The Child & Adolescent Psychiatry Practical Review
For Primary Care Providers and Mental Health Professionals

April 12, 2018 - Pre-Conference
Trauma • ACEs • Spiritual Care • Pharmacology •

April 13-15, 2018 - Main Conference
ADHD • Sleep • Pharmacology • Eating Disorders • Psychosis •

Grand Superior Lodge
Two Harbors, Minnesota

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Understand how emotional and physical trauma impacts brain function both acutely and chronically.
2. Identify ways to decrease the biological impact of chronic stress.
3. Identify how overall physical health is impacted by chronic and acute stress.

11:00 - 12:30 PM
THE ROLE OF PRIMARY CARE AND BEHAVIORAL HEALTH IN MITIGATING THE LIFELONG CONSEQUENCES OF ADVERSE CHILDHOOD EXPERIENCES (ACES)
Scott Palmer, PhD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Implement screening measures for pediatric adverse childhood experiences.
2. Discuss the role of the pediatric provider in mitigating the negative impact of adverse childhood experiences on adult health.
3. Understand the role of resilience and other reasons for optimism.

12:30 - 1:30 PM
LUNCH (For participants only)

1:30 - 2:15 PM
UNDERSTANDING THE JOURNEY: A PERSONAL PERSPECTIVE ON THE PROCESS OF DEALING WITH LOSS AND TRAUMA
Larry Morrissey, MD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Appreciate the unique nature of the response to loss or trauma for each person.
2. Understand the complex nature of triggers of feelings of loss and trauma.
3. Develop strategies to help patients cope with loss.

2:15 - 2:30 PM
BREAK

2:30 - 3:30 PM
SOUL SURVIVORS: SPIRITUALLY SUPPORTING THOSE IN TRAUMA
Roxann Storms, MSW, LICSW, FT

Registration Form:
CHILD & ADOLESCENT PSYCHIATRY PRACTICAL REVIEW
PARTICIPANT INFORMATION: (PLEASE PRINT)
Participant Name:
Title: MD  DO   PA   NP Other:
Name Badge (First, Last, Title):
Specialty:
Office Name:
Office Address:
City, State, Zip:
Phone: (    ) Work      Cell
Email Address:

FAMILY/GUEST INFORMATION:
Spouse/Guest Attending? Yes  No
If yes, first & last name:
Will your spouse/guest be participating in the Meal Plan?    Yes     No
Children/Young Adults Attending?     Yes  No
Name Age (  If Yes)

OVER
A complimentary Soup & Sandwich Reception is provided for all main conference participants and family members on Thursday from 6:00-8:00 p.m.
Will you be participating?  Yes    No
Will you be staying at Grand Superior Lodge?  Yes     No
Target Audience:
This program is designed for family physicians, pediatricians, child and adolescent psychiatrists, residents, advanced practice providers, clinic nurses, educational professionals and other mental health and health care professionals.

Credits:
“CentraCare Health is accredited by the Minnesota Medical Association to provide continuing medical education for physicians.”

“CentraCare Health designates this live activity for a maximum of 19.25 (5.00 - Pre-Conference, 14.25 - Main Conference) AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”

“Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.”

“This education offering has been designed to meet the Minnesota Board of Nursing continuing education requirements for 19.25 contact hours (5.00 - Pre-Conference, 14.25 - Main Conference). It is the personal responsibility of each participant to determine whether this activity meets the requirements for acceptable continuing education by the licensing organization.”

St. Cloud Hospital has been approved as a provider by the State of Minnesota Board of Social Work - CE Provider Approval Number CEP-77. Participants will earn 19.25 contact hours for the entire session.

Acknowledgements:
The St. Cloud Hospital would like to acknowledge and thank the following for planning this year’s conference:

John M. Schmitz, MD  •  Elizabeth A. Reeve, MD
Scott A. Palmer, PhD  •  Joel P. Spalding, MD

This year’s cover picture has been provided by Katelyn Storms.

The St. Cloud Hospital reserves the right to cancel or reschedule due to unforeseen circumstances.
**Faculty:**

Christopher Boys, PhD—Pediatric Neuropsychologist, Associate Professor of Pediatrics University of Minnesota Medical School

Jennifer Harris, RDN, LD, CEDRD—Clinical Dietician, CentraCare Health Plaza—Women & Children’s

M. Kim Hellier, PhD, LP—Child and Adolescent Psychologist, St. Cloud Hospital Behavioral Health Services

Steve Kubas, MD—Sleep Medicine, Mayo Clinic Health System

Sanjiv Kumra, MD—Associate Professor, Department of Psychiatry, University of Minnesota

Larry Morrissey, MD—Pediatrician, Central Pediatrics

Scott Palmer, PhD—Director, Behavioral Health Clinic, St. Cloud Hospital Behavioral Health Services

Elizabeth Reeve, MD—Child and Adolescent Psychiatrist, HealthPartners Medical Group

Roxann Storms, MSW, LICSW, FT—Psychotherapist; Grief Counselor, Granite City Counseling, LLC

Marcus Westerman, MD, PhD—Psychiatrist, HealthPartners—Melrose Center St. Louis Park

**Pre-Conference:**

**Thursday - April 12, 2018**

9:00-9:45 AM  
REGISTRATION

9:45-10:00 AM  
WELCOME & OPENING REMARKS

10:00-11:00 AM  
THE NEUROBIOLOGY OF TRAUMA  
Elizabeth Reeve, MD
OBJECTIVES:
At the conclusion of this session, participants should be able to:
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2:30-3:30 PM
SOUL SURVIVORS: SPIRITUALLY SUPPORTING THOSE IN TRAUMA
Roxann Storms, MSW, LICSW, FT
OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Identify ways trauma affects the spiritual dimension.
2. Understand the range of spiritual responses following a trauma.
3. Incorporate helpful responses that support the spiritual well-being of those experiencing a trauma.

3:30-4:15 PM
PSYCHIATRIC INTERVENTIONS FOR PTSD
Elizabeth Reeve, MD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Identify medications that have evidence for helping acute PTSD.
2. Identify medications which may be helpful with long term symptoms of PTSD.
3. Understand when to use pharmacologic interventions for PTSD and when therapy might be the better choice.

Main Conference
Thursday - April 12, 2018

6:00-8:00 PM
REGISTRATION/SOUP & SANDWICH RECEPTION
(for main conference participants and families)

Friday - April 13, 2018

7:00-8:00 AM
REGISTRATION/BREAKFAST (until 8:45 am for families)

8:00-8:30 AM
WELCOME & OPENING REMARKS

8:30-11:45 AM
ADHD: NEW UPDATES AND PRACTICAL SUGGESTIONS
Elizabeth Reeve, MD and Christopher Boys, PhD
OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Understand the primary pharmacological options to treat ADHD.
2. Know which nonpharmacological treatment will have efficacy for ADHD symptoms.
3. Understand the neurobiology of ADHD and the role of testing in making the diagnosis.

11:45-12:45 PM
LUNCH (begins at 11:30 am for families)

12:45-2:45 PM
A PRACTICAL GUIDE FOR UNDERSTANDING PEDIATRIC SLEEP DISORDERS (AND GOOD BONUS INFORMATION FOR THE ADULT SLEEPER, TOO)
Steve Kubas, MD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Understand unique aspects of sleep in the pediatric population and normal age associated sleep changes.
2. Understand sleep and sleep architectural changes associated with different age groups.
3. Understand common clinical presentation of the more common pediatric sleep disorders.

2:45-3:00 PM
BREAK

3:00-4:00 PM
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY IN CHILDREN AND ADOLESCENTS
Elizabeth Reeve, MD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Identify when to use medications for anxiety and depression, and when to use therapy.
2. Be comfortable with at least 3 different medication options for depression and anxiety.

5:30-6:00 PM
RECEPTION
6:00-7:00 PM
DINNER

Saturday - April 14, 2018

7:00-8:00 AM
BREAKFAST *(until 8:45 am for families)*

8:00-8:10 AM
ANNOUNCEMENTS

8:10-10:10 AM
EATING DISORDERS IN CHILDREN AND ADOLESCENTS
Marcus Westereman, MD, PhD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Recognize early warning signs of eating disorders in kids and adolescents.
2. Understand evidence-based treatment of ED in childhood and adolescence.
3. Identify medications used in the treatment of eating disorders (adults/kids).

10:10-10:30 AM
BREAK

10:30-11:30 AM
CHILD AND ADOLESCENT EATING DISORDERS: AN OVERVIEW
M. Kim Hellier, PhD, LP

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Recognize eating disorder behaviors including early warning signs, and make an accurate diagnosis.
2. Understand etiology of disordered eating and feeding problems in children secondary to mental health difficulties (e.g. selective eating, vomiting/choking phobias, anxiety, sensory issues).
3. Understand treatment approaches and the importance of collaboration between primary care and mental health providers.

11:30-12:30 PM
MORE THAN A MEAL PLAN: THE ROLE OF A REGISTERED DIETITIAN IN THE OUTPATIENT SETTING
Jennifer Harris, RN, LD, CEDRD
OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Understand typical nutritional interventions for the 3 major eating disorders.
2. Identify faltering and divergence on a growth chart.
3. Identify the difference between feeding and eating as it relates to prevention and treatment of eating disorders in children.

12:30-1:30 PM
LUNCH (begins at 12:15 pm for families)

Sunday - April 15, 2018

7:00-8:00 AM
BREAKFAST (until 8:45 am for families)

8:00-8:05 AM
ANNOUNCEMENTS

8:05-10:05 AM
EIGHT CORE PRINCIPLES FOR TREATING PSYCHOSIS IN ADOLESCENTS
Sanjiv Kumra, MD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Appreciate how to take a developmental informed approach to treatment.
2. Recognize importance of involving family in the treatment plan.
3. Understand current evidence-based interventions to treat psychosis in youth.

10:05-10:30 AM
BREAK/CHECK-OUT

10:30-12:30 PM
PHARMACOLOGY UPDATE: USING ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS
Elizabeth Reeve, MD

OBJECTIVES:
At the conclusion of this session, participants should be able to:
1. Understand the primary side effects of antipsychotics in children and adolescents.
2. Understand the lab testing monitoring needed when prescribing antipsychotics.
3. Identify diagnosis that may/may not warrant the use of an antipsychotic.
Registration:

PRE-CONFERENCE - April 12, 2018
The Pre-Conference includes: Pre-Conference course materials, CME credit, lunch, and afternoon break.
Registration ................................................................. All - $175.00

MAIN CONFERENCE - April 13-15, 2018
The Main Conference includes: Main Conference course materials, CME credit, soup and sandwich reception Thursday (all family members welcome), all breaks and meal plan.

Early Bird (on/prior to February 15, 2018)
Registration (includes meal plan) ......................... Physicians - $600.00
Non-Physicians & Residents - $450.00

Regular (after February 15, 2018)
Registration (includes meal plan) ......................... Physicians - $675.00
Non-Physicians & Residents - $525.00

REGISTRATION DEADLINE
April 1, 2018

CANCELLATIONS
Refunds will be issued prior to April 1st less a $50.00 processing fee.

Special Accommodations:

Please contact the Medical Staff Development Office if you have special mobility, dietary, vision, hearing, or other needs.
Office: 320-255-5836   Email: stcloudhospitalcme@centracare.com
**Lodging:**

Grand Superior Lodge offers a variety of accommodations overlooking Lake Superior. Please plan to stay on-site to take full advantage of networking opportunities with other conference participants and family members.

Conference rates are available by calling Grand Superior Lodge at 1-800-627-9565 to make reservations. Identify yourself as a conference participant. Conference rates are not available online.

Deadline for guaranteed conference rate is April 1, 2018.

For more information visit the Grand Superior Lodge website at www.grandsuperior.com

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**GRAND SUPERIOR LODGE EARLY BOOKING INCENTIVE**

Book lodging for Thursday, Friday, and Saturday nights prior to February 15, 2018 and receive one night complimentary extended stay for Sunday, April 15, 2018. Mention the Early Booking Incentive when making your reservation to redeem!

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**Family Meal Plan:**

A meal plan is available for family members and guests.

- Friday .................. Breakfast, Lunch, and Dinner
- Saturday .................. Breakfast and Lunch
- Sunday ........................ Breakfast

**FEES:**

- Adults (Ages 13+) .................. $145.00
- Children (Ages 4-12) .................. $75.00
- Children (Ages 0-3) .................. FREE

- We are unable to charge prorated fees for individual meals.
- Fees for family meal plans must be included with the registration fee.
- Please communicate any food allergies or other dietary needs prior to arrival by contacting Grand Superior Lodge at 1-800-627-9565.

To ensure optimal customer service, the restaurant will only be open to participants and family members/guests participating on the meal plan during designated meal times.

Individuals not participating in the meal plan can order off the menu during non-designated meal times.
Registration Form:

CHILD & ADOLESCENT PSYCHIATRY PRACTICAL REVIEW

PARTICIPANT INFORMATION: (PLEASE PRINT)

Participant Name: ____________________________________________________________

Title:  □ MD  □ DO  □ PA  □ NP  □ Other: ________________________________

Name Badge (First, Last, Title): ____________________________________________

Specialty: ________________________________________________________________

Office Name: ______________________________________________________________

Office Address: _____________________________________________________________

City, State, Zip: ____________________________________________________________

Phone: ( ) ___________________  □ Work   □ Cell

Email Address: ______________________________________________________________

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all main conference participants and family members
on Thursday from 6:00-8:00 p.m.

Will you be participating?  □ Yes   □ No

Will you be staying at Grand Superior Lodge?  □ Yes   □ No

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FAMILY/GUEST INFORMATION:

Spouse/Guest Attending?  □ Yes   □ No

If yes, first & last name: _____________________________________________________

Will your spouse/guest be participating in the Meal Plan? □ Yes   □ No

Children/Young Adults Attending?  □ Yes   □ No

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OVER
PRE-CONFERENCE - April 12, 2018
All Participants ($175) ................................................ $ __________

CHILD & ADOLESCENT PSYCHIATRY PRACTICAL REVIEW - April 13-15, 2018
EARLY BIRD (ON/PRIOR TO FEBRUARY 15, 2018)
Physicians ($600) ....................................................... $ __________
Non-Physicians & Residents ($450) ...................... $ __________
REGULAR (AFTER FEBRUARY 15, 2018)
Physicians ($675) ....................................................... $ __________
Non-Physicians & Residents ($525) ...................... $ __________
TOTAL REGISTRATION ............................................ $ __________

FAMILY MEAL PLAN
Spouse/Guest/Children 13+ ($145 each) ...... # ____ $ __________
Children Ages 4-12 ($75 each) ..................... # ____ $ __________
Children Ages 0-3 (FREE) ......................... # ____  $ _______ FREE
TOTAL AMOUNT ENCLOSED..............  $ __________

REGISTRATION DEADLINE - APRIL 1, 2018
REFUNDS WILL NOT BE ISSUED AFTER THIS DATE

PAYMENT OPTIONS:
☐ Check (Payable to St. Cloud Hospital CME)
☐ Credit Card
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Card Number: ____________________________________________
Expiration Date: ___ / ___ ☐ CVV Code ________
Amount to Charge: ___________________
Cardholder’s Name: ______________________________________
Billing Address (as appears on statement): ____________________________

Mail To: Medical Staff Development
St. Cloud Hospital
1406 6th Ave. N.
St. Cloud, MN 56303
Fax To: 320-255-5923
Email To: stcloudhospitalcme@centracare.com

QUESTIONS:
320-255-5836 or stcloudhospitalcme@centracare.com
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Participant Name:
Title:  MD    DO    PA    NP    Other:
Name Badge (First, Last, Title):
Specialty:
Office Name:
Office Address:
City, State, Zip:
Phone: (     )        Work      Cell
Email Address:

FAMILY/GUEST INFORMATION:
Spouse/Guest Attending?     Yes      No
If yes, first & last name:
Will your spouse/guest be participating in the Meal Plan?     Yes        No
Children/Young Adults Attending?     Yes       No
Meal Plan?
Name     Age                (       If Yes)
___________________________________ _______
___________________________________ _______
___________________________________ _______
___________________________________ _______