


**Guam's Fourth Annual Conference on
Substance Use Disorders among Pacific Islanders
FINAL AGENDA**


DAY ONE: September 27, 2023 (All times are in Chamorro Standard Time [ChST])

TIME	TOPIC	PRESENTER(S)	TRACK
8:00 AM – 9:00 AM (ChST)	Welcoming Remarks and Introductions, Prayer, and Opening Remarks	<p>Thomas E. Freese, PhD <i>UCLA Integrated Substance Abuse Programs</i></p> <p>Captain Emily Williams, LCSW-PIP, BCD <i>Substance Abuse and Mental Health Services Administration</i></p> <p>Joshua F. Tenorio <i>Lieutenant Governor of Guam</i></p> <p>Eric Borja <i>The Salvation Army</i></p>	
9:00 AM – 10:00 AM (ChST) AM Plenary Session	[P1] Challenges and New Opportunities	<p>Yngvild K. Olsen, M.D., M.P.H.</p> <p>Description: The current state of the overdose crisis, particularly concerning US territories and affiliated Pacific islands, is marked by a complex interplay of factors that have contributed to a significant public health challenge. The overdose crisis, primarily driven by opioids, has extended its reach beyond the contiguous United States to impact these territories and islands, presenting unique challenges and implications. Addressing substance use disorder (SUD) across the continuum of care requires a comprehensive and integrated approach that spans prevention, intervention, treatment, and recovery. By focusing on each stage of the continuum, we can</p>	 Plenary Session

		<p>effectively support individuals struggling with SUD and promote their overall well-being.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe at least one (1) aspect of the current state of the overdose crisis especially as it relates to US Territories and US-Affiliated Pacific Island 2. Identify at least three (3) strategies to address substance use disorders across the continuum of care and SAMHSA/CSAT's role. 3. Evaluate at least two (2) SAMHSA resources relevant to individuals, families, and communities impacted by substance use disorders. 	
10:00 AM – 10:15 AM (ChST)	BREAK		
10:15 AM – 11:15 AM (ChST) AM Concurrent Workshops	[1A] Pacific Mental Health Awareness Training Project: Updates, Strategies, and Lessons Learned from Year 2	<p>Andrew Kurtz, MA, LMFT</p> <p>Description: As mental health and substance use issues continue to impact individuals across the Pacific at increasing rates, there is ongoing need for strategies to mobilize collaboration among providers and community members. This presentation will describe UCLA ISAP's five-year Pacific Mental Health Awareness Training (P-MHAT) Project which is designed to provide participants with skills, practice, strategies, and support for enhancing community support related to mental health and substance use issues. The session will review aspects of evidence-supported approaches to care and referral such as Motivational Interviewing, Mental Health First</p>	<p>Clinical Interventions + Mental Health + Populations w/ Specific Service Needs + Women, Children, and Families</p>


		<p>Aid, and Trauma-Informed Care as well as current successes and lessons learned with the Year 2 cohort of providers across Palau, Guam, and the Commonwealth of the Northern Mariana Islands.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain at least two (2) benefits of early intervention on mental health challenges. 2. Specify at least two (2) community mental health needs to be addressed across the Pacific. 3. Apply two (2) strategies for community-based cultural adaptation of evidence-based practices. 	
	<p>[1B] Building Guam’s Future: An Overview of the 4-Year Strategic Plan for Substance Use Prevention, Treatment and Recovery in Guam</p>	<p>Sara Dimla Harrell, MS, and Athena Duenas, MA, CSAC III, ICADC, LPC</p> <p>Description:</p> <p>On July 31, 2023, island leaders, service providers, and community members gathered to discuss the strengths and opportunities to improve Guam’s infrastructure of substance use prevention, treatment, and recovery (SUPTR) services. This first-of-a-kind gathering among champions in the field resulted to the development of a 4-Year Strategic Plan, with an overall mission to improve Guam's SUPTR workforce and ensure evidence-informed and community-driven services. This presentation will showcase key highlights of the strategic plan and how it is expected to impact substance use prevention, treatment and recovery services in Guam in the coming years. An opportunity will also be provided for</p>	<p>Emerging Issues in Behavioral Health Care + Clinical Interventions + Opioids, Stimulants, and other Emerging Trends in the Pacific</p>

		<p>discourse among participants on strengthening the recommended strategies set to launch in 2024.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain two (2) reasons to use a cohesive and collaborative approach towards substance use prevention, treatment and recovery services. 2. Identify at least two (2) core elements and objectives that will drive substance use prevention, treatment and recovery services in Guam from 2024 onwards. 3. Specify at least two (2) methods to strengthen the implementation of the 4-year plan. 	
	<p>[1C] Centering Indigenous and Cultural Practices: A Holistic Approach to Mental Well-Being for Pacific Islanders</p>	<p>Rachele C. Espiritu, PhD</p> <p>Description: Engage with the Pacific Southwest Mental Health Technology Transfer Center to learn about our partnership with Pacific Island communities to design a training curriculum that will build awareness, empower participants, and foster a deeper understanding of mental health strengths and challenges within Pacific Island communities. By centering indigenous ways of knowing, cultural practices, sacred sites, and spirituality, we aim to create a curriculum that offers a holistic approach to mental well-being.</p> <p>During the workshop, participants will delve into topics, including: Local cultural beliefs: Explore the tapestry of</p>	<p>Mental Health</p>


		<p>local cultural beliefs surrounding mental health and wellness</p> <p>Traditional Help-Seeking: Delve into the diverse range of traditional ways that people seek help within Pacific Islander communities, honoring ancestral knowledge and wisdom.</p> <p>Self-Care Strategies: Learn and share self-care strategies that promote mental wellness, empowering participants to cultivate personal resilience and balance.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain at least three (3) relationships between culture, wellness, health beliefs, and help-seeking behaviors 2. Describe two (2) traditional ways that people seek help within Pacific Islander communities, honoring ancestral knowledge and wisdom. 3. Identify two (2) opportunities for intersection between tradition and contemporary understanding of mental health. 	
	<p>[1D] Update on Emerging Drug Contaminants: Xylazine</p>	<p>Claire Zagorski, MSc, LP</p> <p>Description: This session will briefly cover the emerging drug supply contaminant xylazine, what we do and don't know about its effects, major domains of medical harms from xylazine use, and what harm reduction for xylazine looks like today.</p>	<div style="text-align: center;">  <p>Opioids, Stimulants, and other Emerging Trends in the Pacific</p> </div>

		<p>Objectives:</p> <ol style="list-style-type: none"> 1. List three (3) pharmacological effects of xylazine in humans. 2. Distinguish two (2) major types of harm caused by xylazine use, in both short and long-term contexts. 3. Identify three (3) harm reduction techniques which can be applied to xylazine use. 	
	<p>[1E] Key Foundations for Policy Advocacy Success</p>	<p>Rick Collins, MS, CPS</p> <p>Description: This session will discuss foundational components needed to plan and achieve policy success. Designed for coalitions at the start of their policy journey or those experiencing challenges in getting started, this session will explore ways that coalition can build readiness to introduce prevention policies and protect prevention policies from being eroded by special interest groups. If you're motivated to work on policy, don't miss out on this opportunity to gain insights and strategies to prepare your coalition for a successful policy campaign.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe at least (2) examples of prevention policies. 2. Identify at least three (3) strengths and challenges coalitions face when improving overall readiness to work on prevention policies. 3. List at least two (2) steps to build readiness 	<p>Prevention</p>


	<p>[1F] Cultural Approaches to Reducing Harm Across Moanānuiakea</p>	<p>in coalitions to implement prevention policies.</p> <p>Lilinoe Kauahikaua, MSW, Carol Ann Carl, BS, and Aubrey Yanger Mariano, B.A.</p> <p>Description: In 2022, Papa Ola Lōkahi and Hawai‘i Health & Harm Reduction Center release E hui ana nā moku: A harm reduction toolkit for Native Hawaiian communities.</p> <p>Harm reduction through a Native Hawaiian lens embraces returning to the source. It’s a process to elevate Hawaiian ways of knowing and being, which are strongly connected to (w)holism, spirituality, and relationship to land.</p> <p>According to FNHA, “culture is a medicine that can help us heal... In exploring culture as a strength, a source of resilience, a way to connect, and as medicine, we must consider how we can include people who use substances within our work by increasing access to culture.”</p> <p>We are excited to share with you all, what a potential template for weaving in cultural practices throughout the pacific could look like when reducing harm in our communities. This will look different as every community has unique cultures and traditions.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. List at least two (2) resources from the E hui ana nā moku harm reduction 	<p>Populations w/ Specific Service Needs + Emerging Issues in Behavioral Health Care</p>
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		<p>toolkit.</p> <ol style="list-style-type: none"> 2. Identify at least three (3) strengths, protections, and resiliencies within their own cultural practices as they embody social, emotional, mental, and physical health and healing. 3. Describe at least two (2) cultural practices that can be applied to harm reduction. 	
	<p>[1G] The Extent and Risks of Vaping and What Prevention and Treatment Can Do</p>	<p>Josh Esrick, MPP and Emily Patton, MSc, PgDip</p> <p>Description: The decline in tobacco use since the early 1990s has been one of the great public health success stories in the US. However, the increasing use of electronic vaporizing devices (i.e., “vaping”), especially among youth and young adults, threatens to undo that success. Vaping of other substances, such as cannabis, is also on the rise. This presents a serious public health challenge that should be addressed. This presentation will provide an overview of the data on the current scope of vaping and how it contrasts with historical and ongoing trends of other forms of nicotine and cannabis use. It will also discuss the risks from vaping and how they compare to other substance use risks. It will then review promising programs such as CATCH My Breath, smokeSCREEN, and the Ho’ouna Pono Drug Prevention Curriculum. Lastly, the presentation will review potential public health policies for addressing environmental factors related to the risk of vaping.</p>	 <p>Women, Children, and Families + Prevention, Clinical Interventions + Opioids, Stimulants, and other Emerging Trends in the Pacific</p>

		<p>Objectives:</p> <ol style="list-style-type: none"> 1. List at least two (2) recent trends in vaping across the US and among NHOPI populations. 2. Explain at least two (2) vaping risks. 3. Identify at least three (3) promising vaping interventions. 	
11:15 AM – 12:00 PM (ChST)	Lunch Break		
12:00 PM – 12:15 PM (ChST)	Movement Break provided by UCLA Recreation – Fitwell Programs – Mandy Muenzer		

<p>12:15 PM – 1:15 PM (ChST) PM Concurrent Workshops</p>	<p>[2A] Stopping Stigma: How to Quit Talking ‘Dirty’ to Your Clients</p>	<p>Diane Logan, Ph.D., ABAP, CSAC, ICSAC</p> <p>Description: Language matters. Substance use disorders (SUDs) comprise a global epidemic in terms of morbidity and mortality concerns. These risks are significantly higher in rural areas struggling with meeting the needs of underserved populations. As professionals, we have a responsibility to do no harm, yet our language and biases continue to feed stigma. The relationship between reducing stigma and treatment engagement is clear. This engaging workshop will integrate 1) education on the biopsychosocial model of addiction, 2) an overview of research advances in stigma and access to care, and 3) immediate strategies and resources to destigmatize SUDs on both clinical and personal levels.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain at least two (2) ways stigma impacts access to care. 	 <p>Clinical Interventions</p>
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		<p>2. Identify at least three (3) examples of stigmatizing labels and a replacement term for each.</p> <p>3. List at least two (2) internet resources for reducing stigmatizing language.</p>	
	<p>[2B] The History, Evolution, and Future Direction of TOHGE, Guahan's only Peer-run and Peer-Led Organization</p>	<p>Brian Hahn, BA</p> <p><u>Description:</u></p> <p>HISTORY</p> <p>Why the need for peer recovery support in Guam?</p> <p>Honoring our founders...how TOHGE came to be.</p> <p>What is a Peer?</p> <p>What is Peer Support?</p> <p>The Importance of Peer Support in a Peer's Journey Through Treatment.</p> <ul style="list-style-type: none"> - Effectiveness of Peer Support in Treatment <p>The Roles of a Peer Worker</p> <ul style="list-style-type: none"> - What Peer Workers Aren't: <p>HISTORY</p> <p>Why the need for peer recovery support in Guam?</p> <p>Honoring our founders...how TOHGE came to be.</p> <p>What is a Peer?</p> <p>What is Peer Support?</p> <p>The Importance of Peer Support in a Peer's Journey Through Treatment.</p> <ul style="list-style-type: none"> - Effectiveness of Peer Support in Treatment <p>The Roles of a Peer Worker</p> <ul style="list-style-type: none"> - What Peer Workers Aren't: <p>NEXT STEPS</p>	<p>Emerging Issues in Behavioral Health Care</p>


		<p>Training healthcare and social service professionals in SBIRT</p> <p>Working with our colleagues in the public and private sector to prevent substance misuse.</p> <p>Drop-in center</p> <p>Help our peers re-establish themselves and find meaning in their community. What does that look like?</p> <p>Vocational training</p> <p>Supported employment.</p> <p>Creating a safe and supportive space to discuss, rediscover, or deepen their spirituality.</p> <p>Emphasis on holistic and whole health - many of our peers have co-morbid chronic medical conditions, and co-occurring disorders."</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Define and identify at least two (2) components of Peer Support. 2. List at least two (2) roles of a Peer Worker. 3. Describe at least two (2) reasons why it is important to involve Peer Support in a Peer's journey through treatment. 	
	<p>[2C] Spirit of Motivational Interviewing - Connecting with Our Humanity to Support Growth and Change</p>	<p>Kristin Dempsey, EdD, LPCC, LMFT</p> <p>Description:</p> <p>How we show up in our work spaces and the attitudes we hold profoundly impacts the work we do. It is impossible to separate our</p>	

		<p>professional skill sets from our beliefs about ourselves and others. In this session, we will learn the “spirit” of motivational interviewing and how this spirit shapes our therapeutic approach and creates context for our interactions with clients. We will learn how connecting to the “spirit” allows us to create psychological safety for help seekers and how essential it is for promoting trauma-informed care. *This workshop will provide an advanced level overview of Motivational Interviewing, and participants should have a basic familiarity or experience with this modality.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify and define the four (4) main components of the “spirit” of MI. 2. Describe at least two (2) ways the “spirit” can help promote change among help-seekers. 3. Specify at least two (2) ways you can use the “spirit” of MI to strengthen counselor and client relationships. 	<p>Mental Health + Clinical Interventions</p>
	<p>[2D] What’s Trending in TX/Contrast and Comparison on 10 Year Span</p>	<p>Athena Duenas, MA, CSAC III, ICADC, LPC and Valerie Reyes, LCSW, LPC, MFT, LMHC, ICADC, CSAC III</p> <p>Description: When looking over the data collected for treatment on Guam, it became evident that substance use disorder (SUD) treatment needed to expand to not only serve men and women but families, as well. This workshop</p>	<p>Opioids, Stimulants, and other Emerging Trends in the Pacific + Clinical Interventions</p>

		<p>will provide a detailed review of SUD treatment trends on Guam.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least two (2) treatment trends on Guam. 2. List at least two (2) treatment needs that have been addressed on Guam. 3. Describe at least two (2) areas where treatment services need to be expanded on Guam. 	
	<p>[2E] What Does NOT Work in Prevention</p>	<p>Alyssa O'Hair, MPH, MA, CPS</p> <p>Description:</p> <p>Many trainings and resources focus on what research has shown to be effective at preventing substance misuse. However, we also know through research and local implementation what is NOT effective in preventing substance misuse and in some cases is harmful. Yet communities across the world continue to implement these ineffective and sometimes counterproductive strategies. The focus of this presentation will be on identifying these ineffective approaches. We will also spend time discussing strategies prevention professionals can use to address the resistance often expressed by individuals and organizations reluctant to change long-standing, well-liked but potentially harmful prevention practices.</p>	<p>Prevention</p>

		<p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least four (4) ineffective interventions in preventing substance misuse. 2. List two (2) evidence-based approaches that can be used as effective alternatives to ineffective strategies. 3. Describe at least two (2) strategies to address resistance to discontinuing ineffective and/or counterproductive prevention strategies. 	
	<p>[2F] Ethical Decision-Making in Small and Rural Communities</p>	<p>Cindy Juntunen, PhD</p> <p>Description: This presentation will introduce the principles underlying sound ethical-decision making. Through case examples and discussion, these principles will be applied to the ethical dilemmas that occur most frequently in rural settings: confidentiality, competence, and multiple relationships. In addition, the privacy expectations of providers will be acknowledged. The materials will be organized around the importance of maintaining reasonable boundaries and observing the key aspects of competence when making ethical decisions.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least three (3) ethical challenges of particular relevance in rural and small communities. 2. Compare at least two (2) ways in which rural settings and social context impact 	<p>Populations w/ Specific Service Needs</p>

		<p>ethical decision-making.</p> <p>3. Apply ethical standards and ethical decision-making steps to at least two (2) cases involving confidentiality, multiple relationships, and competence.</p>	
	<p>[2G] Better Together: Improving Outcomes through Effective, Meaningful Family & Youth Engagement</p>	<p>Susan H. Badeau, BA</p> <p>Description: Family engagement is necessary to successfully achieve individual youth and family goals as well as for community safety, staff satisfaction, and system improvement.</p> <p>This session will describe and define effective, meaningful family engagement by addressing five critical questions:</p> <ul style="list-style-type: none"> • Who is the family? Who should we be engaging when working with families or youth in treatment services? • What are 4 core underlying principles of effective youth and family engagement? What is the family engagement continuum and how do I assess where I am along the continuum? • Why is family engagement important? What are the benefits to individual youth and families, to professionals and agencies and to society? • What are the challenges and barriers professionals and systems have identified when seeking to engage with youth and families in prevention, treatment and aftercare services? • How can family engagement be done 	<p>Women, Children, and Families + Populations w/ Specific Service Needs</p>


		<p>better – from establishing a vision to setting goals and implementing an action plan?</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Define at least two (2) elements of the continuum of family engagement. 2. Describe at least three (3) reasons why and how improved family engagement improves outcomes for youth, families and community. 3. Identify at least two (2) ways to integrate the Seven C's of Family Engagement into your program or practice. 	
1:15 PM – 1:30 PM (ChST)		BREAK	
<p>1:30 PM – 2:30 PM (ChST) PM Plenary Session</p>	<p>[P2] Trauma & Gender: Critical Issues in Addiction Treatment</p>	<p>Stephanie S. Covington, PhD, LCSW</p> <p>Description:</p> <p>With the increased awareness of the impact of trauma on people’s lives, helping professionals are beginning to consider what this means in their specific settings. A growing evidence-base documents the impact of child neglect and abuse (as well as other forms of trauma) on health, mental health, addiction, and the risk of criminal-justice involvement. Today we also acknowledge the importance of understanding gender in terms of the differences in risk of and responses to trauma. Historically, “gender responsive” referred to services for women and girls. Now we understand the importance of becoming both gender responsive and trauma informed when providing effective interventions to</p>	 <p>Plenary Session</p>


		<p>men, boys, transgender, and nonbinary clients.</p> <p>This presentation discusses becoming gender-responsive for all populations, as well as defining the three levels of trauma work: trauma informed, trauma responsive and trauma specific. It also offers recommendations for evidence-based resources for all three levels of trauma work.</p> <p><u>Objectives:</u></p> <ol style="list-style-type: none">1. List the three (3) levels of trauma work.2. Describe at least two (2) trauma triggers specific to criminal justice settings.3. Identify and apply two (2) grounding techniques.	
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FINAL AGENDA

DAY TWO: September 28, 2023 (All times are in Chamorro Standard Time [ChST])

TIME	TOPIC	PRESENTERS	TRACK
8:00 AM – 8:15 AM (ChST)	Welcome and Introductions	Beth A. Rutkowski, MPH, and Thomas E. Freese, PhD UCLA Integrated Substance Abuse Programs	
8:15 AM – 9:15 AM (ChST) AM Plenary	[P3] Stimulant Use: Current Trends, Impact on the Brain and Body, and Implications for Treatment	Thomas E. Freese, PhD <u>Description:</u> This presentation will describe the national scope of stimulant use. The acute and chronic mental health and physical health consequences of stimulant use will be presented, including information on the impact of stimulant use on memory and cognition. The presentation will conclude with a discussion on how to implement effective behavioral treatment interventions with people who use stimulants, and the necessary adaptations needed to engage and retain people in care. <u>Objectives:</u> 1. Identify three (3) specific national patterns and trends in stimulant use. 2. Name at least three (3) short-term and three-long term physical and psychological effects of stimulant use. 3. Apply at least two (2) specific behavioral treatment interventions and two recovery approaches that	 Plenary Session

		<p>have been proven to be effective in treating people with a stimulant use disorder.</p>	
<p>9:15 AM – 9:30 AM (ChST)</p>	<p>BREAK</p>		
<p>9:30 AM – 10:30 AM (ChST) AM Concurrent Workshops</p>	<p>[3A] Addressing Substance Use in Hawai'i Through Collaborative Workforce Development & Training</p>	<p>Cliff Bersamira, PhD, AM, and Michael DeMattos, MSW, PhD</p> <p>Description: This presentation provides an overview of the new statewide substance use workforce development and training initiative, Hawai'i SUPD (Substance Use Professional Development), that was guided by the principles of innovation, sustainability, and being culturally- and community-informed. Emphasis will be made on Hawai'i SUPD's program planning, stakeholder collaborations, barriers and opportunities identified, and lessons learned.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. List at least two (2) substance use workforce development and training efforts undertaken in Hawai'i. 2. Identify at least three (3) challenges, opportunities, and lessons learned in substance use workforce development systems change efforts. 3. Describe at least two (2) examples of how innovation, sustainability, and being culturally- and community-informed can enhance workforce development efforts. 	<p style="text-align: center;">Clinical Interventions + Opioids, Stimulants, and other Emerging Trends in the Pacific</p>
	<p>[3B] Toxic Stress Management and Avoiding Burn-Out: How to Sustain Wellness in our Work</p>	<p>Brooke Briggance, BA</p> <p>Description: Toxic stress, vicarious trauma and burn-out are all in the forefront of our minds</p>	

		<p>as we do work in community. The impacts of COVID-19, systemic traumas and other environmental stressors like climate change, have taken their toll. The implications of burn-out and stress have significant impacts for individual professionals including negative consequences for health and wellness over time. But when the workforce is suffering, so too does the organization through changes in retention and attrition that impact the work we want to sustain in the community we serve. In order to address the crisis of burn-out, we have to first understand what is happening in the brain when we experience toxic levels of stress and then identify how to incorporate wellness practices into our day-to-day work schedules. Understanding what the brain requires to heal will help reduce the impact of burn-out and will support sustainable work for individuals and organizations.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain one (1) example of what happens in the brain when it experiences toxic stress and burn-out. 2. Identify at least two (2) ways micro-routines can support healing for the brain and support avoiding burn-out. 3. Describe two (2) practices that can be incorporated into day-to-day routines to support brain wellness. 	<p>Emerging Issues in Behavioral Health Care</p>
	<p>[3C] Getting Grief Ready as Leaders & Managers in and for our School Systems and Organizations</p>	<p>Leora Wolf-Prusan, EdD</p> <p>Description:</p>	<p>Mental Health</p>

Using the Join Leora and the Pacific Southwest MHTTC team in a special study session to explore how we as leaders, managers and directors can become and strengthen our grief readiness skills. This session is based on the "The Fostering Grief Ready Workplaces - A Starter Kit for Mental Health and School Mental Health Leadership" (2022), a guide that provides essential ingredients to guide you and your school or community-based organization through the basics of supporting a grieving workforce.

[Check out the guide here!]

<https://mhttcnetwork.org/centers/pacific-southwest-mhttc/product/fostering-grief-ready-workplaces-starter-kit-mental-health>

The Pacific Southwest MHTTC team is dedicated and funded to provide the mental health and school mental health workforce with evidence-based practices and approaches to support these fields. This mission includes supporting the practitioners who provide support, which in itself is evidence-based. Grief is felt acutely in all of our lives: in our staff meetings, cubicles, community-based mental health organizations, therapy Zoom rooms, classrooms, and broader school communities.


The workshop will explore:

- Grief Readiness: The Basics & How Grief Impacts our Workforce

		<ul style="list-style-type: none"> • Self-reflection: How Grief Ready am I? Is my Team? Is my System? • Approaching Grief Readiness with a Power Analysis: Cultural Sensitivity and Humility <p>Who is this workshop best for?</p> <ul style="list-style-type: none"> -Supervisors, managers, directors, administrators and leadership of school and mental health organizations, agencies, and agencies -Human resources professionals Mental health and school mental health providers (e.g., therapists, social workers, peer support professionals) -Technical assistance providers, coaches, consultants -Trauma informed professionals -And anyone else interested in being grief sensitive at work! <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least three (3) areas of growth for grief leadership. 2. Integrate at least two (2) concepts of grief readiness into already existing school mental health and community mental health leadership practices. 3. Specify two (2) ways in which grief sensitivity is similar and distinct from trauma-informed leadership. 	
	<p>[3D] Hepatitis C Virus and the Importance of Integrated OTP Treatment</p>	<p>Christian Frable, AMFT, Victoria Norith, MSHCA, and Albert Hasson, MSW</p> <p>Description: This training will provide an overview of Hepatitis C Virus (HCV). It will focus on defining key epidemiological aspects,</p>	<p>Opioids, Stimulants, and other Emerging Trends in the Pacific</p>

		<p>contrasting recent treatment advancements, particularly the revolutionary 3-month cure, and evaluating the integration of HCV testing and treatment into Medication-Assisted Treatment (MAT) programs and Opioid Treatment Programs (OTPs). Participants will also learn about potential funding sources for implementing such services in Guam. This training will provide practical strategies to improve HCV management and enhance patient outcomes.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least three (3) key aspects of HCV's epidemiology, including its transmission, prevalence, and high-risk populations. 2. List at least two (2) recent advances in HCV treatment, highlighting the differences and advantages of the 3-month cure option. 3. Describe at least two (2) benefits of integrating HCV testing and treatment into MAT and OTP programs. 	
	<p>[3E] Ensuring a Youth Voice: The Hawaii Children and Youth Summit</p>	<p>Judith F. Clark, MPH</p> <p>Description: Youth and young adults are part of our communities and need to be involved in decisions affecting their lives. The Hawaii Children and Youth Summit empowers youth and young adults to share their vision about what our legislature needs to do to make Hawaii a better place to live, learn and work. Youth leadership roles include planning committee, speakers, video producers, technical support crew, breakout group</p>	<p>Prevention + Women, Children, and Families</p>


		<p>facilitators, and moderators. They craft recommendations for legislative action, which have resulted in new laws, policies and programs. In this workshop, participants will see the power of youth voice and learn ways to engage youth in advocacy.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain a Describe at least two (2) considerations for ensuring youth voice in identifying and advocating for community needs. 2. Identify four (4) ways to involve youth in leadership roles in a children and youth summit or other advocacy process. 3. Explain at least two (2) key steps in planning and conducting a youth advocacy event. 	
	<p>[3F] An Introduction to Culturally Responsive Services for LGBTQ Individuals and Pacific Islanders</p>	<p>Grant Hovik, MA</p> <p>Description:</p> <p>This workshop is designed to develop provider skills in delivering culturally responsive prevention and treatment services for LGBTQ people and Pacific Islanders. The workshop will begin with an introduction to key terms and concepts (such as gender identity and sexual orientation), treatment considerations for clinical work, and an overview of the health needs of lesbian, gay, bisexual, and transgender individuals. The training will then explore the needs of Pacific Islanders who identify as LGBTQ. The training will also discuss the importance of building partnerships with local LGBTQ</p>	<p>Populations w/ Specific Service Needs + Clinical Interventions + Mental Health</p>


		<p>organizations to increase your understanding of the community needs and increase referral options for your clients.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain two (2) factors that might contribute to substance use among LGBTQ clients. 2. Identify two (2) barriers for health screening and medical care for LGBTQ clients. 3. Describe two (2) strategies providers can implement to create affirming environments for LGBTQ people. 	
	<p>[3G] The Intersection of Pregnancy and Substance Use Disorders</p>	<p>Candy Stockton-Joretteg, MD, FASAM</p> <p>Description:</p> <p>Although many pregnancies are complicated by chronic disease, we tend to treat those pregnancies complicated by substance use disorders through a different lens than other chronic diseases. In this presentation, we will address common SUDs that can complicate pregnancy and cover the basics of evidence based treatment for these disorders. We will also address the importance of using the same philosophy for treating SUDs during pregnancy that we apply to treatment of other common chronic diseases.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. List at least three (3) common substance use disorders that can complicate pregnancy. 2. Describe at least two (2) reasons why it is important to acknowledge 	<div data-bbox="1816 803 1984 933" style="text-align: center;">  <p>CME AVAILABLE</p> </div> <p style="text-align: center;">Women, Children, and Families + Clinical Interventions + Populations w/ Specific Service Needs</p>


		<p>substance use disorders as a chronic disease in the setting of pregnancy.</p> <p>3. Explain at least three (3) key components of the "Eat, Sleep, Console" method of managing Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome.</p>	
10:30 AM – 11:15 AM (ChST)	Lunch Break		
11:15 AM – 11:30 AM (ChST)	Movement Break provided by UCLA Recreation – Fitwell Programs – Mandy Muenzer		


<p>11:30 AM – 12:30 PM (ChST) PM Concurrent Workshops</p>	<p>[4A] Dialectical Behavioral Therapy in Substance Use Disorder Treatment</p>	<p>Samantha Santamaria, LCSW</p> <p>Description: Dialectical Behavioral Therapy (DBT) is an evidence-based treatment that was originally developed to treat chronic suicidal ideation and borderline personality disorder (BPD). Research has since shown that DBT is effective in treating a wide range of mood disorders such as depression, post-traumatic stress disorder (PTSD), and eating disorders, as well as for changing behavioral patterns such as self-harm and substance use. DBT is a modified type of cognitive behavioral therapy (CBT), and its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others. DBT incorporates a strong educational component designed to provide skills for managing intense emotions and negotiating social relationships. These therapeutic skills can be</p>	<p>Clinical Interventions</p>
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		<p>conceptualized as affect regulation techniques and are provided in four key areas: Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Distinguish the origins of DBT and the four (4) groups of skills utilized in DBT (Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance). 2. Identify two (2) ways in which DBT skills can be useful in substance use disorder treatment. 3. Apply one (1) specific DBT skill pertaining to one of the four (4) groups of skills utilized in DBT. 	
	<p>[4B] Make Meetings Something Staff Want to Attend</p>	<p>Michael S. Shafer, PhD</p> <p>Description:</p> <p>As a behavioral health clinician, you are part of a treatment team. You may also participate on clinical-based (e.g., ACT team) and agency-based (e.g., risk-management) teams. Implementation change teams play a significant role in the scaling up of evidence-based practices. Meetings are the lifeblood of teams but all too often can be boring, disengaging, and a not very effective. In this workshop, we will focus on some simple and effective strategies to make the meetings you attend or facilitate more effective, productive, and fun.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. List the seven (7) Ps of effective 	<p>Emerging Issues in Behavioral Health Care</p>

		<p>meeting preparation.</p> <ol style="list-style-type: none"> Describe the four (4) major types of team building activities and how they can enhance a team. Identify at least two (2) different meeting facilitation activities for decision-making, problem solving, or team building meetings. 	
	<p>[4C] Building a Hope-Filled Community: Navigating the Recovery and Healing Journey of Unhoused Individuals and Families on Guam</p>	<p>Lavina L.G. Camacho, MS, MFT, LPC, MAC, and Daime Rivera, BS</p> <p>Description: Substance use disorders contribute to housing instability on Guam, a situation that is exacerbated by readily accessible illegal substances due to the island’s central international location. Providing substance use treatment and mental health services for individuals experiencing homelessness requires holistic approaches. This presentation will focus on WestCare Pacific islands Hatsa program and highlight the program’s lessons learned in addressing challenges to reduce barriers and increase the engagement of individuals experiencing homelessness in treatment and recovery.</p> <p>Objectives:</p> <ol style="list-style-type: none"> Name at least two (2) WestCare Pacific Islands & Hatsa services. List at least two (2) common challenges and ways to reduce barriers to providing treatment for individuals experiencing homelessness. 	<div data-bbox="1827 730 1995 860" style="text-align: center;">  <p>CME AVAILABLE</p> </div> <p style="text-align: center;">Mental Health</p>

		<p>3. Integrate three (3) engagement strategies into their practice.</p>	
	<p>[4D] Women's Way Toward Recovery</p>	<p>Candace Pang, ACSW, LSW, CSAC, and Melanie Boehm, MA, LMHC, CSAC</p> <p>Description: Women’s Way Toward Recovery will explore the different experiences of women along their recovery journey. Challenges and strengths that women face along this journey will be discussed. Guiding principles for gender responsive treatment and care will be shared along with how this model is practiced at Hawaii’s Salvation Army Family Treatment Services. An open discussion about establishing gender responsive practices in a variety of settings will conclude our presentation.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least three (3) unique differences between women and men in their substance use experiences. 2. Describe three (3) gender informed strengths that are embraced in treatment and care. 3. List three (3) shifts that could move their program toward inclusion of gender responsive care. 	 <p>Opioids, Stimulants, and other Emerging Trends in the Pacific + Women, Children, and Families, + Populations w/ Specific Service</p>
	<p>[4E] Banning Electronic Nicotine in Palau</p>	<p>Everlynn Temengil, CPS</p> <p>Description: This workshop will provide an overview of the community effort to mobilize harm reduction of electronic nicotine in the Republic of Palau.</p>	<p>Prevention + Opioids, Stimulants, and Other Emerging Trends in the Pacific</p>

		<p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least two (2) elements of fidelity in cultural adaptation. 2. Describe at least two (2) factors that highlight the importance of education for environmental strategies. 3. List two (2) components that underline the importance of data dissemination for various stakeholders, ethnic leaders, and key decision makers. 	
	<p>[4F] Addressing Co-Occurring Substance Use, Mental Health, and Sexual Health Issues Among Vulnerable Populations Across Southeast Asia</p>	<p>Chunqing Lin, PhD, Awirut Oon-Arom, MD, Apinun Aramrattana, MD, PhD, and Imelda Indriyani, MD</p> <p>Description: This workshop features research conducted across Southeast Asia – Vietnam, Thailand, and Indonesia – that addresses the behavioral and mental health risks and service needs of vulnerable populations including women, sexual and gender minorities, and justice involved populations.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Explain Identify two (2) ways that stigma affects engagement in care among women with co-occurring substance use, mental illness, gynecological diseases, and other chronic conditions. 2. Describe the sexualized drug use (chemsex) experience and list at least two (2) ways that chemsex is related to sexual activities and 	 <p>Populations w/ Specific Service Needs + Clinical Interventions + Mental Health</p>

		<p>sexual dysfunction among men who have sex with men.</p> <p>3. List two (2) applications of psychosocial interventions for justice-involved patients with co-occurring disorders who have been referred to Drug Court.</p>	
	<p>[4G] Working with Adolescents in Addressing Substance use Issues</p>	<p>Dawn Cruz, ICADC, CSAC</p> <p>Description: This presentation will share local data on adolescents served and will explore effective treatment approaches in working with this population.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least two (2) evidence based models that is used in working with the adolescent population. 2. List two (2) components of the ACRA model. 3. Describe at least two (2) effective modules from the Matrix Model. 	<p>Women, Children, and Families + Emerging Issues in Behavioral Health Care + Populations w/ Specific Service Needs</p>
12:30 PM – 12:45 PM (ChST)	BREAK		
12:45 PM – 1:45 PM (ChST) PM Plenary Session	<p>[P4] Listen to the Data: A Profile of Substance Use among Pacific Is-landers in Guam</p>	<p>Annette M. David, MD, MPH</p> <p>Description: This presentation covers the latest data from Guam's Substance Use Epidemiological Profile. It presents information on substance use magnitude, trend, comparison to national data, and differences across socio-demographic categories and provides the evidence for what works in reducing substance use prevalence among Guam's population.</p>	<div style="text-align: center;">  <p>Plenary Session</p> </div>

		<p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify two (2) substances which are increasing in prevalence among Guam's youth. 2. Explain one (1) reason why data disaggregation is critical to uncover differences in risk for substance use among population subgroups. 3. List three (3) substances of concern that recent data suggest should be prioritized for prevention and treatment. 	
<p>1:45 PM – 2:30 PM (ChST)</p>	<p>Closing Prayer, Closing Remarks, and Conference Adjourns</p>	<p>Beth A. Rutkowski, MPH <i>UCLA Integrated Substance Abuse Programs</i></p> <p>Theresa C. Arriola, MBA <i>Guam Behavioral Health and Wellness Center</i></p>	