE) clients in behavioral health settings, with particular attention to the challenges facing rural practitioners. Drawing on guidance from the ACA, NAADAC, NASW, and APA, participants will examine how core ethical principles – including confidentiality, informed consent, non-maleficence, and justice – apply specifically to TGE care, including navigating systemic and provider-level barriers that are often amplified in rural contexts. Through the application of established ethical decision-making frameworks (Corey’s Model, the CVCM, and the Counselor-Advocate-Scholar Model), participants will develop practical strategies for providing gender-affirming care that honors client autonomy, reduces gatekeeping, and addresses the unique access challenges faced by rural TGE clients seeking behavioral health services.

## **Track 8: Indigenous People Improving**

Room: Oakwood

Speaker: Dianne Sullivan

Indigenous tribes are a relatively small part of the U.S. population, but are disproportionately affected by health issues including substance use & mental health disorders. Tribes have been historically marginalized by government policy and actions. The boarding school era and removal acts of the last two centuries have left long lasting psychological scars on their communities. Often, we are treatment providers and prevention specialists as people in tribal communities to trust systems that have been historically harmful. This track will focus on helping professionals develop and use culturally competent tools and techniques to assist in the process of healing. Topics will include 12-step resistance, developing trust, alternative models of recovery, and developing a strong therapeutic alliance.

**Part 1:** Session One will briefly cover the Native experience with discussing some of the federal Indian policies used by the government over a two hundred year period. Understanding context is important in developing the alliance.

**Part 2:** Session Two will cover the impact of intergenerational and historical traumas impact on Native people. Participants can discover how our way helping may have been more harmful in working with people in different modes of prevention addiction treatment practices.

**Part 3:** Session Three we will look at how Our Culture is Our Prevention and how tribes are working across generations to incorporate traditional and cultural practices, focusing on youth to utilize tools and a way of life that has always been there. How can we as professionals demonstrate a willingness to learn how to best assist the whole family system with wellness.

**Part 4:** Session Four will focus on how Indigenous communities are reclaiming traditional lifestyles that embrace what has always existed in our community. Participants will learn and demonstrate ways they can connect with clients in respectful appropriate ways. We will talk about we as providers can establish guiding relationships with people

# Institute Tracks: Wednesday

in the community to better serve the Indigenous populations.

**Wednesday, June 10, 2026**

## **Track 9: History of the 12 Steps and Alcoholics Anonymous. One Man's Journey**

Room: Ballroom A  
Speaker: Mike Jamison

Historically rural areas have lacked access to substance abuse services. The program of Alcoholics Anonymous is the most readily available resource. Even today most of the public has little or no understanding of the 12 steps and the practice of these steps.

**Part 1:** AA's spiritual roots: Frank Buchman: Oxford Groups: Others (Roland Hazard III, Ebby Thatcher, , Carl Jung, Samuel Shoemaker ,etc., contributing toward the creation of Alcoholics Anonymous Time line(1918-1934)

**Part 2:** Bill W and Dr Bob getting sober (AA's slender threads) Years(1934- 1939)

**Part 3:** In depth explanation of steps 1-5.who originated them. what the steps mean. I will be sharing my personal experience/journey with these steps

**Part 4:** In depth explanation of steps 6-12. I will be giving examples of my experience

## **Track 10: Ethical Conflict, Moral Injury, and Value Recovery: A Pastoral Model**

Room: Cedar/Maple  
Speaker: Jeffrey Ahonen

When ethical conflicts arise, so do

psychological and spiritual distresses; long-term and acute moral distress can lead to moral injury, a unique type of trauma response. Characterized by an intense and protracted sense of guilt and shame, moral injury is linked to mental health challenges, such as post-traumatic stress disorder, as well as to substance use disorders. While moral injury among combat veterans, first responders, and therapists has received attention, the prevalence of severe moral stress and moral injury among the general population remains largely unknown. The potential impact of moral distress and moral injury among rural populations is particularly worrisome due to the socioeconomic factors that give rise to stressors; scarcity of treatment resources leaves rural persons vulnerable to the lingering effects of moral stress and moral injury also is cause for concern.

### **Part 1: Ethics, Ethical Conflict, and Moral Stress**

The goal of ethics is sometimes characterized as the Good Life (Aristotle) or the life of love toward God, neighbor, and self (Jesus). When the surrounding circumstances of life are in harmony with a person's moral and ethical frameworks, there is human flourishing in body, mind, and soul; when an ethical conflict arises, there is moral stress. In this session, we review basic ethics and ethical principles to establish a foundation for our study of the psychological and spiritual dimensions of ethical conflict and the resulting moral stress.

### **Part 2: Ethical Conflict, Moral Distress and Moral Injury**

Stress is a normal and unavoidable part of human life; distress is a trauma reaction to unhealthy stressors. The moral stress arising from ethical conflict likewise is a normal and healthy reaction; moral distress develops if the ethical conflict endures over a period of time or comes acutely in a form that shocks the conscience. Moral distress and moral injury conceptualize the adverse psychological and spiritual impacts from extreme ethical conflict,

# Institute Tracks: Wednesday

which result in protracted or intense senses of personal guilt and shame. Moral distress and moral injury are linked to mental health challenges, frequently appearing alongside post-traumatic stress disorder, as well as to substance use disorders. In this session, we summarize the research on moral distress and moral injury to provide further insight into the psychological, spiritual, and behavioral impacts of ethical conflict.

### **Part 3: Assessment of Ethical Conflict, Moral Distress, and Moral Injury**

“In order to treat, we must know.” This is a fundamental principle of medical ethics that has been attributed to Hippocrates, the founder of clinical medicine. It stands for the idea that assessment of the patient is the necessary first step in helping the patient; modern practice has added the crucial element of the patient’s context as part of an holistic approach to assessment. In this session, we examine several assessment tools that have been developed for evaluating moral distress and moral injury as presented by a particular person. The assessment results provide critical facts and vital insights to the service provider regarding the nature of the initiating and recurring ethical conflict; the scope of the moral distress or moral injury suffered, and the observable psychological, spiritual, and behavioral expressions.

### **Part 4: Ethical Conflict, Moral Injury, and Value Recovery**

Moral distress and moral injury are characterized by a prolonged and pronounced sense of guilt and shame that the sufferer has appropriated to the self. Addressing this guilt and shame is key to the resolution of the suffering in the psychological, spiritual, and behavioral dimensions. As a treatment modality targeted specifically at remedying guilt and shame, pastoral counseling ought to be considered as a component of an holistic approach to the client’s care. Through the offering of forgiveness and reconciliation,

the pastoral counselor assists the injured by affirming their ethical values, absolving their guilt and shame, and recovering their sense of moral worth. This session relates several techniques from pastoral counseling that can be helpful in prevention of moral distress, treatment of moral injury, and recovery from its adverse impacts.

## **Track 11: Overview of Trauma Informed Treatment**

Room: Ballroom C

Speaker: Desiree Grin

History of Trauma-Informed Care: 4-Track Series.

This four-track presentation series explores the evolution of trauma-informed care, tracing how our understanding of trauma has shifted from misunderstanding and stigma to compassionate, evidence-based practices that promote healing and resilience.

### **Part 1: Early Views of Trauma and Mental Health**

This session examines how trauma was understood throughout history—from ancient responses to suffering, to wartime terms like “shell shock” and “battle fatigue,” to early psychiatric approaches that often-overlooked emotional wounds.

### **Part 2: The Recognition of PTSD and Trauma Science**

Focuses on the formal recognition of Post-Traumatic Stress Disorder (PTSD), the rise of trauma research, and the groundbreaking impact of Adverse Childhood Experiences (ACEs). This track highlights how trauma affects the brain, body, and long-term health outcomes.

### **Part 3: From Awareness to Trauma-Informed Systems**

# Institute Tracks: Wednesday

Explores how healthcare, education, social services, and criminal justice systems began shifting from asking “What’s wrong with you?” to “What happened to you?” This track introduces the core principles of trauma-informed care and organizational change.

## **Part 4: Healing-Centered Practice and the Future of Care**

Examines modern approaches including resilience-building, cultural humility, community healing, and equity-centered care. Participants learn how trauma-informed leadership and healing-centered engagement create safer, stronger systems and communities.

This series equips audiences with both historical context and practical tools to better understand trauma, reduce re-traumatization, and support long-term healing.