magnus Group
Share, Receive & Grow!

7th Edition of

Global Conference on

Addiction Medicine, Behavioral Health and Psychiatry



19-21

October 2026

Boston, Massachusetts, USA

EXHIBITORS:

braeburn

TekStart Group

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7TH EDITION OF

Global Conference on

ADDICTION MEDICINE, BEHAVIORAL HEALTH AND PSYCHIATRY

HYBRID EVENT

19-21 OCTOBER 2026

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Alphonsus Obayuwana

Triple-H Project LLC, United States



Ann Marie Leonard-Zabel

Curry College and NEALAC Clinic, United States



Christopher Ashton

TeDDs on Chapel Centre for Recovery, Canada



Denis Larrivee

University of Navarra, Spain



Denise Duffie

TeDDs on Chapel Centre for Recovery, Canada



Edie Raether

NeuroShifts and Wings for Wishes Academy, United States

Keynote Speakers



Elizabeth Dale Gilley

The Elle Foundation, United States



Eric A Kreuter

People-USA, White Plains, New York, United States



Frederick J Goldstein

Philadelphia College of Osteopathic Medicine, United States



Jenni Guentcheva

GoodNeighbor LLC, United States



John Michael Weber

Trauma Healed Life Coach, United States



Karen Gail Lewis

Private Practice, United States



Meni Koslowsky

Ariel University, Israel



Nile Stanley

University of North Florida, United States



Sam Vaknin

Commonwealth Institute of Advanced Professional Studies (CIAPS), Cambridge, United Kingdom

Keynote Speakers



Steve Cohen

Medvesta Hypnosis Healthcare,
United States



Welcome Message

Alphonsus Obayuwana

Triple-H Project, United States

I welcome you to GAB 2026, a major opportunity to share, learn, teach, be taught, and grow. It is a unique forum where international experts gather to talk about the latest scientific findings and understanding in the multidisciplinary areas of addiction, psychology, psychiatry, mental health, and wellness.

Currently, there are estimated eight billion humans living and co-inhabiting the Earth. This includes you and me, our children, parents, siblings, and extended relatives, those we love and care about, those we need, and those who need us, those we know, and those we do not know, including people who live in faraway places and only hear about in the news. These people (i.e., eight billion of us) are the subjects of interest and for what reasons international experts (with different talents, skills, education, training, and certifications) gather together to talk at GAB.

I hope you enjoy it.



Welcome Message

Ann Marie Leonard-Zabel

Curry College and NEALAC Clinic, United States

Welcome Esteemed Colleagues and Guests,

It is with heartfelt enthusiasm that I welcome you to the 7th Global Conference on Addiction Medicine, Behavioral Health, and Psychiatry, held in the vibrant city of Boston, Massachusetts. As we gather in a time marked by growing mental health needs, substance use challenges, and behavioral complexities, the importance of collaborative, interdisciplinary dialogue has never been more critical.

This year's program offers a rich tapestry of sessions addressing key areas such as addiction science, mental health diagnostics and treatment innovations, neurobiological underpinnings of addictive behaviors, public health frameworks, therapeutic modalities, and cutting-edge clinical research. Each presentation is crafted to foster meaningful exchange and inspire forward-thinking solutions.

Whether you are an emerging scholar, seasoned clinician, dedicated researcher, or academic leader, this conference provides a dynamic platform to deepen your expertise, connect with peers, and contribute to the evolving landscape of mental health and addiction care.

Welcome Message





Christopher Ashton and Denise Duffie

TeDDs on Chapel, Centre for Recovery, Canada

We are honored to welcome participants and visitors to GAB 2026, a global gathering of experts and ideas surrounding Addiction Medicine, Behavioral Health and Psychiatry. We are excited to present our latest research exploring neurobiological fundamentals of cognition, consciousness and behaviour. New findings regarding the Default Mode Network (DMN) have provided a new perspective in understanding brain function, the nature of consciousness, and behaviour. Frequently overlapping and including nuclei of the limbic system, the DMN is a distributed and integrated network of brain areas originally shown to be suppressed when people focus on external stimuli.

Through consideration of 'hot' and 'cold' decision making processes, we will illustrate how environmentally impacted mechanisms and bias in internal/external switching mechanisms in the DMN affect mental wellness and life course.

We hope you will be inspired by our new research and that of other experts at the conference.



Welcome Message

Denis Larrivee
University of Navarra, Spain

Dear Fellow Colleagues,

I am grateful for this opportunity to welcome you to the GAB 2026 conference on addiction. As you know, addiction is something of a national affliction given its preeminence as a social disruptor and a chief cause of death among the country's youth. The role of research in overcoming this scourge is indispensable, whether basic, clinical, or public health, a role furthered by professional exchanges like the one occurring here at GAB 2026. Insights into the biological, sociological, and psychiatric factors surrounding addiction that emerge from this conference will provide direction for its prevention in susceptible populations and diminished recidivism in those previously addicted. Thanks to research in each of these spheres, the prospect for a significant reduction in addiction is much improved from even a decade ago. I look forward to hearing your presentations, and learning of the insights they offer to address this national scourge.



Welcome Message

Edie Raether

NeuroShifts and Wings for Wishes Academy,
United States

I'm Edie Raether, Behavioral Strategist and creator of NeuroShifts™ and the Three-Second NeuroShift™ - a rapid, neuroscience-based method designed for real-time behavioral interruption and regulation.

In mental health and addiction treatment, we often see the gap between insight and action - when patients know what to do, but can't access it in the moment. My work focuses on that exact gap, offering a simple three-second micro-intervention that helps interrupt automatic patterns, stabilize emotional responses, and support identity-based change.

The networking opportunities at GAB open doors to connections that matter for together we all have greater impact. I'm especially interested in collaborating with clinicians and treatment leaders who are looking for practical, in-the-moment tools that can enhance outcomes.



Welcome Message

Eric A. Kreuter

People-USA, White Plains, New York, United States

The 2026 Global Conference on Addiction Medicine, Behavioral Health and Psychiatry brings together worldwide expertise and best practices for you to apply to your practices. Join in the vast array of practitioners, academics, researchers, and entrepreneurs towards the goal of enrichment of information. Apply to present and/or attend either in person or virtually. Like past GAB conferences, this year's offerings are sure to meet your interest and needs.



Welcome Message

Frederick J Goldstein

Philadelphia College of Osteopathic Medicine,
United States

I am delighted to welcome you to my presentation at the GAB 2026.

In this presentation, I will share preliminary findings from my observational pilot clinical study using various doses of a 1:1 THC oral capsule to improve analgesia in individuals suffering from chronic neuropathic pain. I will also discuss the quality-of-life data being collected and explore the current federal barriers to conducting clinical research involving THC and CBD extracted from the cannabis plant in the United States.

I look forward to sharing these findings and engaging in a meaningful discussion with all the participants at GAB 2026.



Welcome Message

Gilley Elizabeth

The Elle Foundation, United States

I am thrilled to be asked to speak at the 7th Edition of the global conference on addiction medicine, behavioral health and psychiatry in Boston, this October 2026. The theme Innovating Pathways: Transforming Addiction Medicine and Behavioral Health is so relevant to cutting-edge applications from the genomic era of precision addiction medicine and the new sciences of psychiatric and psychological genomics. The Reward Deficiency Syndrome paradigm is beautifully illustrated through the Elle Foundation Research 100 series of family genomic case study. I am excited to share the updates and their meaning for improved patient recovery success. I also look forward to hearing from the international community dedicated to improving patient experience and increasing recovery success.



Welcome Message

Jenni Guentcheva

GoodNeighbor, United States

Dear Congress attendees, it is my great pleasure to share my passion for developing effective substance use disorder interventions. Traditional cognitive-behavioral therapies have dominated the addiction treatment field in our century and have informed treatment programs detached from the existential aspects of forming meaning and finding purpose. A sustainable individual health program would encourage the development of a Self-concept capable of providing a sense of dignity and self-respect, strengthening its core dimensions by internalizing humanistic principles, and finding purpose above and beyond self-indulgence and reward-seeking. I am especially excited that this international forum offers all of us opportunities to compare cultural perspectives in intervening with substance use and better understanding the factors determining why some societies develop a more intense appetite for substance use than others.

I very much look forward to discussing these factors together with you, dear attendees!



Welcome Message

John Michael Weber

Trauma Healed Life Coach, United States

Greetings and welcome to all for the 2026 GAB Conference. This, to me, is an honor and privilege to share research ideas, examine others' research, and both teach and learn from others. It is extremely helpful to all to collaborate on given fields and areas to get better equipped going forward in the battle to prevent and treat addiction.

In my third year of attending the conference, I am looking forward to reconnecting with others and making new connections as well. I cannot express the excitement enough because no matter what I bring to the conference, I go home richer in knowledge than when I arrived.



Welcome Message

Karen Gail Lewis

Private Practice, United States

Dear Congress visitors,

It is a pleasure to share with you one of the most surprising things I've experienced in my 54 years of practice. As clinicians, we know how important it is to listen and use our insights with our patients. What I first heard was so subtle, I almost missed it: in my work with Bulimic women, they made quiet references to their siblings. Once I allowed myself to hear what they were saying, I began asking questions - lots of questions. The onset and their recovery often had something to do with a brother or sister. At first it made no sense, then I began to see a pattern. I am excited to share with you this pattern that I have come to call Unhealthy Sibling Loyalty.



Welcome Message

Meni Koslowsky

Ariel University, Israel

I am pleased to present our findings at the GAB 2026 conference. The attendees at the conference, who come from all over the world, will be presented with research findings that suggest ways to make the hard work of physicians more efficient. The study examined whether and how Balint training might help medical students become more empathic and whether self-efficacy increases after training in the technique. Balint training is designed to help develop a therapeutic doctor-patient relationship that humanizes the practice of medicine for both the patient and doctor. The importance of the study findings is that it sheds light on the effectiveness of Balint as a tool for improving empathy and self-efficacy. In addition, it seems that it is appropriate to adapt the tools and training for developing empathy skills according to the different personality traits of the students and to develop different training programs according to those personality traits. Thus, it is of great importance to conduct future research in this area to learn how to best train each student while taking into consideration each one's personality characteristics. As such, it may be possible to reduce objections and difficulties in doctor-patient relationship studies.



Welcome Message

Nile Stanley

University of North Florida, United States

Welcome to GAB 2026, in the vibrant city of Boston - an epicenter of innovation, history, and scholarly excellence. Boston is home to world-renowned universities and research institutions like Harvard University, MIT, Boston University, and Harvard Medical School, fostering cutting-edge research in psychology, neuroscience, and addiction studies.

As we prepare to gather for the 7th Edition of the Global Conference on Addiction Medicine, Behavioral Health, and Psychiatry, we invite you to join us from October 19-21, 2026, in person or virtually. This hybrid event, themed Innovating Pathways: Transforming Addiction Medicine and Behavioral Health, promises a dynamic platform for collaboration among leading psychiatrists, psychologists, neuroscientists, clinicians, policymakers, and industry pioneers from around the world.

Whether you're here to share insights, forge new partnerships, or gain cutting-edge knowledge, GAB 2026 offers unparalleled opportunities for professional growth and meaningful dialogue. After the conference, enjoy the allure of Boston's seaside charm or take a scenic trip to Cape Cod for a memorable escape. We look forward to welcoming you to this transformative event in the heart of Boston!



Welcome Message

Steve Cohen

Medvesta Hypnosis Healthcare, United States

I am excited to be here. It is an honor to stand in a room full of people who willingly chose one of the few professions where a normal day may not be a thing. This conference is not only about research, protocols, or the latest three-letter acronym you may pretend you love. It is about people. Messy people. Brilliant people. People not fitting neatly into flowcharts.

Over the next few days, I invite you to challenge assumptions, share what actually works, and maybe admit, out loud, that the textbook did not always get the memo. Take what is useful. Question the rest. Compare notes. Steal good ideas shamelessly. And do not forget to laugh.

Humor is often the last tool standing when everything else taps out. Your work matters. Your presence matters. And the fact that you are also here choosing to learn, connect, and keep showing up matters.

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About Magnus Group

About

Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceutics, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.

About GAB 2026

About

The **7th Edition of Global Conference on Addiction Medicine, Behavioral Health and Psychiatry (GAB 2026)** takes place from **October 19-21, 2026, in Boston, Massachusetts, USA,** and **virtually,** providing an international platform for professionals working across addiction medicine, behavioral health, psychiatry, psychology, neuroscience, and related fields. Centered on the theme *Innovating Pathways: Transforming Addiction Medicine and Behavioral Health,* GAB 2026 highlights emerging research, evolving practices, and innovative approaches shaping mental and behavioral healthcare.

The conference brings together psychiatrists, psychologists, addiction specialists, neuroscientists, researchers, clinicians, healthcare professionals, policymakers, and industry experts to exchange knowledge, research findings, and professional perspectives. The scientific program features keynote and oral presentations, poster sessions, panel discussions, interactive sessions, and opportunities for professional interaction, covering developments in diagnostics, treatment strategies, neurobehavioral research, integrative care models, and the translation of research into clinical and community practice.

With both in-person and virtual participation, GAB 2026 supports interdisciplinary dialogue, international collaboration, and knowledge exchange among professionals from diverse backgrounds. The conference serves as a forum for discussing contemporary challenges, sharing scientific advancements, and exploring approaches that contribute to the continued development of addiction medicine, behavioral health, and psychiatric care.

About Exhibitor

About

Braeburn is dedicated to transforming the management of opioid use disorder (OUD) to help people begin and sustain their recovery.

At Braeburn, we challenge the status quo and champion transformation of the management of OUD. We partner with the community to create a world where every person with OUD gets the best possible care and opportunity to reach their full potential.

https://braeburnrx.com to learn more.

Connect with Braeburn on LinkedIn **https://linkedin.com/company/Braeburn**

About Exhibitor

About

TekStart Group | AirStart® for Behavioral Health

Founded in 1998, TekStart Group® is a privately held firm that helps turn breakthrough technology into market-ready solutions. With offices in Burlington, Ontario, and Santa Monica, California, TekStart brings deep engineering expertise and a trusted partner network across North America and Europe. Through its AirStart® Environmental Monitoring business, TekStart applies that expertise to a growing challenge: keeping indoor spaces safe, healthy, and free of substances.

AirStart® for Behavioral Health delivers camera-free nicotine, THC, and air quality detection for addiction treatment centers, recovery residences, and behavioral health facilities.

In treatment settings, recovery depends on an environment free of substances and the distractions they bring. Yet vaping is easy to hide — most often in bathrooms and resident rooms, where cameras aren't appropriate and manual checks are inconsistent. Standard smoke detectors aren't designed to detect vape aerosol, and many vape detectors sense only nicotine or only smoke, leaving THC use unnoticed.

Built with Vape Guardian, ceiling-mounted sensors detect:

- Nicotine and THC vape aerosol
- Cigarette smoke indicators
- Changes in air quality
- Sudden loud noises that may signal an incident

Designed with resident dignity in mind:

- No cameras
- No recorded audio or conversations
- No personal information collected or stored
- Logs only the time and location of detection events

When an event occurs, AirStart sends real-time alerts by SMS, email, or app to the right staff member, based on location, shift, and severity. An analytics platform shows patterns by location and time of day, helping leaders adjust staffing, supervision, and support. TekStart's team designs alert workflows around each facility's policies, integrates with existing security and operational systems, and supports staff orientation — a complete, configured solution rather than a stand-alone detector.

100 → 3 weekly vaping alerts in a 5-week pilot across 15 UK schools	**100-day** money-back guarantee to evaluate in real-world conditions	**Real-time** alerts by SMS, email or app to the right staff member

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KEYNOTE PRESENTATIONS





Alphonsus Obayuwana

Triple-H Project, United States

Biography: Alphonsus Obayuwana is a physician-scientist, Titan Literary Award-winning author, founder, and CEO of the Triple-H Project, United States, an entity that trains and certifies happiness coaches. Obayuwana was on the teaching faculty at the Johns Hopkins School of Medicine, University of Maryland College of Medicine, Eastern Virginia Medical School, Ohio University College of Osteopathic Medicine, and lastly at the University of Toledo before retirement in 2020. Obayuwana is also a retired Major in the US Air Force Reserve and has been a contributor to Psychology Today, and the latest book, The Happiness Formula, was named one of the Five Must-Read Books of 2024 by Forbes.

What to do when a tragedy strikes

Tragedy, by definition, is an event that causes great suffering. It is often sudden, usually unpredictable, and no one is immune. Examples include earthquakes, hurricanes, tornadoes, wildfires, flooding, severe droughts, epidemic infections, and large-scale environmental poisoning. Some tragedies result from human errors or the accidental failure of technology (as in the case of industrial accidents, airplane crashes, train derailments, and rocket launch malfunction), while other tragedies may be due to willful acts by individuals during the crimes of theft and homicide.

Regardless of what kind of misfortune happens to have struck and under whatever circumstances, every misfortune or tragedy that we suffer in life impacts us ultimately through a common pathway-by intensifying one or more of our five inborn human hungers: hunger for food and comfort; hunger for intimacy and trusted companionship; hunger for answers and information; hunger for inclusion and acknowledgment; and hunger for continuity and certainty.

For example, when an earthquake or a tornado completely devastates the town where you live and work, when your spouse or sibling dies in a plane crash, when a terrorist bomb explodes and maims you, when you lose your home and all your belongings in a fire, or the doctor calls you to say that your biopsy is positive for cancer, the disruptive consequences of such events are not only economic but also psychological, spiritual, and social in nature - with mounting fears, personal doubts, uncertainties, tests of faith, and the need for answers and information.

During this presentation, attendees will learn exactly what to do to rebound. At the end, the audience will walk away with the knowledge of what specific five things to do while on a so-called *Z*-Pathway, to rebound, and flourish, despite (and sometimes even because of) the tragedy.



Ann Marie Leonard-Zabel

Curry College and NEALAC Clinic, United States

Biography: Ann Marie Leonard-Zabel is a Full Professor of Psychology at Curry College and president of the NEALAC Clinic, specializing in brain-based assessment, consultation, and intervention. A multi-award-winning educator and researcher, Leonard-Zabel is a frequent national and international keynote speaker on addictions, school neuropsychology, violence and aggression, forensic evaluation, trauma, autism, and neurodevelopmental disorders, maintains an international private practice and has published extensively in mental health, learning disabilities, ethics, forensics, and diversity. Leonard-Zabel serves on global advisory boards and is a Global Goodwill Ambassador, honored with Lifetime Achievement awards in School Neuropsychology and Disability Analysis.

The storm within: Neuro psychological insights into dysregulation and substance use in the adolescent brain

Adolescents struggling with substance use often display emotional volatility, impulsivity, and behavioral dysregulation-hallmarks of a deeper neurodevelopmental imbalance. This keynote explores the storm within, a dynamic interplay between a hyperactive limbic system and an underdeveloped prefrontal cortex, illuminating the neuropsychological roots of adolescent dysregulation and substance-related vulnerability.

During adolescence, the limbic system-central to emotion and reward processing-matures ahead of the prefrontal cortex, which governs executive function and self-regulation. This developmental mismatch, compounded by dopamine surges, heightens reward-seeking and impulsivity. Substance use further disrupts neurodevelopmental processes such as myelination, synaptic pruning, and neurotransmitter balance, intensifying emotional instability and increasing the risk of long-term cognitive and behavioral consequences.

Clinically, recognizing these neurobiological underpinnings is essential for effective intervention. This presentation outlines strategies to normalize brain-based changes through psychoeducation, assess executive and emotional functioning, and apply evidence-based modalities including a variety of therapeutic and mindfulness practices. These approaches aim to strengthen prefrontal regulation and promote adaptive coping. Additionally, engaging family and peer systems enhances resilience and supports sustained recovery.

By integrating neuropsychological insights with compassionate care, clinicians can better navigate the complexities of adolescent substance use, fostering regulation, resilience, and neurodevelopmental protection.



Christopher Ashton*, Denise Duffie*

TeDDs on Chapel, Centre for Recovery, Canada



Biography: **Christopher Ashton** received a Bachelors in Engin -eering Physics (cum laude) from the Royal Military College, a Doctor of Medicine from Western University and a Masters from the University of Leicester, United Kingdom, continues to study intermittently at Harvard School of Medicine, and continues to work and research in addictions care.

Denise Duffie is an accomplished healthcare professional with nu merous academic and professional achievements, and continues to provide the leadership necessary for staff and clients in successful addiction care at TeDDs on Chapel, Center for Recovery in New Brunswick, Canada.

Dr Jekyll and Mr Hyde revealed: Tales from the default mode network

The discovery of the Default Mode Network (DMN) over 20 years ago has provided a new perspective in understanding brain function, the nature of consciousness, and behaviour. Frequently overlapping and including nuclei of the limbic system, the DMN is a distributed and integrated network of brain areas originally shown to be suppressed when people focus on external stimuli. The DMN has been shown to be most active during periods of wakeful rest, mind wandering and daydreaming allowing us to reflect on recent and distant past experiences, emotions and interactions, and adjust our conscious interpretation of the past and envision the future.

Recently, a greater understanding of how the DMN significantly affects cognition and behaviour in present time is emerging. This presentation builds on the larger known neuroplastic changes in the limbic system and their contribution to increasingly detrimental decision making through DMN activity changes and influences, as addiction progresses. Furthermore, in exploring the neuroscience of recovery, positive neuroplastic changes reflected in DMN activity correspond to improved mood, worldview and healthy behaviours.

Through consideration of 'hot' and 'cold' decision making processes, mechanisms and bias in internal/external switching mechanisms, the tale of the functional alcoholic is revealed. Through this presentation, the audience will gain an understanding of the mechanisms behind highly talented persons (Dr Jekyll) consistently sabotaging others (Mr Hyde) and

eventually themselves over their life course. Most importantly, understanding the DMN and measures to elevate base functioning gives key insights into highly effective treatment for addiction.



Denis Larrivee

University of Navarra, Spain

Biography: Denis Larrivee is a visiting scholar at the Mind and Brain Institute, University of Navarra Medical School and Loyola University, Chicago, has held professorships at the Weill Cornell University Medical College, New York City, and Purdue University, Indiana, and as a former fellow at Yale University's Medical School received the Association for Research in Vision and Ophthalmology's first place award for studies on photoreceptor degenerative and developmental mechanisms. Larrivee maintains an active interest in medical imaging technology and recently published an edited volume on current advances in magnetic resonance imaging, is the editor of six additional texts on clinical neuroscience and neurotechnology and is an editorial board member of the Annals of Neurology and Neurological Sciences, United States, and EC Neurology, United Kingdom. Larrivee is the lead author of more than one hundred papers and book chapters in such varied journals and venues as IEEE Xplore, the Journal of Neuroscience, Frontiers Human Neuroscience, and the Journal of Religion and Mental Health, including a recent article in the Journal of Responsible Innovation on the integration of ethics in medical neurotechnology design, in 2018 was a finalist for the international Joseph Ratzinger Expanded Reason award sponsored by the Francis Vittorio University of Madrid, and is currently a member of the IEEE BRAIN Task Force on value based design of medical neurotechnologies.

Genetic decoupling and global regulatory failure in diseases of agency

Neural mechanisms for self regulation feature prominently in studies of addiction, which is characterized by the inability to resist compulsive behavior. Such mechanisms entail not just top down processes involved in the execution of decision making events, but also the neural representation of the self/agent, generally regarded as the source of decision making capacity. Impairments of this representation can be expected to weaken the ability to enlist capacities for self regulation. Several cognitive diseases exhibit self recognition dysfunctions, suggesting that their study might reveal factors leading to self-representation impairments.

Genetic studies, however, have been unable to identify molecular factors contributing to the impairments. Whole genome studies of diseases like schizophrenia, for example, have thus far failed to identify gene candidates exerting more than a marginal influence on behavioral symptoms. Affected Single Nuclear Polymorphisms (SNPs), for example, number well above 12,000 indicating likely pool sizes of risk alleles running into the thousands. The indiscriminate and massive number of affected alleles seen in these studies implicates a higher order,

organizational and regulatory impairment, rather than one involving specific genetic factors, which affects self-recognition and the ability to execute actions. Such a substrate is likely to be embedded within the interactive properties of large cell clusters such as those comprising neural circuits or even large-scale networks of the brain.

The genetic findings thus suggest the existence of a process of decoupling regulation from genetic oversight to one involving a systemic and top down supracellular organization exerting regulatory control. Consistent with this interpretation, bodily informed, sensoria driven input are known to shape the synaptic architecture of the brain, thus implicating genetic decoupling and a shift to top down regulation. The inability to attribute actions to the self seen in these diseases thus also suggests a failure in how sensorial input from the body drives the formation of a global regulatory structure. Several leading proposals that link the sensorial representation of the body to the self/agent could offer a model for investigating the etiology of these diseases and will be discussed in this talk.



Edie Raether

NeuroShifts and Wings for Wishes Academy, United States

Biography: Edie Raether is a psychotherapist, behavioral strategist, and developer of the NeuroShifts™ framework and the Three-Second NeuroShift™ micro-intervention model, whose work focuses on rapid executive re-engagement during emotional and addictive activation, with emphasis on sub-second decision dynamics, dopaminergic reward prediction, and applied neuroplasticity. With over five decades of clinical experience in addiction recovery, trauma response, mental health, leadership psychology, and youth behavioral transformation, Raether translates cutting-edge decision-neuroscience into practical, repeatable clinical tools, and the Reset Before Relapse™ protocol has been implemented in treatment centers, healthcare systems, and organizational mental-health programs internationally. A seven-time author, TEDx speaker, and former college professor, Raether is recognized globally for bridging neuroscience with real-world therapeutic application and for developing micro-interventions that interrupt maladaptive neural loops in real time.

The three-second NeuroShift™: Reset before relapse for addiction and emotional dysregulation

Addiction, trauma-linked reactivity, and emotional dysregulation are characterized by rapid transitions from prefrontal executive control to limbic dominance. Neuroscience research demonstrates that sub-second fluctuations in amygdala activation, dopaminergic reward prediction, and prefrontal inhibitory engagement critically shape behavioral outcomes. Decision-neuroscience findings indicate that action plans remain neurally contestable for approximately 100–200 milliseconds, creating a narrow but clinically significant window in which maladaptive impulses can be interrupted before they consolidate into behavior. Relapse, panic escalation, compulsive actions, and identity-based self-sabotage often originate within these micro-temporal neural cascades. The Three-Second NeuroShift™ is a structured cognitive-somatic micro-intervention designed to leverage this window to interrupt maladaptive activation patterns, modulate autonomic arousal, and re-engage executive control before compulsive behavior is enacted.

Objective: To present a neuroscience-aligned framework demonstrating how a three-second intervention can modulate amygdala reactivity, re-engage prefrontal inhibitory networks, reduce sympathetic arousal, influence dopaminergic prediction-error signaling, disrupt craving and compulsive behavioral loops, and support identity-level behavioral redirection. The goal is to integrate neurophysiological evidence with practical therapeutic

tools applicable to addiction treatment, trauma stabilization, anxiety regulation, and emotional dysregulation.

Methods: The Three-Second NeuroShift™ model has three phases. Interrupt: a brief cognitive label (This is craving, This is activation, This is urge) that recruits prefrontal cortical engagement, disrupts automatic limbic escalation, and restores momentary executive access. Regulate: a rapid autonomic reset (for example a physiological sigh or paced breathing) combined with cognitive reframing and sub-modality shifts to down-regulate amygdala activity, reduce sympathetic arousal, and create an alpha-dominant state conducive to cognitive flexibility. Decide: a pre-identified behavioral anchor (Next Best Choice) that leverages dopaminergic prediction-error signaling to reinforce adaptive pathways over compulsive reward-seeking, integrating identity-based decision rehearsal and immediate somatic and cognitive reward cues to strengthen new neural patterns.

The model draws on evidence of sub-second dopamine fluctuation in motivation and action selection, research demonstrating prefrontal-amygdala modulation through cognitive reframing, neuroplasticity findings supporting repetition-based micro-activation of executive circuits, and relapse-science data identifying trigger-activation sequences as precursors to substance use.

Clinical and therapeutic applications: The NeuroShift™ protocol is designed for integration into addiction relapse-prevention programs, craving interruption training, trauma-trigger stabilization, panic and anxiety spike management, anger and impulse dysregulation treatment, and outpatient, group therapy and corporate mental-health models. Participants engage in repeatable 3-minute NeuroShift drills incorporating trigger-mapping, craving labeling, breath-based autonomic resets, executive-choice rehearsal, and structured Next Three Minutes relapse-interruption planning.

Results: Early implementation across clinical, corporate, and community settings suggests improved emotional regulation, reduced frequency of stress escalation, increased cognitive flexibility, greater interruption of maladaptive habit loops, and enhanced adherence to recovery behaviors. Participants report increased perceived agency, improved ability to interrupt craving cycles, and reduced automaticity of negative thought spirals. Further controlled outcome studies are recommended.

Conclusion: Addictive relapse and emotional escalation are not failures of willpower but predictable neurobiological cascades occurring within micro-temporal windows. The Three-Second NeuroShift™ provides a rapid, scalable, neuroscience-aligned micro-intervention that leverages the brain's capacity for real-time modulation and neuroplastic adaptation. By training individuals to regulate the first three seconds of activation, clinicians can alter the trajectory of relapse cycles and emotional dysregulation at their neurological origin.

Keywords: Addiction Neuroscience, Relapse Prevention, Limbic Hijack, Dopaminergic Signaling, Micro-Intervention, Neuroplasticity, Emotional Regulation, Executive Function, Craving Interruption, Rapid Neural Modulation.



Elizabeth Dale Gilley

The Elle Foundation, United States

Biography: Elizabeth Dale Gilley is a research scientist who focuses upon underlying neurogenetic and neurobiological syndrome which manifest as Substance Use Disorders and comorbid Mental Health Disorder Clusters. The Elle Foundation 100 series in family genomics clearly demonstrates the Reward Deficiency Syndrome paradigm and how genomic applications benefit RDS families over the generations. Gilley is in the 6th year of longitudinal studies for the 100s series and is in the data collection analysis phase of the 200s series, which will inform the design of a much larger study known as the EF300s.

Reward deficiency syndrome solution patient claims dopamine homeostasis provided the neurological stability to begin focusing upon healing psychic fracture associated with chronic post-traumatic stress disorder dissociative multiplicity

Introduction: This editorial provides an update to the Elle Foundation Research Institute 100's Family Genomic Series, including Case Study 101-104 and 106. Our proband in Case Study 101 is in year 6 of a 10-year longitudinal study. This case report provides an update for years 4 and 5. Genomic era applications provided neurological stability referred to as dopamine homeostasis. This case report is a testament to the use of genomic applications, in the form of Reward Deficiency Syndrome Solutions increasing patient recovery success.

Method: Reward Deficiency Syndrome (RDS) Solutions (RDSS) were administered, including but not limited to: 1) the Genetic Addiction Risk Severity or GARS test; 2) neurological analysis of genetic predisposition to inform the creation of personalized Nutraceutical Amino Acid Therapy (NAAT) and pharmacogenomic interventions; 3) a RDSS treatment plan which considers individual genome, personality traits, intelligence (IQ) and mental health disorder clusters diagnosed by DSM 5 criteria; 4) RDS Solution Focused Brief Intervention therapy which includes an introduction to the RDS paradigm assisting patients in a reorientation of understanding of their mental health disorder challenges; 5) new psychological tools for assessment of the severity of their symptoms (RDS-SOS), and development of improved self-management skill to achieve dopamine homeostasis.

Results: The proband created a foundation for recovery and flourishing through her dedication to daily practice of Reward Deficiency Syndrome Solutions, treatment plan compliance, daily charting of severity of symptoms, and adherence to Precision Addiction Management (PAM) revealing greater recovery resolve. We found increased self-management skills which allowed her to self-monitor, taking necessary steps to regain dopamine homeostasis and maintain it. Awareness Integration Therapy was extremely helpful in reducing distress from Post-Traumatic Stress Disorder with Dissociative Multiplicity.



Eric A. Kreuter

People-USA, White Plains, New York, United States

Biography: Eric A. Kreuter is a Counselor at Cornerstone Treatment Facilities working in their Rhinebeck, New York programme, retired from CBIZ as a Managing Director and was a partner with Marks Paneth, a New York City-based regional accounting and business consulting firm prior to its merger with CBIZ, specializing in litigation support and forensic investigations. Kreuter testified as an expert witness in civil damage cases and has testified at a grand jury hearing in a criminal case, leading to the conviction of an embezzler, and also served as a Weekend Substance Use Dependency Counselor at St. Christopher's Inn in Garrison, New York, facilitating therapeutic groups and workshops on use of creative writing. Kreuter has an undergraduate degree in Business Administration from Manhattan College, a Master of Arts degree in Industrial Psychology from Long Island University, and a Doctorate in Clinical Psychology from Saybrook University, where he also served as a Trustee of the Board, and completed a Master of Arts degree in Christian Leadership at Dubuque University Theological Seminary. Kreuter served as a Research Fellow with the Cambridge Institute for Psychology and Religion and was Editor of the International Journal for Psychology Research, is a Certified Public Accountant and holds certifications in the fields of management accounting, forensic investigations, and human resource management, and has numerous publications in the fields of psychology, business, poetry, and human resource management. Kreuter has taught graduate level courses at Manhattanville College and Mercy College in New York, is Treasurer of The National Association for Poetry, serves as a Board Member of One Earth Conservation and is a former Board member and President of Hermandad, is a Ruling Elder of the First Presbyterian Church of Yorktown and served on the Board of Temple Beth Am in Yorktown Heights, New York, and is a Novice with the Order of Ecumenical Franciscans.

Creative exploration of the complexity of the pre-lapse experience in the addict to add retrospective insight

In my work with recovering addicts, I have been focusing on three distinct occurrences for the patient who has experienced at least one episode of relapse: pre-lapse, relapse and post-lapse.

In a pre-lapse the addict may be triggered by an event, a feeling, or some sensory input, such as being around others who are using drugs or being offered drugs. Some addicts report a strong connection between an activity, such as attending a party, and drug use. This associative pattern becomes locked into the person's mindset. Impulsive actions lead to the person being willing to act on the impulse. Even though the person may have developed healthy coping strategies, these are not always utilized. Instead, the loud voice of the addictive brain screams out for the drug, desiring the coveted endorphin rush. As an attempt to

resolve the demand, the re-introduction of the drug of choice (or substitute drug) satisfies the immediate craving and sets the person's recovery back to day zero.

As an alternative therapeutic approach to the usual lecture on consequential thinking, inviting the person to write about the pre-lapse may serve to unlock repressed thoughts, hidden feelings, and unaddressed concerns. In doing so, the retrospective writing may awaken realizations of truer needs that the use of drugs to mask emotional pain. For example, a person suffering from trauma may write about the traumatic event and develop new meaning from the ways they suffered and draw new strength from the process of sharing by writing and, perhaps, reading what they wrote to others. It is the vulnerability of sharing where great new strength can be found. When a person shares deeply held locked up pain in a group what often follows in significant expressions of love and support from others in the group. I have witnessed women hugging a woman who shared her trauma leading to therapeutic breakthrough as the pain, now shared, becomes the subject matter of healing. The writing does not remove the trauma per se, but the person may develop renewed optimism that the past suffering was, in fact, in the past, and that she is a newly fortified, resilient, and very worthy person moving forward in her life.

In a therapeutic setting, a man used letters between himself and his younger brother who drowned to resolve the decades long pattern of horrible nightmares, self-blame, self-loathing, and ensuing drug-use to mask the intolerable pain. Once the writing became a flowing torrent of feelings, the negative consequence of memory evaporated and the man was internally healed of his pain.

The anecdotal results of the workshop addressing the thoughts, feelings, and concerns before, during, and after the pre-lapse/relapse/post-lapse experience show new awareness of the root issues to pre-lapse and, from this awareness, new coping strategies are developed.



Frederick J Goldstein

Philadelphia College of Osteopathic Medicine, United States

Biography: Frederick J Goldstein is Professor of Clinical Pharmacology in the Department of Bio-Medical Sciences at the Philadelphia College of Osteopathic Medicine, with research interests focused on pharmacologic methods to reduce pain in post-operative, cancer and hospice patients, and currently conducts a research study using THC to improve analgesia in patients presenting with chronic neuropathic pain. Goldstein created the term Suicidogen: any factor that causes a person to think about and possibly commit suicide. In addition to teaching and research at the Philadelphia College of Osteopathic Medicine, Goldstein lectures in pharmacology at the University of Pennsylvania School of Dental Medicine, serves on the editorial board of, and reviews submissions for, the Journal of Opioid Management, and is an active member of the National Board of Osteopathic Medical Examiners where he writes and reviews questions for the COMLEX Level 1 test.

Reduction of chronic neuropathic pain by a THC-CBD combination product

Dr Goldstein will initially present a brief clinical pharmacological summary on aspects of delta-9-tetrahydrocannabinol (THC) including the endogenous cannabinoid (CBD) receptor system, mechanism of action, addiction liability, physical dependence, therapeutic uses, and adverse effects – acute and chronic.

Neuropathic pain, a chronic condition resulting from dysfunction of the central and/or peripheral nervous system(s), is often resistant to pharmacologic treatment such as gabapentin, antidepressants, and opioids; these drugs provide only limited relief and produce many intolerable adverse effects, e.g., drowsiness. Cannabinoids, including delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD), interact with the biologic endocannabinoid system to modulate nociceptive transmission and inflammation, suggesting potential benefit for neuropathic pain management.

In regard to chronic neuropathic pain, specific dose-response clinical research is needed to document THC efficacy. Although marijuana has been rescheduled by the federal government from a Schedule I down to a III, data presented herein have been collected under the first classification. Human studies under United States Schedule I cannot be conducted as a standard clinical trial; thus, it needs to be observational, i.e., subjects can select their doses from several options. In this ongoing pilot study led by Dr. Goldstein, daily oral doses

of a 1:1 THC-CBD combination capsule were taken by the subject at bedtime. It examines analgesic and psychosocial effects of a balanced 1:1 THC:CBD capsule formulation taken daily at bedtime for four weeks by adults having chronic neuropathic pain lasting two months or longer. Ten subjects aged 25 to 75 years, certified under Pennsylvania's Medical Marijuana program, have been enrolled to date. Most participants (5) selected 2.5 milligrams daily with weekly titration to 5 mg, then 10 mg, and last to 15 milligrams. The other five subjects selected different dosage sequences. Pain intensity (0–10 numeric scale) and Health-Related Quality of Life (HrQOL) parameters were assessed at start of Week 1 and end of Week 4. Preliminary results show substantial pain reduction and improved HrQOL scores in many measures including physical and social functioning, energy/fatigue, emotional well-being and analgesia. Mild transient drowsiness was reported in one subject. These early findings indicate that a balanced cannabinoid oral formulation may provide increased analgesia and improved quality-of-life benefits for neuropathic pain patients.

A project to determine 1:1 THC-CBD oral (capsule) efficacy on reduction of anxiety is currently being initiated and will be discussed.

Supported by a research grant from Organic Remedies, Carlisle, Pennsylvania, United States.



Jenni Guentcheva

GoodNeighbor LLC, United States

Biography: Jenni Guentcheva is the co-founder, Prevention Lead, and Executive Director of GTI. As a licensed Professional Counselor and Licensed Addiction Counselor in the United States, and a Psychologist in Europe, Guentcheva's mission is to reveal opportunities for growth to clients, both individuals and organizations, and has pursued this goal by developing numerous human services collaborative programs in Colorado, California, Bulgaria, the Netherlands, the United Kingdom and Spain. In addition to leading the GTI programs, Guentcheva is also the CEO of GoodNeighbor LLC, a treatment, training, and consulting agency with a footprint in both the United States and Europe.

Addiction and the failure of meaning-forming

The current, predominantly reactive approach toward addiction is based on prevention and treatment intervention models connected to the motivation to use, such as peer pressure, boredom, coping with negative emotions, followed by maintaining a sense of normalcy and avoiding withdrawal symptoms when the compulsion takes a life of its own. Both researchers and practitioners seldom address what forms the socio-demographic traits of appetite for drug use on cultural and national level. Based on Geert Hofstede's Cultural Dimensions, this author stipulates that cultures oriented towards Indulgence vs. Restraint and Short-term vs. Long-term orientation also carry higher liability for drug use proliferation. Powerful counteracting mechanisms could be found within supporting the development of individual ego-strengths, competent Self-concept, and meaning-forming vs. pleasure-seeking.



John Michael Weber

Trauma Healed Life Coach, United States

Biography: John Michael Weber began working in the field of substance abuse recovery in 2005 and founded a 501c3 not-for-profit ministry helping addicts and their loved ones from 2008 to 2018. In addition, Weber received a BS in Psychology/Addiction and an MA in Addiction and Family Counseling from Liberty University and is currently pursuing a doctorate in Traumatology. Weber is a master's-level Licensed Chemical Dependency Therapist at Open Door Mission, Houston, Texas. Weber has authored five autobiographical books chronicling Weber's life as a drug addict and is always searching for new and better ways to keep others from going down the path Weber encountered because of drug and alcohol addiction. Weber has two daughters and six grandchildren and has repaired all relationships because of Weber's continued life without mind-altering substances. In 2023, Weber was diagnosed with Stage 3 Liver Cancer and now has no current active cancer but has to keep a close watch. Weber states that Weber is still in the process of healing from the various treatments utilized to beat the cancer. Weber is grateful.

Trauma till death do us part

This abstract is a slight steer from the original submitted paper. It is always good for me to remain teachable and sometimes that lesson is learned by my own discovery. This paper will explain my new vision of treating those who suffer from childhood abuse and adult complex PTSD.

In my recent effort to achieve disability compensation for the Department of Veterans Affairs, I was called upon to go back and recall what past events in the military affected my current mental health status. 25 years ago, I unlocked the key to my trauma with the help of the therapist and realized that I had no control over that situation. I thought everything was well and it was. Until my recollection of time spent in South Korea uncover something long forgotten. I will spare you the details but needless to say I went back into therapy. It is my belief that trauma can be healed in the same fashion as a broken leg can be healed. They may tell you it's a full recovery, but the truth is it is not the same as it was before it was broken. Similarly, with trauma, it can be healed, but ongoing coping skills and the recognition of when you're experiencing traumatization is necessary to keep the demons at bay.

The root of addiction: The present work will look to change the thinking of those who collaborate with those unfortunate people dealing with substance abuse disorders as well as mental health disorders. The addiction treatment model has been wrong for a long time. This is understandable considering that the study of trauma is relatively new to the psychoeducation curriculums.

Trauma informed care is the new catch phrase treatment centers claim to be offering but a deeper look shows that they generally aren't truly trauma informed, nor do they embark on any education of the client on why they felt the need to use drugs and alcohol as their main coping skill.

It is therefore upon this author to paint a picture of how trauma therapy recovery should be the model for the most success. That effort comes from education, research, and personal achievements in overcoming childhood trauma. The difficulty in making this work is that psychiatry, medical, and clinical staff are working alone instead of as a team. Secondly, insurance makes it exceedingly difficult for a drug counsellor to provide the proper treatment plan because of insurance guidelines they must follow. Finally, the lack of education on trauma within the psychiatric and medical fields is extremely alarming.



Karen Gail Lewis

Private Practice, United States

Biography: Karen Gail Lewis has been in practice for over 50 years, in Boston, Cincinnati, and Washington, DC, has authored numerous professional articles and 11 books, covering topics of marriage, group therapy, single women, and adult siblings, with the first in 1988 and the latest in 2023 on sibling therapy. Lewis has taught at University of Cincinnati Medical School, Virginia Polytechnic Institute Family Therapy Program, Johns Hopkins Medical School, and University of Santiago, Chile, has served on editorial boards of three professional journals and was book review editor for another, and in 1997 received the Visionary Award by the Washington, D.C. Rape Crisis Center. The information in this presentation comes from the latest book, Sibling Therapy: The Ghosts from Childhood that Haunt Your Clients' Love and Work.

An unusual perspective for understanding and preventing bulimia relapse: Unhealthy sibling loyalty

The relapse rate for bulimia treatment is more than 50%. This is regardless the type of treatment – whether inpatient, outpatient, family, or individual therapy.

Years ago, working in an Eating Disorder clinic, I stumbled on a surprise: the role of siblings in the onset as well as recovery from bulimia. Over the next few years, I came to call this phenomenon Unhealthy Loyalty.

Family loyalty is like an invisible web of unwritten rules that weaves the family together. The rules and expectations for the family are established by parents, often passed down through the generations. While loyalty can be healthy, enriching family members with a sense of connection and support, an unhealthy loyalty can be a shackle one drags along throughout life, that can inhibit one's potential in some areas of life.

One of the unwritten rules of loyalty is to accept the roles parents, unconsciously, innocently, create for their children. As adults, most people can identify their childhood role, i.e. the smart one, goody two-shoes, trouble maker, comic, the responsible one. Once an adult, stepping in a sibling's role can feel disloyal.

Unhealthy Loyalty is an unconscious process whereby a sibling limits oneself out of loyalty to a brother's or sister's early childhood role. To understand Unhealthy Loyalty, here is just one of many types of examples. As children, the older sister is the cute one and younger brother is the brain. As an adult, if the sister has the chance for a promotion at a time when her brother is

not doing well professionally, she risks being more successful than he. To maintain her loyalty to their early roles, she unconsciously sabotages the promotion by developing bulimia -- hence, an unhealthy aspect of her loyalty. The sad irony is often the sibling could not care or even might be happy that she were successful.

Bulimia, then, can start as an unconscious unhealthy loyalty to a sibling, or the unhealthy loyalty can be triggered during recovery, initiating a relapse.

By addressing the underlying sibling involvement through Unhealthy Loyalty, clinicians and mental health programs can help avert relapse.

(Since the core reference is the childhood sibling relationship, at least thus far, I have found no indication of any significant differences based on ethnicity, race, gender/gender preferences, or socio-economics.)



Meni Koslowsky*, Odelia Ben-Haroush

Ariel University, Israel

Biography: Meni Koslowsky is Professor of Psychology at Ariel University and Emeritus at Bar-Ilan University, and received a PhD from Columbia University. Koslowsky's expertise and the areas taught include social psychology, testing, and methodological techniques, has authored or co-authored over 150 articles, has an h-index of 55, and has been quoted more than 11,000 times. Koslowsky has served on several editorial boards of psychology journals and is on the advisory board of several local colleges.

The effect of Balint training on self-efficacy and empathy among medical students and the moderator role of personality traits and choice of specialty

The study was designed to establish and evaluate the impact of a Balint training course on empathy and self-efficacy in fourth-year medical students during their clinical experience. Several potential moderators of the relationship were also examined, including openness to experience and agreeableness as personality traits, and specialty choice. Balint training seminars were designed for better understanding the doctor-patient relationships. Dr. Michael Balint believed that therapists, in addition to their professional medical expertise, need to have personality traits and skills to develop a good rapport with their patients. Therefore, he built the Balint training program to help general practitioners improve the doctor-patient relationship and achieve a more meaningful understanding of their patients. Finally, the present study examined how the instructors perceive the training process in relation to improving the skills of the doctor-patient relationship.

In summary, the research included two studies: the first one was a prospective study that used the Jefferson Scale of Empathy - Student Version and the GSES - General Self-Efficacy Scale before and after Balint training, and the short scale of Big 5 personality traits. The participants were also asked to identify their preferred field of specialization. In study 2, the 21 Balint training instructors completed a qualitative assessment of their training experience at the end of the course.

Data from 102 out of 162 participants were analyzed: the results showed a significant improvement in self-efficacy and empathy after Balint training. The instructors saw a connection between the personality traits of the students and their benefit from the training. Of the sample, 15 instructors (71%) thought that students with more openness would benefit

more than others. In contrast, 6 instructors (19%) answered that students without good communication skills and more introverted students will benefit more than the others because their basic level has a wider range of available improvement. As regards the choice of the field of specialization, 9 of the facilitators (42%) answered that there is a connection between the choice of the field of specialization and the benefit from Balint meetings.

Our findings suggest that we should encourage training initiatives designed to help young medical students consider the emotional component of a doctor-patient relationship. The results of this study demonstrated that the empathy and self-efficacy of Balint groups can be significantly improved through the weeks of Balint group training.



Nile Stanley

University of North Florida, United States

Biography: Nile Stanley is an Associate Professor of Literacy Education and the Arts at the University of North Florida, with 36 years of experience as a reading specialist, poetry educator, artist in residence, educational diagnostician, and visiting scholar of narrative psychology in China, Germany, and Vietnam. Stanley has published research in the Journal of Poetry Therapy, Reading Psychology, and Language Magazine, is an editorial board member of the Journal of Poetry Therapy and a past editor of the Florida Reading Journal, and is a founding board member of Hope at Hand, a non-profit center that provides art and poetry interventions for underserved youth. The AETNA Insurance Company awarded Hope at Hand as one of the best non-profit mental health providers in North Florida.

Integrating bibliopoetry therapy and digital health technologies for inflammation management: A neuropsychosomatic perspective

This presentation explores the innovative integration of bibliopoetry therapy and wearable smart watch technology in managing inflammation through a multidisciplinary lens that complements the focus on the molecular, cellular, and systemic mechanisms underlying inflammatory responses. Bibliopoetry therapy, utilizing structured reading and creative writing, has demonstrated efficacy in enhancing emotional regulation and resilience-traits intrinsically linked to neuroimmune function and inflammation modulation at cellular and molecular levels. Concurrently, smart watches provide real-time physiological monitoring and biofeedback, enabling personalized, mechanistically informed interventions. This chapter examines the neurobiological pathways-such as neuroimmune signaling and psychosomatic influences-connecting emotional, cognitive, and physiological responses in inflammation. By integrating digital health tools with narrative-based therapies, we introduce a holistic approach that bridges molecular mechanisms with systemic health, fostering innovative diagnostic and therapeutic strategies aligned with the goal of advancing understanding and treatment of inflammatory diseases.



Sam Vaknin

Commonwealth Institute of Advanced Professional Studies (CIAPS), United Kingdom

Biography: Sam Vaknin is the author of Malignant Self-love: Narcissism Revisited as well as many other books and ebooks about topics in psychology, relationships, philosophy, economics, international affairs, and award-winning short fiction. Vaknin is a Professor of Clinical Psychology and Management Studies in CIAPS (Commonwealth Institute of Advanced Professional Studies), Cambridge and Birmingham, United Kingdom; Ontario, Canada; and Lagos, Nigeria; a Visiting Professor of Psychology and Economics in South East European University (SEEU); and a former Visiting Professor of Psychology, Southern Federal University, Rostov-on-Don, Russia.

Sexualizing anxiety and anxiolytic sex: Misattribution of arousal

Anxiety can be misidentified as sexual arousal, eroticized (misattribution of arousal). Sexual arousal can be anxiogenic (sexual arousal can be misidentified as anxiety). Sex can be anxiolytic. Gender roles are connected to anxiety: masculinity is anxiogenic, femininity anxiolytic or vice versa. Narcissist's auto-erotism translates to diffuse, generalized anxiety with masturbation as the only anxiolysis.



Steve Cohen

Medvesta Hypnosis Healthcare, United States

Biography: Steve Cohen is a Keynote Speaker and Healthcare Expert with more than 30 years of experience in the healthcare fields of Occupational Therapy, Registered Nursing, and Hypnotherapy. Steve helps healthcare professionals improve their physical and mental health to build better relationships with themselves. Healthcare workers are committed to caring for people. With more patients than ever, they are constantly on their toes and wearing multiple hats. Even when a team seems motivated and upbeat, behind their scrubs and masks, they are human and vulnerable to stress, fatigue, burnout, and anxiety. Many healthcare professionals deal with these challenges silently. Steve focuses on providing new tools to help ensure their sanity, protect their empathy, and improve retention.

Beating the blues today

Beating the Blues is a powerful, research-informed keynote session designed to help individuals transform moments of emotional fatigue and stress into opportunities for resilience and renewed purpose. Rooted in psychology, behavioral science, and cognitive reframing, this session offers practical, evidence-based strategies that empower participants to take back control of their emotional well-being. Through engaging stories and simple, actionable tools, attendees learn how small, intentional shifts in mindset and behavior can create meaningful and lasting improvement in both their personal and professional lives.

Central to the session is the concept of micro-shifts-small, repeatable adjustments that interrupt stress cycles and build emotional endurance. Drawing on insights from thought leaders like James Clear on habit formation, Daniel Gilbert on happiness science, and Carol Dweck on growth mindset, Steve translates complex research into accessible practices that can be implemented immediately. These ideas are made real through stories from healthcare workers, educators, caregivers, and other front-line professionals who have faced burnout and found pathways back to balance.

The session flows through a structured framework that begins with foundational habits-breath awareness, momentary resets, and mindful interruption rituals-to stabilize the nervous system. Participants then explore strategies for reframing negative thoughts, challenging happiness myths, and building momentum through small but powerful wins. Each layer builds on the last, creating a clear roadmap for developing sustainable emotional resilience.

Interactive moments-guided reflections, micro-exercises, and practical demonstrations-ensure that attendees not only understand the content but feel confident applying it. By integrating mindfulness, perspective shifting, and simple well-being rituals into daily routines, participants leave equipped with a personalized toolkit they can use long after the session ends.

Ultimately, Beating the Blues reframes emotional struggle as a catalyst for growth rather than a setback. This keynote delivers uplifting insights, evidence-based tools, and a message of hope that inspires participants to reset, rebuild, and move forward with clarity, strength, and renewed motivation.

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HYBRID EVENT

19-21 OCTOBER 2026

ORAL PRESENTATIONS





Aadya Syal
Issaquah High School, United States

PIVOT: Predictive intervention for vaping using resonance modeling of oscillatory, psychological, and trigger dynamics

Vaping affects over 100 million people worldwide and is the leading form of tobacco use among youth. Yet existing interventions remain reactive, non-individualized, and achieve only 24–50% short-term cessation success. The central scientific gap is temporal: no current framework identifies when a specific individual enters a window of heightened vaping vulnerability before craving onset.

This paper presents PIVOT, grounded in Addiction Resonance Theory (ART), a novel framework modeling vaping vulnerability as resonance arising from three interacting systems: a Biological Layer of physiological oscillators, a Bee Layer of environmental trigger modulation, and an Octopus Layer of competing neural decision modules. PIVOT employs a three-phase physiologically constrained digital data amplification pipeline: a real survey of 973 adult vapers, calibrated stochastic expansion to 10,000 digitally amplified profiles (24M raw data points), and lossless Nyquist-Shannon compression to 8.65M training samples (63.9% volume reduction).

Nine ML models are evaluated; the Neural Network achieves the highest accuracy (94.1%, AUC 0.988) while CatBoost is selected as the production model (93.4%, AUC 0.986) for inference speed, deployment simplicity, and exact SHAP interpretability via TreeExplainer. Tenfold cross-validation confirms 93.39%±0.15% accuracy. Layer-wise ablation validates ART: no single layer exceeds 74.6% accuracy; only their combination reaches 93.4%. SHAP analysis identifies stress, social proximity, and goal-setting as dominant predictors of vaping vulnerability, consistent with findings reported across an independent cohort of 1,119 vapers.

Biography

Aadya Syal is a high school researcher focused on machine learning for addiction science and health, and built PIVOT, a machine learning system that predicts when someone trying to quit vaping is likely to be most vulnerable, using a framework developed as Addiction Resonance Theory to model the biological and behavioral patterns behind cravings. The production model reaches 93.4% accuracy, trained on data expanded from 973 original survey respondents to 8.65 million samples. Syal is continuing to develop PIVOT alongside a broader interest in machine learning for health.



Alexander Kharibegashvili
Telavi State University, Georgia

Neurochemical theory of epilepsy pathogenesis. Role of the blood-brain barrier

Background and Aims: In epileptology, a huge layer of clinical facts have been accumulated, many of which have not received a proper explanation. An attempt to explain some of the clinical manifestations of epilepsy is presented.

Methods: Consideration of these clinical manifestations in the light of the proposed new hypotheses, theories.

Results: In the article, in light of the presented hypotheses about the pathogenesis of epilepsy the author considers certain clinical manifestations of epilepsy, touches upon the neurochemistry of behavior, as well as the neurotransmitter hypothesis of schizophrenia. In the context of this hypothesis, there are discussed the clinical signs of epilepsy such as forced normalization, reinforcement epilepsy activity during sleep deprivation, and other clinical manifestations of epilepsy. Two kinds of clinical-electroencephalographic dissociation are proposed. The presented theory also considers mental diseases and the biological antagonism of schizophrenia and epilepsy. The role of the blood-brain barrier in the development of epilepsy is considered. According to the author's assumption, the blood contains psychogenic and epileptogenic substances, the concentration of which in the blood is higher than their concentration in the brain. If the function of the blood-brain barrier is impaired, their content in the brain can increase and cause epilepsy or mental disorders. In addition to the antiepileptic system of the brain, the concepts of the borderline and extracerebral antiepileptic and antipsychotic systems are proposed.

Conclusion: The intensification of the development of neurochemical theories in epileptology will accelerate the creation of new antiepileptic drugs.

Keywords: Epilepsy, Neuro Mediators, Forced Normalization of Electroencephalogram Image, Behavior, Biological Antagonism of Schizophrenia and Epilepsy, Blood-Brain Barrier.

Biography

Alexander Kharibegashvili graduated from the Tbilisi Medical Institute in 1978, after that completed internship and clinical residency at the Institute of Clinical and Experimental Neurology in Tbilisi, specializing in epilepsy, and electromyography training at the 2nd Moscow Medical Institute. Kharibegashvili currently works at Telavi State University and Telavi Regional Hospital and is the author of articles and inventions in the field of neurology, psychiatry and neurosurgery.



Andrew Drasen

A Vision of Hope Media, United States

Identity restoration as a missing variable in relapse prevention

Identity restoration is the process of learning who we truly are beneath the layers of addiction, survival mode, guilt, and unmet pain. It begins with honest self-discovery. What we like. What we dislike. What gives us energy. What drains us. Who around us supports growth, and who pulls us into old patterns. It requires examining whether our past behaviors align with the values we claim today.

Identity restoration also demands confronting unhealed wounds. Many people enter treatment with unresolved trauma, grief, and emotional injuries they learned to numb instead of examine. When these wounds go unaddressed, relapse becomes predictable. Trauma creates a void, and substances become the fastest way to escape pain. Until these injuries are acknowledged and integrated, the drive to numb stays active beneath the surface.

Healing requires acceptance. Acceptance of what happened to us. Acceptance of what we did. Acceptance of the ways we coped when we lacked healthy tools. Acceptance is not resignation. It is the starting point for alignment. When a person stops running from their story, they can begin shaping their future with intention rather than shame.

Identity restoration helps individuals rediscover the inner power they lost sight of. It teaches them that they are not defined by their worst moments. It shows them that they are capable of limitlessness when their identity is rebuilt on truth instead of survival. This framework guides people to build a clear vision for the life they want and an action plan that aligns with their values, strengths, and long-term goals.

When identity is restored, relapse prevention becomes proactive rather than reactive. Behavior changes naturally because the person sees themselves differently. They act in ways that match the identity they have reclaimed. Long-term recovery stabilizes through congruence between who someone is, what they believe, and how they act.

Biography

Andrew Drasen is an author, speaker, and founder of A Vision of Hope Media, whose work focuses on identity restoration, addiction recovery, and reentry. Drawing from lived experience with addiction and incarceration, Drasen developed the A Vision of Hope 90-day curriculum used by treatment and reentry programs, and the writing blends narrative honesty with practical tools that help individuals rebuild self-concept and purpose.



Angelo Reynolds

Transformers Academy, United States

TAMAR (Trauma, Addiction, Mental Health, and Recovery)

TAMAR represents Trauma, Addiction, Mental Health, and Recovery. This presentation aims to provide individuals with insight into how adverse experiences, referred to as trauma, may influence their lives and outlines pathways toward healing. Emphasis will focus on identifying triggers and offering coping strategies to regulate stress and maladaptive behaviours.

Psychoeducation has demonstrated to be an effective intervention for trauma and addiction. This approach aids in normalizing responses, reducing shame, and equipping survivors with vital information regarding the effects of trauma on neurological and physiological functioning.

Results: The facilitation of multiple workshops and seminars addressing substance abuse and mental health conditions has produced positive results. Participants have reported increased knowledge and a greater understanding of techniques to reduce relapse risk and manage mental health symptoms effectively.

Presentation outline: I. Introduction to Trauma, Addiction, Mental Health, and Recovery (TAMAR): addiction, conceptual foundations; trauma, definition and impact; treatment modalities for mental health. II. Physical and emotional abuse: psychological trauma; techniques for emotional regulation; physical and biological effects of trauma. III. Boundaries and safety: establishing intimacy and trust; effective communication and recognition. IV. Closing: discussion of universal best practices. V. Question and answer session.

Biography

Angelo Reynolds is a Doctor, Professional Speaker, Trainer, and Thought Leader who helps people overcome life's toughest setbacks – including trauma, addiction, loss, and

life transitions – and rebuild with confidence, resilience, and purpose, through speaking, transformational training, workshops, coaching, and proven mindset tools from the Transformers Academy, a system created based on Angelo Reynolds' own journey from hardship to achievement. Reynolds has over thirty-five years of experience working in the human services and educational arenas, began a career working as a Metropolitan DC Police Officer where Reynolds served for five years, and in 1998 began working in the educational arena as a peer mediation specialist working with severely emotionally disturbed students, a training facilitator for clients released from prison who were looking to re-engage in the workforce, and an adjunct professor at Bowie State University teaching undergraduate psychology classes, and also taught educational leadership classes at the University of Maryland Graduate School. Reynolds now works as a professional speaker and thought leader, with a focus to empower and motivate individuals who are trying to overcome trauma, and holds a Bachelor of Science in Communications from Bowie State University, a Master of Arts in Counselling Psychology from Bowie State University, and a Doctor of Philosophy in Education and Public Policy from American University. Publications include A Transforming You (2018), The Act of Change (2009) and Overcoming Obstacles, Beating the Odds (2005).



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Translational neuropsychiatry of bioactive secondary metabolites in addiction and behavioral health

Addiction disorders, behavioral health conditions, and psychiatric illnesses collectively represent a major and escalating global health burden, characterized by complex neurobiological mechanisms involving neurotransmitter dysregulation, neuroinflammation, oxidative stress, impaired neuroplasticity, and altered stress-response systems. Although conventional pharmacological treatments remain essential in clinical practice, their long-term effectiveness is frequently limited by adverse impacts, partial therapeutic response, poor patient adherence, and high relapse rates. These limitations underscore the urgent need for novel, multi-target therapeutic approaches capable of addressing the multifactorial nature of neuropsychiatric disorders.

Bioactive secondary metabolites derived from plants, microorganisms, fungi, and marine organisms have emerged as promising candidates due to their diverse neuropharmacological properties, including neurotransmitter modulation, anti-inflammatory activity, antioxidant effects, and neuroprotective and neurodegenerative capabilities. This presentation presents translational potential of bioactive secondary metabolites in addiction medicine and behavioral health, integrating insights from phytochemistry, neurobiology, and clinical research. A comprehensive narrative synthesis of preclinical studies, clinical investigations, and translational research literature was undertaken to evaluate the classification, biological sources, mechanisms of action, and therapeutic relevance of major metabolite classes such as alkaloids, flavonoids, terpenoids, phenolics, and polyphenols.

Evidence indicates that these compounds can modulate key neurochemical pathways, including dopaminergic, serotonergic, glutamatergic, and GABAergic signalling systems,

thereby influencing reward processing, emotional regulation, stress adaptation, and cognitive function. Emerging data suggest potential therapeutic applications in substance use disorders-including opioid, alcohol, and nicotine dependence-as well as in behavioral dysregulation, anxiety disorders, depressive symptoms, and stress-related psychiatric conditions. Preliminary clinical findings demonstrates improvements in mood stabilization, reduction in craving and withdrawal symptoms, enhanced stress resilience, and improved cognitive performance, although the extent of clinical validation remains variable.

Despite promising therapeutic potential, several translational challenges hinder widespread clinical adoption. These include variability in phytochemical composition, limited bioavailability, pharmacokinetic instability, formulation complexities, regulatory barriers, and insufficient large-scale randomized clinical trials. Emerging technological strategies-such as nanotechnology-based delivery systems, artificial intelligence-assisted drug discovery, precision psychiatry frameworks, and biomarker-guided therapeutic interventions-offer promising solutions to overcome these limitations and enhance translational feasibility.

In conclusion, bioactive secondary metabolites represent a significant emerging frontier in translational neuropsychiatry, offering the potential for safer, multi-target therapeutic interventions that complement conventional treatments. Continued interdisciplinary research, standardized clinical validation, and integration of advanced technological approaches will be essential to facilitate their successful incorporation into addiction medicine and behavioral health practice, ultimately improving long-term treatment outcomes and supporting sustainable recovery pathways.

Keywords: Bioactive Secondary Metabolites, Translational Neuropsychiatry, Addiction, Neuroplasticity, Precision Psychiatry.

Biography

Anita Handore-Salunke is Founder and Director of PhytoElixir, an innovation-driven phyto-biotechnology startup in India, holds a PhD in Microbiology and an MPhil in Environmental Science, and has two granted process patents and multiple patent filings across agriculture, food, healthcare and nutraceuticals. With over 2 decades of research and development experience, Handore-Salunke translates laboratory discoveries into scalable value-driven technologies spanning Microbiology, Biotechnology, Functional foods and beverages, Agriculture and environmental solutions, and healthcare. An invited international key speaker, editorial board member, and prolific author with 100+ publications, Handore-Salunke mentors PG and PhD researchers and has received 25+ national and international awards for advancing sustainable innovation with societal and economic impact, and is committed to harnessing nature-based scientific innovation to address global challenges and create sustainable societal impact.



Antonio M. Ocana

Epiphany360.ai, Spain

Beyond abstinence: Understanding the shape of compulsive substance use, recovery and relapse

Background: Addiction is commonly measured through endpoints: substance use or abstinence, symptom severity, treatment attendance, and relapse. Yet compulsive behavior unfolds as a moving process. Vulnerability, distress, salience, executive control, resilience, treatment effects, environment, and social forces change over time. The clinically important question may therefore be less what happened? than what changed, when and why?

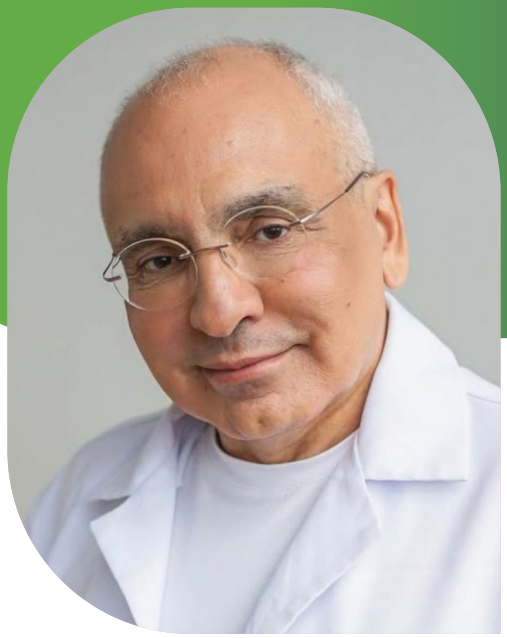
Methods: This presentation draws on more than 25 years of naturalistic clinical observation and a longitudinal behavioral health dataset involving more than 5,400 patients, 25,000 encounters, and 45,000 contemporaneous narratives. Each encounter began with a simple directional question: Since I saw you last, are you better, worse, or the same? Subsequent enquiry explored what changed, when it changed, the patient's explanation, treatment exposure, positive function, behavioral instability, compulsivity, relapse, and recovery.

Results: Repeated enquiry revealed clinically meaningful patterns that were less obvious in isolated encounters. Patients described predictable periods when control over compulsive eating began to erode, when agitation or distress became harder to withstand, and when executive function began to decline before medication was perceived as fully worn off. These observations suggested a broader model in which compulsive behavior emerges when accumulating pressure to act exceeds the individual's changing capacity to resist. At a larger timescale, relapse may represent the final point of a trajectory involving deterioration in sleep, mood, motivation, resilience, executive function, and behavioral control rather than an isolated event.

Conclusions: The value of longitudinal behavioral data lies not in time alone, but in a line of enquiry that considers time: ask repeatedly, seek narrative, identify patterns, test them, and learn. This approach contributed to the development of Continuous Behavioral Intelligence (CBI), designed to turn clinical pictures into behavioral movies by preserving sequence, context, and trajectory. This is also fundamental to artificial intelligence. AI cannot infer information that was never elicited or distinguish antecedent from consequence without temporal sequence. Understanding the motion between abstinence and relapse may therefore be more informative than measuring either endpoint alone.

Biography

Antonio M. Ocana is a physician board-certified in Addiction Medicine and Family Medicine and Founder and CEO of Epiphany360.ai, whose work spans addiction medicine, longitudinal behavioral measurement, digital health, and artificial intelligence. Ocana's early research in carbohydrate metabolism and the glycemic index shaped a longstanding interest in understanding biological and behavioral phenomena as trajectories rather than isolated measurements, and is developing Continuous Behavioral Intelligence as a framework for capturing change over time in behavioral health.



Ashot Khachatryan

New Hydrogen Technologies LTD & National Academy of Sciences of the Republic of Armenia (NAS RA), Armenia

Hydrogen medicine: A novel antioxidant strategy for neuroprotection, stress resilience, and mental wellness

Oxidative stress is a key mechanism underlying aging, chronic diseases, and behavioral health disorders. The primary source of this oxidative damage is endogenous intoxication - the accumulation of metabolic toxins that continuously generate free radicals. Conventional antioxidants are often unable to solve this systemic problem. Active hydrogen has proven to be a unique therapeutic agent due to its exceptional properties: its minimal molecular size allows it to penetrate cell membranes, the blood-brain barrier, and reach mitochondria and nuclei; it acts as a selective antioxidant, neutralizing cytotoxic reactive oxygen species.

We have developed the world's first comprehensive biomedical protocol that combines hydrogen medicine (inhalations, infusions, balneotherapy, autologous fecal microbiota transplantation/FMT) with hydrogen nutrition based on a food supplement we created. The direct administration of active hydrogen ensures rapid systemic delivery of this universal antioxidant and cytoprotector, promoting toxin neutralization and restoration of redox balance at the cellular level. We argue that effective treatment must be holistic, simultaneously targeting systemic detoxification, cellular protection, and nutritional support to create a synergistic therapeutic environment.

Our 30 years of clinical experience, applied to more than 70,000 patients, provides compelling evidence for the effectiveness of this unique approach. In cases of depression, aggression, chronic fatigue syndrome, and psychomotor agitation, the integration of hydrogen procedures with hydrogen-enriched nutrition has led to significantly better outcomes compared to isolated interventions. Patients report a marked reduction in anxiety, improved sleep quality, increased energy levels, and growing mental clarity. These improvements directly correlate with objective biochemical markers of reduced oxidative stress and intoxication, confirming a

causal link between the application of active hydrogen and the restoration of central nervous system functions.

The combined protocol we propose for the first time in the world, integrating methods of hydrogen medicine with hydrogen nutrition, offers a safe, non-invasive, and scientifically sound strategy. It addresses the root cause of oxidative stress through detoxification and cellular protection, representing a paradigm shift towards a truly integrative and preventive model in the field of behavioral health and clearly demonstrating that a comprehensive approach is key to sustainable mental well-being.

Biography

Ashot Khachatryan is an Active Member of the European Academy of Natural Sciences, the New York Academy of Sciences, and the Russian Academy of Medical and Technical Sciences, an Honorary Professor of the Oxford Academic Union, a Honored Inventor of Russia and an Honorary Inventor of Europe. A pioneer in the field of hydrogen medicine, Khachatryan founded the world's first dedicated hydrogen medicine clinic in 1993, and for over 30 years the clinical and research work has focused on developing and applying a unique integrative protocol that combines hydrogen therapy (inhalations, infusions and others) with hydrogen-enriched nutrition, supported by innovations in internationally patented hydrogen generators and dietary supplements. Khachatryan is the author of over 60 patents, 10 monographs, and the recipient of numerous international awards and medals.



Ayelet Bord*, Loona Ben-Dayan
SAHAR - Online Mental Support, United States

The digital frontline: Adapting crisis intervention models for text-based support during national conflict

As the landscape of behavioral health shifts toward digital accessibility, the necessity for evidence-based, scalable online intervention models has never been more urgent. This presentation examines the clinical framework of SAHAR-Online Mental Support, an Israeli organization that has been at the forefront of digital crisis intervention since 2000. For over two decades, SAHAR has remained committed to an iterative evolution of its methodologies, constantly updating its strategies to align with emerging global research and the fluid, often volatile, needs of the population.

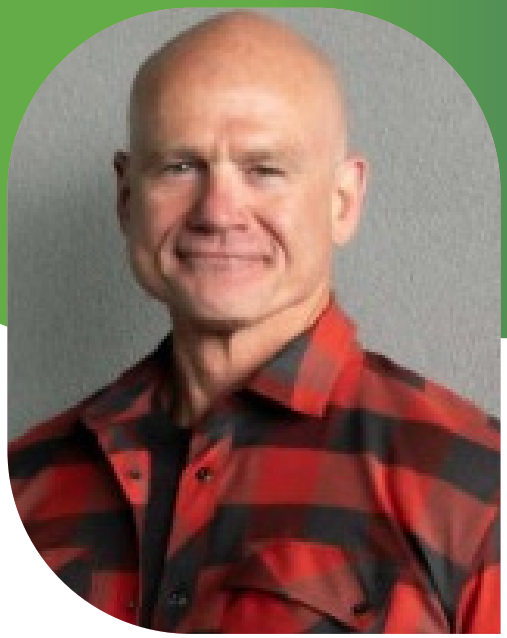
This research analyzes the adaptation of three validated crisis models for the nuances of asynchronous and real-time text-based communication: the SAFER-R model (Stabilization, Acknowledgment, Facilitation, Encouragement, Referral, and Reconstruction), the Six C's of psychological first aid (Cognitive, Challenge, Control, Commitment, Communication, and Continuity), and Single Session Intervention (SSI). We present a specialized methodology where these models are reconfigured to compensate for the absence of non-verbal cues through empathetic mirroring and active digital presence.

By serving as a primary point of contact during and following the ongoing conflict in Israel, SAHAR's data offers a unique longitudinal reflection of the mental and social trends of a population navigating a prolonged state of emergency. Central to this presentation is the disclosure of empirical data reflecting the service's broad impact. We will provide an in-depth analysis of trends in call volume - reaching tens of thousands of interactions annually - the shifting demographics of users, and specific parameters of emotional states and levels of distress recorded during this ongoing crisis.

Ultimately, this session argues that adapted digital frameworks are not merely stop-gap measures, but essential, culturally sensitive tools in modern suicide prevention.

Biography

Ayelet Bord is a Rehabilitation Psychologist and a Neuropsychologist, serving as the Training and Development Coordinator for SAHAR - Online Mental Support, providing training and supervision to volunteers in the implementation of evidence-based suicide prevention and crisis support models within an anonymous, text-based platform. Bord's work involves navigating the intersection of mental health and technology, particularly in translating clinical theory into scalable support for individuals experiencing acute mental distress under the unique pressures of prolonged national conflict.



Cameron Lundstrom

NAS Recovery Solutions, United States

Rebuilding from the inside out: The Well and the Tree® model for sustainable recovery

Many recovery approaches focus primarily on stopping substance use. While abstinence is important, it does not always address the deeper internal patterns that lead individuals back into cycles of addiction. The Well and the Tree model offers a different perspective by focusing on rebuilding the internal foundation that supports long term behavioral change.

In this framework, the well represents the internal emotional and psychological reserves a person draws from when navigating life. Trauma, instability, and chronic stress can leave this well depleted. When individuals operate from an empty well, coping strategies often shift toward substances or destructive behaviors as a way to manage overwhelming emotional states.

The tree represents the external structure of a person's life including relationships, employment, community, and daily habits. When the roots of the tree are unstable, the visible parts of life become fragile. Recovery work often focuses on repairing branches such as employment or housing, but without strengthening the roots these changes may not sustain.

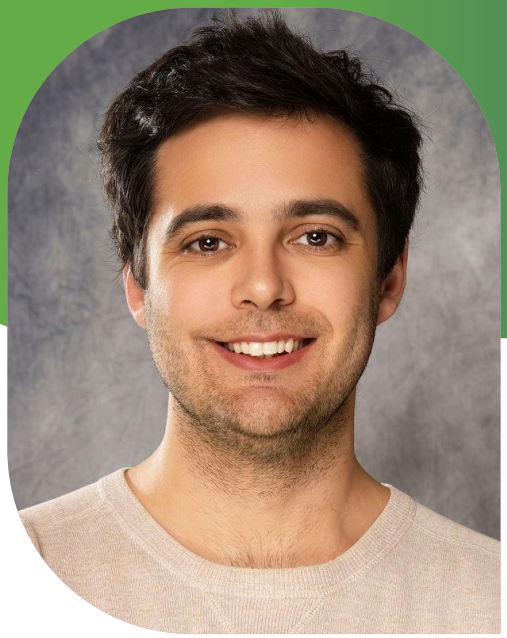
The Well and the Tree® model integrates peer support, structured reflection, and behavioral accountability to help individuals rebuild both internal capacity and external stability. Participants are encouraged to explore the beliefs, emotional patterns, and life experiences that shaped their coping strategies. Through guided reflection and peer coaching, individuals begin to refill their internal well while strengthening the roots that support meaningful life change.

This presentation will explore how the Well and the Tree model can be used in peer recovery settings to promote long term resilience rather than short term compliance. The session will also highlight how structured journaling, self awareness practices, and community based support systems can help individuals develop a stronger internal foundation for recovery.

Attendees will gain insight into how addressing both internal emotional capacity and external life structure can create a more sustainable path forward for individuals navigating addiction recovery.

Biography

Cameron Lundstrom is the founder and CEO of NAS Recovery Solutions, a peer led recovery organization based in Colorado, whose work focuses on helping individuals rebuild stability and self direction through practical frameworks that address both internal emotional development and external life structure. Lundstrom developed the Well and the Tree model to support individuals in creating sustainable change beyond abstinence alone, and through coaching, workshops, and community programs works to empower individuals to take ownership of their growth and rebuild lives rooted in purpose, accountability, and resilience.



Carmine Di Maro

One Mind Accelerator, United States

From innovation to impact: Accelerating addiction & recovery care

Since its inception in 2023, the One Mind Accelerator has championed bold and determined founders of early-stage startups with the network, education and capital to build category-defining companies that radically improve the lives of people facing mental health challenges.

The Accelerator is an extension of One Mind's core mission to improve mental health outcomes for individuals, families, and society by harnessing the power of science and lived experience to drive bold research, accelerate innovation, and transform workplaces.

In 2026, the One Mind Accelerator selected its first two companies in the addiction and recovery space, Nosis and Birches Health. Both companies have built digital health platforms that provide access to the kind of short-term and long-term care that is required to treat substance use disorder and behavioral health addictions, like gambling.

In this session you'll hear from One Mind Accelerator's Executive Director, Carmine Di Maro, about:

- The innovations happening in the world of addiction medicine - GLP-1s, psychedelics, Orexin Antagonists, NAC, etc.
- Funding mechanisms, including NIDA, SBIR, government grants, family offices, foundations, and venture capital.
- The structural obstacles to addiction innovation such as stigma, lack of investment from pharmaceutical companies, and misaligned reimbursement models.

Prior to his current role at One Mind, Carmine was an investor at Techstars, where he led sourcing and investments across healthcare and emerging industries, and earlier worked at Rock Ventures, driving strategic growth initiatives across portfolio companies. He began his career as a Venture for America Fellow, focused on entrepreneurship as a catalyst for building stronger communities.

Carmine is passionate about accelerating founders who are reimagining how mental health care is delivered, financed, and experienced - shaping a more scalable, equitable, and human-centered future for mental health.

Drawing on his experience as an investor and accelerator leader, Carmine will share lessons for clinicians, researchers, entrepreneurs, and funders working to translate ideas into solutions. The session will highlight how collaboration can close gaps between discovery, investment, implementation, and access.

Carmine is in recovery himself and currently serves on the Advisory Board of the Matthew Perry Foundation.

Biography

Carmine Di Maro is the Executive Director of the One Mind Accelerator, where Carmine built and leads a specialized program supporting high-growth companies transforming mental health care. Since launch, Carmine has helped scale 51 companies that have collectively raised over $1.1 billion and expanded access to care for more than 1.5 million patients. Carmine designed the accelerator's program to support founders across business development, fundraising, clinical strategy, partnerships, and long-term scale. Beyond the curriculum, Carmine has built a robust infrastructure connecting startups to payers, providers, employers, researchers, government agencies, and investors - helping bridge the gap between innovation and real-world adoption.



December Mpanza
University of KwaZulu-Natal, South Africa

Is relapse preventable? An integrated model of aftercare for people with substance use disorder in KwaZulu-Natal, South Africa

Introduction: There is currently a high global burden of substance use, which is burdensome to the public health and welfare system. Adequate treatment, including aftercare services, is often limited worldwide. In South Africa (SA), substance abuse contributes considerably to morbidity and mortality and treatment services are not only limited but also fragmented among stakeholders. Furthermore, there is a high rate of relapse despite efforts to prevent relapse, which raises a question: Is relapse preventable?

Objectives: This study aimed to propose an integrated model of aftercare for individuals with substance use disorders following the inpatient treatment phase in a public facility in KwaZulu-Natal, South Africa.

Methods: A qualitative study in two phases. The first phase involved policy analysis, and the second phase consisted of two stages. Stage one was semi-structured and included focus group interviews with forty-six participants (n=46) representing all five levels of Beer's Viable System Model, drawn from governmental and non-governmental organisations. Stage two consisted of semi-structured interviews with five persons with SUDs and their family members (n=5). Data was analysed thematically.

Results: Findings indicated that South African policies did not provide clear guidelines on aftercare. Aftercare was found to be lacking, fragmented, poorly coordinated among service providers and not well integrated into the substance use treatment system. The needs of service users demonstrated the extent and nature of aftercare required, including the need

for relapse management as opposed to relapse prevention. An integrated model is proposed, including principles of relapse management.

Conclusion: The extent and nature of aftercare services warrant integrated, lifelong, and responsive aftercare services within SUD treatment systems, tailored to meet the needs of individuals with SUDs and their families. An integrated recovery management model of care is proposed, along with relapse management strategies essential for healthcare practitioners.

Biography

December Mpanza is a senior lecturer and head of the department of Occupational Therapy at the University of KwaZulu-Natal, South Africa. December is an Occupational Therapist and Public Health scholar with over 17 years of experience in clinical practice, academia, leadership, and public health systems research. December work focuses on substance use disorders, mental health, rehabilitation systems, and models of care, including aftercare, particularly in public health contexts in South Africa. December is also the founder and director of Seamless Occupational Therapy, a private practice in South Africa focusing in mental health and addiction.



Devina Wadhwa

Northern Ontario School of Medicine University, Canada

The hidden curriculum of burnout: What addiction psychiatry can teach us about physician recovery

Burnout among healthcare professionals has become one of the defining challenges of modern medicine, contributing to emotional exhaustion, depersonalization, reduced professional fulfillment, and increasing rates of mental illness, substance use, and workforce attrition. Although burnout is frequently discussed within the context of occupational stress, there is growing recognition that its psychological and neurobiological features overlap with mechanisms commonly encountered in addiction psychiatry, including disrupted reward processing, emotional numbing, avoidance behaviours, shame, and loss of identity. Viewing burnout through this broader lens offers an opportunity to reframe physician recovery beyond resilience alone.

This presentation explores the concept of the hidden curriculum of medicine: the unspoken expectations that equate self-sacrifice with professionalism, discourage vulnerability, and normalize chronic emotional suppression. These cultural messages can shape maladaptive coping strategies, reinforce stigma around help-seeking, and perpetuate cycles of distress that compromise both clinician well-being and patient care.

Drawing on contemporary evidence from psychiatry, behavioural science, physician wellness research, and lifestyle medicine, this session examines the shared principles underlying recovery from both burnout and addiction. Particular emphasis is placed on restoring emotional awareness, rebuilding professional identity, strengthening social connection, improving sleep and lifestyle behaviours, and fostering self-compassion as evidence-informed strategies for sustainable recovery. Clinical examples from psychiatric practice, including work in rural and remote communities, illustrate how organizational culture and individual interventions intersect to influence clinician outcomes.

Rather than positioning resilience as an individual responsibility, this presentation advocates for a systems-informed approach that recognizes burnout as a multifactorial occupational phenomenon requiring cultural change alongside personal recovery. Participants will be encouraged to reconsider how healthcare organizations define professionalism and how psychological safety, reflective practice, and compassionate leadership can cultivate healthier clinical environments.

By integrating perspectives from addiction psychiatry, physician wellness, and humanistic medicine, this presentation offers a fresh framework for understanding burnout and provides practical, evidence-based strategies that clinicians, educators, and healthcare leaders can immediately apply within their own professional settings.

Biography

Devina Wadhwa is a psychiatrist and Assistant Professor at the Northern Ontario School of Medicine University in Canada, whose clinical work spans rural and remote psychiatry, physician wellness, and acute mental health care. Wadhwa is an award-winning medical educator and physician writer whose publications explore burnout, grief, humanistic medicine, and compassionate clinical practice, with work appearing in the Journal of General Internal Medicine, Healthy Debate, KevinMD, MedPage Today, and other medical journals and professional platforms. Wadhwa is an international speaker who integrates psychiatry, mindfulness, and lifestyle medicine to promote clinician well-being and sustainable healthcare.



Hadah M. Alkhaldi[1*], Catriona Matheson[2]
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[2]University of Stirling, United Kingdom

Benzodiazepines and Z-drugs prescription patterns over the time 2009-2015 in the Aberdeen children of the 1950s: Mixed methods

Background: Benzodiazepines and Z-drugs (BZD) are ongoing concerns due to dependence and associated risks of falls, care accidents, cognitive impairment and death. Limited evidence examined the changes in BZD prescriptions after the Committee of Safety on Medicine advise on their prescriptions in 1988. Additionally, little is known about patient-related characteristics, including childhood. This project aimed to describe the trends of 'ever' and 'chronic/recurrent' BZD prescriptions in Scotland, United Kingdom and to characterise those on BZD prescriptions, with a focus on childhood characteristics.

Methods: A mixed methodology project in which, the first part incorporated systematic reviews to examine the changes in BZD prescriptions since 1988 in a developed country, Scotland, and inform the current state of evidence. Additionally, patient-perception in BZD prescriptions was examined. Following this a population-based birth cohort (the Aberdeen Children of the 1950s) was enhanced by linkage to several Scottish administrative healthcare records to describe the changes in ever and chronic BZD prescription in Scotland and to identify life-course predictors for BZD use, using cross-sectional analysis with a focus on childhood characteristics. The trends of 'ever' and 'chronic/recurrent' BZD prescription were described. Poisson regression models were used to statistically investigate the proposed relationship between given characteristics and examined outcomes.

Results: Initiating BZD prescriptions are common in the general population of the developed countries with up to a third having BZD prescriptions chronically, especially in more deprived groups. Unlike the middle-age group, the elderly group showed declining trends in initiating BZD prescriptions. However, limited data exist on describing the changes of chronic BZD

prescriptions over the time. Women, those who have disadvantage socioeconomic status and experience difficult social circumstances, have impacted health, experience significant life events like being diagnosed for the first time with a chronic condition, and/or impacted resilience, are at a higher risk of being prescribed BZD compared to those who are not. Additionally, inconsistent evidence and heterogeneities between studies have hampered the conclusion about the relationship between BZD 'ever' or 'chronic/recurrent' prescriptions and hospital admissions (psychiatric or general), ethnicity, and culture.

The data linkage study showed that prescribing BZD were common in middle-age (20.4%, [95% CI: 19.7, 21.2]), with persistent annual prevalences at about 7%. Although the incidence of 'ever' BZD prescriptions was declining, one in five continued to receive BZD 'chronically/recurrently'. Additionally, the study showed that childhood behavioural disturbances and low achievements in IQ tests were independently associated with 20% and 15% increases in 'ever' and 'chronic/recurrent' BZD prescriptions risks, respectively. Moreover, additional risks of BZD prescriptions in those with behavioural disturbances and low IQ achievement were explained by multimorbidity, socioeconomic burden, and hospital admissions.

Conclusions: The rate of prescribing BZD amongst middle-age is concerning despite the decline in the incidence of their prescriptions. Behavioural disturbances and low IQ achievement in childhood are predictors for 'ever' and 'chronic/recurrent' BZD prescriptions in middle-age. Childhood is a sensitive development period in which the exposure to disadvantaged socioeconomic and social circumstances could impact individuals' ability to cope effectively with challenges individuals may face during adulthood and/or may set a trajectory for disadvantaged socioeconomic and social circumstances across life. This may trigger the need for BZD prescriptions to enable coping. Furthermore, multimorbidity and socioeconomic burden were shown to contribute to the indirect mechanism between childhood predictors and BZD prescriptions. Future research is needed to determine how hospital admissions influence prescribing of BZD.

Biography

Hadah M. Alkhaldi is a PhD holder in Medicine Management and Pharmacy Practice from University of Aberdeen with long experience of 13 years in enhancing clinical practice using health informatics, and was awarded a seat in the committee of Scottish Universities Life Sciences Alliance Early Career Research (SULSA). Alkhaldi has long professional experience of identifying and addressing gaps of ongoing concerns regarding prescriptions, health care and social care, works as a researcher with Scottish governmental sectors, reflecting good understanding of ethics and regulations required for conducting assessments and implementing interventions at national and international levels, and is experienced and knowledgeable in applying clinical standards and protocols at highest expectation levels within given context and competent in addressing sensitive, complex topics which contribute to informing decision-makers.



Hedy Cleaver
Royal Holloway, University of London, United Kingdom

The impact of parental substance misuse on children – tolerable use/intolerable impact

Purpose: Parental alcohol and/or drug misuse can have a detrimental impact on children. The aim of this presentation is to help professionals to understand how children may be affected, to identify concerns early and ensure children get the help and protection they need.

Design: The presentation is based on a wide range of research, both national and international, and uses a developmental framework to explore how exposure to parental alcohol and drug misuse can affect children's health and wellbeing.

Findings: Around 4% of children in England are living with a parent who uses alcohol or drugs. This is likely to be a significant underestimation as parents are often reluctant to disclose their substance misuse. Problem drinking or drug use rarely exists in isolation and is often associated with domestic abuse and mental health problems. Such a mixture of parental issues is a toxic combination for children. The consequences for children can be long-term and affect every aspect of their safety and wellbeing. Child protection systems often fail to respond appropriately to families in which alcohol and drug misuse presents a risk of harm to children.

Originality: Previous work on how parental substance misuse can affect children has, in general, examined the overall harm they can experience. This presentation explores, through adopting a developmental approach, how exposure can affect children's social, emotional and cognitive development.

Keywords: Parental Substance Misuse, Children's Development, Protective Factors.

Biography

Hedy Cleaver is a Chartered Psychologist and the author of over 40 research based books, papers and chapters exploring the impact of adverse family circumstances on children's health and development, with current research focusing on the impact of issues such as domestic violence, substance misuse, mental illness and learning disability, on parent's capacity to safeguard and promote the welfare of their children. Recent publications include Children's Needs – Parenting Capacity and Parenting a Child Affected by Domestic Violence. Cleaver started the career as a social worker in Jamaica before returning to the United Kingdom to qualify as a child psychologist, practiced as a psychologist both within schools and clinical settings, and in 1984 joined the Dartington Social Research Unit and embarked on a research career devoted to exploring the antecedents to the behavioural difficulties children presented. Since 1999 Cleaver has been based at Royal Holloway and is currently an emeritus professorial research fellow, and for 6 years prior to the move to Royal Holloway was a senior research fellow at Leicester University. Cleaver's earlier experience as a practitioner informs the research on vulnerable children and families and the impact of professional interventions, and the guiding principle underpinning the work is a desire to improve the quality of life for children living in circumstances that place them at risk of abuse and neglect. The findings from this research have had an identifiable impact on policy in the United Kingdom in respect to children and families throughout the last 25 years.



Jeffrey M. Robbins

Brigham and Women's Hospital, United States

Sex and love addiction in the digital age

The digital revolution has fundamentally transformed human sexuality, creating unprecedented access to sexual content, anonymous interactions, virtual relationships, and high-intensity stimulation through internet pornography, social media, dating applications, webcams, virtual reality, and artificial intelligence–driven technologies. While these advances have expanded opportunities for sexual expression and connection, they have also raised concerns regarding compulsive sexual behavior and its impact on individuals, couples, and families.

This presentation traces the historical development of the sex addiction fellowship, modeled after Alcoholics Anonymous. Drawing on clinical experience, addiction theory, and emerging research, the presentation explores parallels between compulsive sexual behavior and substance use disorders, including craving, tolerance, loss of control, escalation, and relapse. Attention will also be given to the role of trauma, attachment disturbances, ADHD, depression, and other co-occurring psychiatric conditions.

Clinical challenges unique to the digital era-including cybersex, online infidelity, parasocial relationships, immersive fantasy environments, and algorithm-driven reinforcement-will be discussed in the context of intimacy, secrecy, dissociation, and relational impairment. Co-occurring addictions, including alcohol, substance use, and gambling disorders, will also be considered.

The presentation concludes with evidence-informed approaches to assessment, psychotherapy, recovery-oriented treatment, and harm-reduction strategies, providing clinicians and researchers with a contemporary framework for understanding compulsive sexual behavior in an increasingly technology-mediated world.

Biography

Jeffrey M. Robbins is the Senior Clinical Social Worker in Neurology at Brigham and Women's Hospital and Lecturer on Neurology at Harvard Medical School. Over a 48-year career, Robbins has combined clinical practice, teaching, advocacy, and community service, specializing in Alzheimer's disease, family systems therapy, epilepsy, addiction and mental health, and founded and co-founded multiple innovative volunteer and educational programs, including National Alzheimer's Buddies and Camp Wee-Kan-Tu. Robbins has taught internationally, authored scholarly works, mentored students and clinicians, and received numerous awards including an NASW Lifetime Achievement Award, recognizing excellence in patient care, teaching, leadership, and community engagement.



Jerad Todacheenie
Nat-su Healthcare, United States

Ancestral strengths: Understanding historical trauma and building resiliency through the collaboration of Native American teachings and evidence-based practices

Native American communities continue to face significant challenges related to substance use, including higher rates of addiction, limited access to effective treatment, and experiences shaped by stereotypes and systemic inequities. Many current treatment models do not fully account for the cultural and historical realities that influence engagement and healing. This presentation offers a more grounded and culturally responsive approach, based on work being implemented at Nat-su Healthcare, a residential treatment program that centers Native American teachings as the foundation of care.

Drawing from the research of Maria Yellow Horse Brave Heart, this session will explore the concept of historical trauma and its ongoing impact across generations. Particular attention will be given to the boarding school era and how those experiences continue to affect identity, family relationships, and behavioral health in Native communities today. Understanding this context is essential for providers seeking to offer meaningful and effective care.

At the heart of this approach is the recognition that Native teachings have always held pathways for healing-long before modern clinical language or research existed. Today, many evidence-based practices align with and support these traditional ways of knowing. At Nat-su Healthcare, treatment is structured so that cultural teachings, storytelling, ceremony-informed practices, and relationships guide the healing process, while clinical modalities are used to strengthen and support that foundation.

This presentation will share practical tools, exercises, and approaches that providers can begin using in their own work. While the focus is on Native communities, the framework

offered extends beyond one culture. Participants will gain a way to approach any community with greater cultural awareness, respect, and intention-supporting care that is both effective and meaningful.

Attendees will leave with a clearer understanding of how to integrate culture and clinical practice in a way that honors the whole person and supports lasting healing.

Biography

Jerad E. Todacheenie, Navajo and Tlingit, is Training Director and Clinical Therapist, a Licensed Clinical Social Worker with 14+ years of experience in the mental health field and delivering clinical services and leading workforce development in residential substance use treatment settings. Todacheenie is a proven Training Director with experience in the design, delivery, and evaluation of competency-based training programs focused on trauma-informed care, crisis intervention, cultural humility, professional development, program leadership, compliance, policy, and evidence-based practices, with extensive experience serving Native American populations through culturally responsive and holistic treatment approaches using Native American teachings that integrates clinical modalities integrating trauma-informed care, and evidence-based practices.



Julie-Christine Cotton[1*], Florence Piché[2]

[1]Université de Sherbrooke, Canada
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Breathwork and pranayama in substance use disorders: Mapping the evidence and clinical integration pathways

Substance use disorders remain associated with high relapse rates despite standard treatments combining pharmacotherapy and psychosocial interventions. In this context, there is growing interest in complementary and integrative approaches, including those derived from breathwork, yoga, and meditation practices.

Beyond the field of addiction, breathwork interventions have gained increasing scientific attention in other areas of mental health. A scoping review on anxiety disorders reported that various breathing techniques were associated with significant improvements in anxiety symptoms among patients diagnosed according to DSM-5 criteria. These findings suggest that breath-based interventions may target transdiagnostic mechanisms such as stress regulation, physiological arousal, and emotional states, which are also central to substance use disorders.

Within addiction research, yoga- and mindfulness-based interventions have shown potential benefits on key processes involved in relapse, including craving, emotional regulation, and stress. Specific breathing techniques, such as Sudarshan Kriya, have been associated with improvements in well-being, reductions in substance use, and effects on stress-related biomarkers. Earlier work also suggests that rhythmic breathing practices may contribute to reductions in tobacco use and to changes in certain immune markers, although these findings remain preliminary. Other pranayama techniques may also support stress reduction in individuals experiencing substance-related challenges.

However, the current literature remains fragmented. Existing studies either focus on multimodal interventions combining several components, such as yoga, meditation, and spirituality, or on isolated techniques, without providing a structured synthesis of breathwork and pranayama as a distinct category of intervention. Additionally, some complementary approaches in addiction are described in conceptual or non-standardized ways, limiting their integration into evidence-based clinical frameworks.

To address this gap, a scoping review is currently underway. It aims to identify and map studies published over the past 15 years examining the effectiveness of breathwork and pranayama techniques in the prevention and treatment of substance use disorders across diverse populations. Data extraction is ongoing, and findings will be presented for the first time at the conference.

This work aims to contribute to a clearer understanding of the role of breathwork and pranayama in both prevention and treatment trajectories of substance use disorders. By structuring existing knowledge, this review may support clinicians in integrating breath-based interventions as complementary self-regulation tools, particularly for managing stress, craving, and emotional states, while informing the development of more structured and evidence-based integrative care approaches. It may also help assess the relevance of more formally integrating these practices into certain addiction services, including rehabilitation settings.

Biography

Julie-Christine Cotton is an associate professor in Addiction Services at the Faculté de médecine, Université de Sherbrooke, and scientific director of the Laboratoire de recherche inclusif. Cotton's work focuses on the prevention and treatment of substance use disorders, with particular interests in minority stress and the adaptation of services for minoritized populations, including LGBTQ+ and neurodivergent individuals. Trained in psychoeducation at Université de Sherbrooke and in Lifestyle and Wellness Coaching at Harvard Medical School, Cotton has developed expertise in integrative approaches to addiction, including the clinical relevance of breathwork and pranayama.



Katie Pierce

Ezer Health and Wellness, United States

The gut–brain axis in recovery

Recovery from addiction is traditionally approached through psychotherapy, medication, peer support, and behavioral interventions. However, emerging research highlights the significance of physiological factors-such as gastrointestinal inflammation, dysbiosis, and compromised gut barrier function-in influencing mood stability, sleep quality, stress reactivity, and cravings. These symptoms are often misinterpreted as purely psychological or motivational issues, yet they may stem from underlying biological dysregulation that heightens relapse risk.

This session introduces attendees to the gut–brain axis from a recovery-centered clinical perspective. Participants will examine how the intestinal microbiome interacts with neurotransmitter systems-including serotonin, dopamine, and GABA-immune responses, and the Hypothalamic–Pituitary–Adrenal (HPA) axis. The discussion will also cover how substance use, especially alcohol and other common drugs, can alter microbial diversity, damage the intestinal lining, and promote systemic inflammation, thereby affecting cognition, emotional regulation, and stress resilience.

Target audience and practical application: Designed for professionals across detox, residential, outpatient, and re-entry settings, this presentation emphasizes practical, evidence-informed strategies that can be integrated into everyday recovery care without requiring advanced nutritional expertise. Attendees will learn a stepwise framework for supporting gut health through accessible interventions such as hydration, balanced protein and fiber intake, fermented foods (as tolerated), micronutrient repletion, and inflammation-reducing meal structures. The session also emphasizes trauma-informed communication, client readiness, and the realities of limited resources, time, and food security.

Biography

Katie Pierce is a registered nurse with training in holistic gut health who brings together clinical experience and functional, practical strategies that clients can realistically implement in daily life. Pierce's approach has been shaped by years of experience supporting individuals navigating chronic stress, recovery, and long-term health challenges, and emphasizes education, empowerment, and individualized support focused on identifying and addressing underlying imbalances to build a foundation for lasting change. The goal is to help individuals and providers build resilience, improve regulation, and support sustainable wellness from the inside out.



Kimberly Lannon

Dr. Kimberly Lannon and Gameface Consulting, United States

Understanding polyvagal dysregulation, addiction, and relationships: A holistic framework for mental health and recovery

Addiction rarely occurs alone. Recent research shows that autonomic nervous system dysregulation is key to the development and recurrence of addictions. This presentation explores addiction through Polyvagal Theory, focusing on how chronic autonomic dysregulation impacts emotional regulation, relationships, attachment, and recovery.

Participants will learn how developmental trauma, ACEs, attachment issues, grief, chronic stress, and relational injury cause sympathetic activation or dorsal vagal shutdown via a specific case-related presentation. These survival states often result in anxiety, depression, emotional numbing, conflict, codependency, social isolation, compulsive behaviors, and substance misuse. Addiction is not just behavioral but an adaptive response to overwhelmed nervous systems.

The presentation will cover current research from addiction medicine, psychiatry, behavioral health, trauma-informed care, neurobiology, and psychophysiology to show the bidirectional link between autonomic regulation and relational health. It will focus on how polyvagal dysregulation affects trust, emotional intimacy, communication, conflict resolution, and secure relationships during recovery.

Attendees will learn assessment strategies for nervous system dysregulation and explore holistic interventions, including mindfulness, somatic therapies, breathwork, exercise, nutrition, vagal toning, CBT, interpersonal work, and community supports, to restore balance and promote wellness.

This presentation highlights a biopsychosocial-spiritual holistic model of addiction, highlighting the interconnected roles of physiology, relationships, emotions, and recovery. Using a polyvagal and relational approach, clinicians can craft more effective, compassionate, and person-centered treatments to foster long-term healing, connection, and well-being.

Biography

Dr. Kimberly Lannon is a Licensed Clinical Psychologist and Integrative Medical Mental Health Practitioner with more than 30 years of private-practice experience. A Certified Nutritional Mental Health Practitioner and Clinical Sports Psychology Practitioner, Lannon specializes in addiction, trauma, and PTSD, neuropsychopharmacology, and human performance. Lannon is a Lead Adjunct Professor in an addictions program supporting professional certification in Massachusetts and teaches neuropsychopharmacology at the collegiate level. Lannon clinical work includes elite Olympic, nationally ranked, and professional athletes, U.S. military veterans, and international military personnel. Lannon also leads workshops, retreats, and professional trainings addressing compassion fatigue, secondary trauma, burnout, resilience, and sustainable practice for counselors and behavioral health professionals. Lannon work reflects a whole-person, integrative approach to mental health, recovery, resilience, and peak performance. Lannon is also the host of the nationally distributed podcast Your Daily Gameface, available across major podcast platforms, with a live broadcast every Wednesday at 9:45 a.m. EST.



Kimberly Lannon

Dr. Kimberly Lannon and Gameface Consulting, United States

Kratom: Exploring its pharmacology, mental health effects, and new challenges for addiction and behavioral health experts

As substance use evolves, clinicians increasingly encounter Kratom (Mitragyna speciosa), marketed as a natural remedy for pain, anxiety, depression, opioid withdrawal, and overall wellness. Although legal in many areas and widely available, concerns are growing about its psychoactive and psychiatric effects, dependence, and medical complications. Despite its prevalence, many health professionals report limited education on kratom's pharmacology, benefits, and risks.

This presentation reviews Kratom's history, cultural origins, pharmacodynamics, and usage patterns in the US and globally. We will explore how Kratom can produce stimulant effects at low doses and opioid effects at higher doses, explaining its perceived benefits and misuse potential.

Clinical case examples will illustrate cases of Kratom dependence, withdrawal symptoms, polysubstance use, and the difficulties in diagnosis and treatment planning. The presentation will also cover new evidence on adverse effects such as cognitive changes, cardiovascular risks, liver toxicity, tolerance buildup, and interactions with psychiatric medications.

Attendees will learn practical skills for patient assessment, psychoeducation, harm reduction, and treatment, emphasizing nonjudgmental inquiry, informed consent, and collaboration when working with individuals using kratom for self-treatment or recreation.

As awareness grows, healthcare providers must navigate Kratom use in practice. This presentation aims to enhance clinicians' skills, improve patient safety, and support informed decision-making about a fast-growing, misunderstood substance.

Biography

Dr. Kimberly Lannon is a Licensed Clinical Psychologist and Integrative Medical Mental Health Practitioner with more than 30 years of private-practice experience. A Certified Nutritional Mental Health Practitioner and Clinical Sports Psychology Practitioner, Lannon specializes in addiction, trauma, and PTSD, neuropsychopharmacology, and human performance. Lannon is a Lead Adjunct Professor in an addictions program supporting professional certification in Massachusetts and teaches neuropsychopharmacology at the collegiate level. Lannon clinical work includes elite Olympic, nationally ranked, and professional athletes, U.S. military veterans, and international military personnel. Lannon also leads workshops, retreats, and professional trainings addressing compassion fatigue, secondary trauma, burnout, resilience, and sustainable practice for counselors and behavioral health professionals. Lannon work reflects a whole-person, integrative approach to mental health, recovery, resilience, and peak performance. Lannon is also the host of the nationally distributed podcast Your Daily Gameface, available across major podcast platforms, with a live broadcast every Wednesday at 9:45 a.m. EST.



Linda Lundstrom

NAS Recovery Solutions, United States

The ripple effect: A mother's perspective on addiction, mental health, and family recovery

When addiction and mental health challenges enter a family, no one remains untouched. While much of the conversation focuses on the individual struggling, the experiences of parents, siblings, spouses, and children are often overlooked. In this powerful and deeply personal presentation, Linda Lundstrom shares her journey as both a mother and a woman with 28 years in recovery, offering a unique perspective shaped by lived experience on both sides of the recovery journey.

Drawing from her personal experiences with addiction, recovery, parenting, incarceration, mental health challenges, and family healing, Linda provides an honest look at the emotional impact addiction has on families-the fear of late-night phone calls, the grief of watching a loved one suffer, the confusion of trying to help, and the exhaustion that comes from carrying hope through years of uncertainty. She explores how addiction and mental health challenges affect family relationships, communication, trust, boundaries, and overall well-being.

With compassion, vulnerability, and wisdom gained through nearly three decades of recovery, Linda discusses the complex emotions many family members experience, including guilt, shame, anger, resentment, helplessness, and chronic stress. She examines the difficult balance between helping and enabling, while highlighting the importance of self-care, healthy boundaries, education, and support networks for family members navigating their own healing process.

Through powerful storytelling and practical insights, attendees will gain a deeper understanding of how recovery impacts the entire family system. Linda's message offers hope that healing is possible-not only for the person struggling with addiction or mental health challenges, but

also for the loved ones who walk beside them. This presentation reminds us that recovery is a family journey, one built on resilience, connection, accountability, and the courage to keep showing up for ourselves and those we love.

Key topics covered include addiction and mental health through the eyes of a parent; the family impact of substance use disorders; grief, fear, guilt, and hope in the recovery journey; mental health challenges and family dynamics; enabling versus empowering; healthy boundaries and self-care for family members; family recovery and rebuilding trust; finding purpose, resilience, and healing through adversity; and lessons learned from 28 years of recovery and lived experience.

Biography

Linda Lundstrom is a survivor, advocate, and fierce voice for recovery. With 28 years in recovery and a life shaped by resilience, Lundstrom knows firsthand what it takes to rebuild and to keep going even when the road gets hard. As a mother, Lundstrom understands the intersection of love, grief, and advocacy in a way that only lived experience can teach, and the commitment to mental health is not just professional, but personal, daily, and deeply rooted in Lundstrom's own journey of overcoming trauma, violence, and transformation. A seasoned international speaker with 26 years on stage, Lundstrom brings raw honesty and hard-won wisdom to every room Lundstrom enters, and is currently writing a book about the journey, one built on decades of reinvention, grit, and choosing herself over and over again. Lundstrom once rode a motorcycle solo from California to New York and back, raising $5,000 for charity, a journey Harley-Davidson honored with a full feature spread, and professionally has spent 25 years in corporate operations, helping small businesses scale and thrive. Yet it is the humanity, as a mother, a person in recovery, and a mental health advocate, that makes people lean in when Lundstrom speaks. Lundstrom doesn't just tell the story; Lundstrom gives others permission to tell theirs.



Lindsey Jasinski *, Andrew Cooley
University of Kentucky HealthCare, United States

Crisis to hope: Transforming behavioral health with the EmPATH model

As behavioral health needs surge, our systems remain stuck – fragmented, overwhelmed, and ineffective at treatment or instilling hope for those in need. Patients often board for days or weeks, waiting on a local bed, with little treatment. Safety risks in the emergency department are prevalent resulting in overuse of staff and resources to ensure safety. Costs of care are exceptionally high, and stigma often adversely impacts care.

The EmPATH (Emergency Psychiatric Assessment, Treatment, & Healing) model represents a bold re-imaging of a true system of effective and efficient behavioral healthcare. In July 2024, University of Kentucky HealthCare launched Kentucky's first EmPATH unit, marking a significant shift in how behavioral health crises are addressed in the region. The primary goals were to improve outcomes, build a system of care, decompress emergency departments, and use resources more efficiently. Intentionally located independently from emergency services, this 16-chair unit embodies EmPATH principles by offering a calm, therapeutic environment focused on rapid stabilization, meaningful engagement, and care without exclusion.

Through intensive therapeutic interaction and strong community partnerships, the UK EmPATH unit prioritizes connection over containment, ensuring patients are treated rapidly and linked with the right level of follow up care immediately following. No medical clearance is required; patients are brought directly to EmPATH from local EMS, police, and often self-present. Treatment is initiated within minutes of arrival by an experienced behavioral health provider. A comprehensive treatment plan is initiated that includes rapid therapeutic medications as indicated, social work case management, and evidence-

based individual and group therapy. Peer support specialists provide perspective through lived experience and hope. The unit is an open milieu setting and patients are offered a recliner chair to move about the unit in their preferred space. Large windows and an accessible outdoor patio allow patients to choose the most calming space for their needs. An open nurses station allows for active monitoring of patients without use of sitters. Calming rooms are readily available for patients to use independently, and snacks and drinks are readily available. Patients maintain agency, choice, and engagement with staff through the duration of their visit. The overall experience is one of support, choice, and immediate access to help.

In 19 months, the unit has served more than 8,100 adults, with 76% rapidly treated returned to the community. The average EmPATH stay is 16 hours, all devoted to active treatment. With no sitters, the unit has returned 5,000+ hours of care to bedside. ED revisits for behavioral health dropped 90%, and hospital readmissions decreased 13%. EmPATH's restraint rate is 77% lower than the EDs, with fewer than 1% of visits requiring any restrictive intervention. Community follow up rates after discharge increased from 29% to 65%. The success of the model has sparked planning for statewide implementation. EmPATH is a rapidly growing model that for UK HealthCare has resulted in reduced ED boarding, improved patient and staff safety, cost savings and operational efficiencies. More than just the numbers, the patients positively impacted by EmPATH have a common experience: hope. Community partnerships have created a robust approach to streamlining care in the region, and have reduced stigma. A vision for the future of EmPATH and a truly effective system of behavioral healthcare will be shared, inspiring others to integrate and collaborate in new ways.

Biography

Dr. Lindsey Jasinski has served UK HealthCare since 2010 in various clinical and leadership roles. For the past 5 years, Lindsey has served as a Chief Hospital Administrative Officer overseeing adult behavioral health services, including a 195-bed state psychiatric hospital managed by UK HealthCare, a 16-bed transitional residential care facility, a 19-bed acute inpatient unit, and a 16-chair EmPATH unit. Lindsey was one of the primary leaders in implementing the EmPATH unit, which opened in July 2024. Lindsey holds a PhD in clinical neuropsychology and a Master's in Health Administration, both from the University of Kentucky. Lindsey is a Fellow of the American College of Healthcare Executives and a Fellow of America's Essential Hospitals.



Lindsey Jasinski *, Andrew Cooley
University of Kentucky HealthCare, United States

Implementation of a robust screening program for hepatitis C, hepatitis B, and human immunodeficiency virus in an EmPATH emergency psychiatric setting: An opportunity for collaboration and integration

Objectives: Behavioral health populations remain at high risk for hepatitis C (HCV), hepatitis B (HBV), and human immunodeficiency virus (HIV) infection, but screening rates in those settings remain quite low. Further, while effective treatments exist, significant barriers still exist in screening and continuity of care for these disease states. The University of Kentucky (UK) HealthCare Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) unit is an alternative to a traditional emergency department (ED), providing a calming environment for patients presenting with psychiatric distress. Prior literature has observed increased prevalence of HCV, HIV, and HBV in individuals with serious mental illness, with estimates of a 3- to 11-fold increase in HCV risk relative to reference populations. Subsequently, psychiatric emergency and inpatient settings are likely to serve a patient population at high risk for these disease states, making routine screening crucial. This study is one of the first to screen and evaluate the prevalence of HCV, HIV, and HBV in a psychiatric emergency patient population.

Methods: This retrospective, observational study examined the prevalence of HBV, HCV, and HIV in patients who presented to the UK EmPATH unit. A non-targeted screening protocol for HBV, HCV, and HIV was implemented to screen all patients presenting to EmPATH who had no documented negative result for these diagnoses in the prior six months. Screenings were not performed in patients who declined consent or at provider discretion. All patients who presented to UK EmPATH post-implementation (1/20/2025 – 3/16/2026) were included in the study analysis. Demographic data and laboratory results

were collected from the medical record. The number and percentage of patients screened and testing positive for HBV, HCV, and HIV are reported in aggregate, with positive patients further classified as either previously diagnosed or newly identified at the encounter.

Results: 6,106 patients were seen in EmPATH and 2,022 (33.1%) were screened for HCV. A large portion had been seen in either a UK ED or at EmPATH in the prior 6 months and were thus not rescreened. Of those eligible for screening, 73.89% were completed, a significant completion rate in a behavioral health setting. Of those screened, 16.15% were HCV Ab positive, of which 48% were HCV RNA positive, and 61.71% of those were new RNA positive findings. Further, 2,832 (46.4%) were screened for HIV, with 1.4% testing positive for HIV and 76.92% being new diagnoses. 2,022 (33.1%) were screened for HBV and 0.69% tested positive for HBV, with 50% being newly diagnosed.

Conclusion: Observed HBV, HCV, and HIV positivity rates were high in a psychiatric ED, justifying non-targeted or universal screening programs in this setting. Further, most diagnoses were known prior to admission, suggesting difficulty with linking this patient population to treatment. Treatment programs focusing on effective coordination of post-discharge care are needed, and best practices in communicating and ensuring screening compliance in this unique population are discussed.

Biography

Dr. Lindsey Jasinski has served UK HealthCare since 2010 in various clinical and leadership roles. For the past 5 years, Lindsey has served as a Chief Hospital Administrative Officer overseeing adult behavioral health services, including a 195-bed state psychiatric hospital managed by UK HealthCare, a 16-bed transitional residential care facility, a 19-bed acute inpatient unit, and a 16-chair EmPATH unit. Lindsey was one of the primary leaders in implementing the EmPATH unit, which opened in July 2024. Lindsey holds a PhD in clinical neuropsychology and a Master's in Health Administration, both from the University of Kentucky. Lindsey is a Fellow of the American College of Healthcare Executives and a Fellow of America's Essential Hospitals.



Marcelo Sodelli

Pontifical Catholic University of Sao Paulo, Brazil

Living in time, living in use: A phenomenological reading of the experience with drugs

This presentation proposes an interpretation of the phenomenon of drug use grounded in the singularity of human temporality, taking as its theoretical foundation the phenomenological-hermeneutic perspective of Martin Heidegger, particularly as developed in Being and Time. It begins from the understanding that the human being is not a being merely located within chronological time, but a being that constitutes itself temporally-that is, one who understands and projects itself through the dimensions of past, present, and future, inseparable in their structural unity.

The presentation will initially offer a concise synthesis of Heidegger's existential analytic, emphasizing temporality as the constitutive structure of existence. The past (having-been) is not reducible to what is finished or closed; rather, it remains a field of realized and unrealized possibilities that continue to operate in how the subject understands itself. The future (the coming-toward) refers to the realm of possibilities still open, marked by indeterminacy and the absence of guarantees. The present, in turn, is the domain of decision and the enactment of these possibilities, where fulfillment or frustration takes place. The human being temporalizes itself insofar as it must assume its existence as a task at each moment.

From this structural perspective, fundamental attunements (*Stimmungen*)-anxiety (*Angst*), guilt, and boredom-will be discussed as privileged modes in which temporality manifests itself. Anxiety discloses the open and indeterminate horizon of the future; guilt expresses the condition of already being in debt to one's own unassumed possibilities; and boredom reveals a depletion of meaning in the way the present shows itself.

On the basis of this theoretical ground, an interpretive approximation will be proposed between three modalities of drug use and the temporal dimensions of existence. Depressant drugs may be understood in relation to the temporality of the past and the attunement of guilt; hallucinogenic or perturbing drugs in relation to the present traversed by boredom; and stimulant drugs in relation to projection toward the future marked by anxiety. This is not intended to establish a linear causality, but rather to offer a hermeneutic key that situates drug use as an existential response to the tensions inherent in human temporality.

Finally, clinical implications for the treatment of substance dependence will be discussed, questioning the centrality of abstinence as the exclusive aim of treatment, as upheld by prohibitionist perspectives. The presentation argues for a clinical approach that takes the subject's temporal experience as fundamental, expanding the field of intervention beyond mere consumption suppression and acknowledging the existential complexity involved in the phenomenon.

Keywords: Drugs, Phenomenological-Hermeneutic, Temporality.

Biography

Marcelo Sodelli holds a Master's and PhD in Education (Psychology of Education) from the Pontifical Catholic University of Sao Paulo. Since 2018, Sodelli has been the Coordinator of the Psychology Program's Research Center at the Pontifical Catholic University of Sao Paulo, titled Psychology and Vulnerability – The Clinic of Dependencies and the Contemporary World, and is a member of the research group certified by CNPq, Psychosocial Care Clinic and the Use of Alcohol and Other Drugs. Since 2007, Sodelli has been an Assistant Professor in the Psychology Program at the Faculty of Human Sciences and Health at the Pontifical Catholic University of Sao Paulo and a member of the Phenomenology Team.



Mary Dobson
LiftWellness, United States

The twelve steps beyond alcohol: Applying recovery principles to food, perfectionism, and modern behavioral addictions

This presentation will examine how Twelve Step principles can be effectively adapted to address emerging behavioral addictions that extend beyond substance use. Contemporary clinical practice increasingly recognizes compulsive relationships with food, perfectionism, work, achievement, and digital engagement as significant contributors to emotional dysregulation and impaired functioning. These patterns often mirror the neurobiological and psychological mechanisms seen in substance-based addictions, yet many individuals do not identify with traditional addiction frameworks, leading to under-treatment, shame, and isolation. The Twelve Steps-originally developed for alcohol use disorder-offer a structured, community-based, spiritually inclusive model that may support recovery across a broader spectrum of compulsive behaviors.

This presentation synthesizes clinical observations, behavioral health research, and case-based examples to illustrate how Twelve Step principles can be translated into practical interventions. Attendees will be guided through step-by-step applications, reflective exercises, and adaptive strategies tailored for clients experiencing binge-restrict food cycles, perfectionistic overcontrol, compulsive productivity, and digital overuse.

The presentation highlights how core Twelve Step themes-such as honesty, surrender, accountability, amends, and service-can reduce shame, interrupt maladaptive coping patterns, and strengthen emotional resilience. Emphasis is placed on progress rather than perfection, relational healing over self-reliance, and the therapeutic value of community and shared language.

Participants will gain a clinically grounded understanding of how the Twelve Steps can function as a flexible, evidence-informed framework for addressing modern behavioral addictions, and some insight into how these strategies can be used and applied for those working towards recovery. The presentation concludes that Twelve Step principles, when applied with nuance and cultural sensitivity, can support sustainable recovery, enhance self-compassion, and promote long-term behavioral changes.

Biography

Mary Dobson is a nationally recognized behavioral health specialist with two decades of experience in eating disorder prevention, treatment, and advocacy. Beginning a career in research at Yale, Dobson later earned advanced training in systemic school-based behavioral health and became a Certified Eating Disorder Specialist, serving two terms as President of the Connecticut IAEDP Chapter. Dobson founded LIFT Wellness in 2016, expanding it into a multi-state, interdisciplinary treatment center serving thousands of clients, and is now launching LIFT Teen and Parent Wellness Centers in partnership with Connecticut Children's Medical Center. Dobson continues to maintain a diverse caseload, mentor clinicians, and speak nationally.



Maryam H. Hazeghazam

Jesse Brown Veterans Affairs Medical Center, United States

Power, the underlying psychosocial factor in sexual trauma

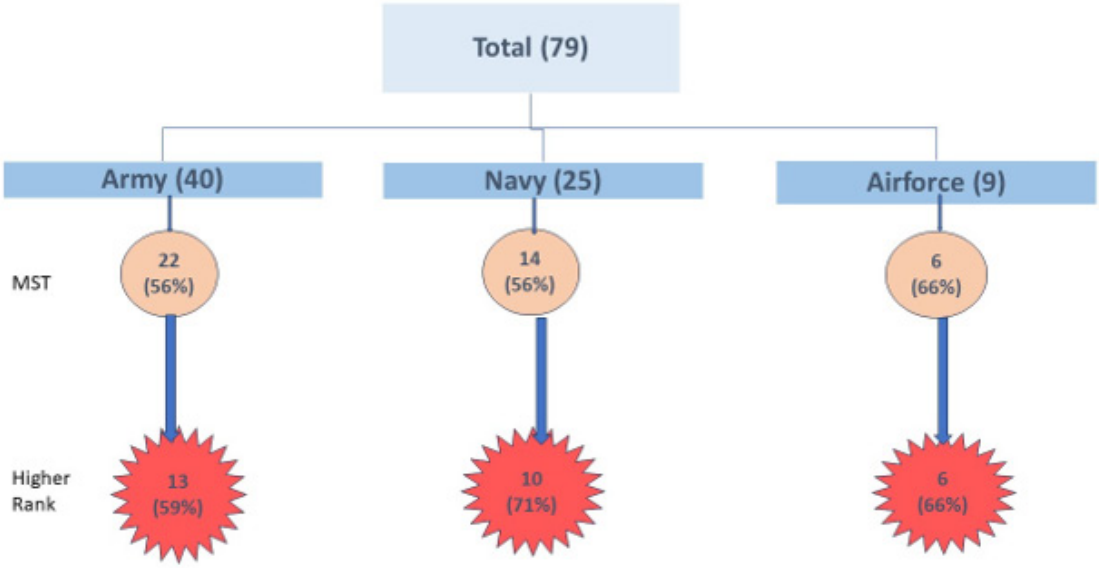
Background: There are many reports on the adverse impact of sexual trauma on mental health. In recent years, we have encountered a significant increase in the reported cases of sexual trauma. In workplaces where power hierarchy is an essence for the organization, there has been a tsunami of reports on sexual trauma. Empathy plays a defining role in human relationships and development. An article recently written in connection with the Me Too movement discussed how gaining power in men correlates with the reduction in empathy.

Objectives: To study the association between power and sexual trauma.

Methods: A retrospective chart review was conducted in a Women's Mental Health Clinic over 18 months. Sexual assault caused by a higher rank serviceman among our women veterans' population was reviewed and the prevalence was calculated. A total of 178 charts were reviewed from 03/2019 to 06/2021. The information of 79 patients with sufficient data were analyzed and various statistical parameters were calculated.

Results: A total of 79 charts had complete data for review. The distribution of military divisions was 40 (50%) army, 25 (31%) navy, and 9 (11%) air force. Approximately 37% reported lifetime sexual trauma and 57% had Military Sexual Trauma (MST). Among 45 who reported MST, the majority, 28 (62%), reported trauma from a higher rank serviceman. Among army veterans, 22 (55%) reported MST of which 13 (59%) were by the higher rank serviceman. Among Navy veterans, 14 (56%) reported MST of which 10 (71%) were by a higher rank serviceman. Among Airforce veterans, 6 (66%) reported MST of which 3 (50%) were by higher rank. The association between the prevalence of assaultive behavior and a higher status in rank was demonstrated in this report.

Conclusions: Our finding supports that a higher position in status is likely a contributing factor for sexual assault. There is an opportunity to turn our attention into preventive measures, such as educating and training staff members to improve their compassion and empathy in the workplace and promoting assertive therapy among those who suffered sexual trauma.



Distribution of military divisions and reported military sexual trauma.

Biography

Maryam Hazeghazam began an academic journey with a Bachelor of Science degree in Nutrition, which laid the foundation for a holistic approach to mental health care, then pursued a PhD in Biochemistry, gaining a deep understanding of the biochemical processes that influence mental health and well-being. Hazeghazam further advanced this expertise by earning an MD with a specialization in Psychiatry, and the multidisciplinary background allows the integration of nutrition, biochemistry, and psychiatric principles into practice, offering a well-rounded and personalized approach to patient care. Hazeghazam currently works as the attending psychiatrist at the Women's Health Clinic for women veterans at Jesse Brown VA Medical Center.



Mordy Gottlieb

The Mordy Effect, United States

Enhancing substance use disorder group therapy: Experiential methods for safety, engagement and impact

Group therapy forms the backbone of Substance Use Disorder (SUD) treatment programs, yet many clinicians and paraprofessionals receive little formal training in how to facilitate effective groups. Shame, fear of judgment and disengagement often prevent clients from fully participating, which undermines treatment outcomes. This presentation introduces a replicable framework for running safer, more engaging and culturally responsive SUD groups using psychodrama, sociometry, Accelerated Resolution Therapy (ART) and other experiential modalities. Drawing from more than seven years of work in PHP, IOP and residential settings, Mordy Gottlieb shows how to rapidly build psychological safety, foster trust and increase participation in group sessions.

The session outlines practical methods for integrating movement-based warm-ups, sociometric exercises and trauma-informed facilitation techniques to address shame and encourage vulnerability. By combining evidence-informed practice with real-world case examples, the talk demonstrates how these experiential methods reduce client drop-off, improve retention and promote more meaningful therapeutic outcomes. Participants will leave with a clear group structure, scripts for managing high-emotion disclosures and strategies for adapting these tools across diverse populations-including men's groups and process addiction groups-while honoring cultural identities. This presentation is ideal for therapists, peers, counselors and program directors seeking to elevate group facilitation skills and enhance the effectiveness of SUD treatment programs.

Biography

Mordy Gottlieb is a clinician, educator and group therapy specialist who founded The Mordy Effect to elevate group work in addiction and mental health settings. With advanced training in psychodrama, sociometry, experiential therapy and Accelerated Resolution Therapy (ART), Gottlieb trains clinicians across residential, PHP and IOP programs to run safer and more engaging group sessions, and specializes in substance use disorders, process addictions and men's mental health. Gottlieb's hands-on approach combines evidence-informed techniques with real-world experience, helping treatment centers improve client engagement, retention and clinical outcomes by teaching staff how to build emotional safety and manage group dynamics effectively.



Nadiya Burmaka[1*], Inga Gryganska[2]
[1] Independent Researcher / Burmaka Medical Center (Ukraine), USA
[2] Burmaka Medical Center, Ukraine

Multisensory modulation of nicotine withdrawal symptoms in smoking cessation: Clinical observations and supportive regulatory strategies

Nicotine Replacement Therapy (NRT) and behavioral interventions remain central components of contemporary smoking cessation treatment. At the same time, nicotine withdrawal continues to involve complex sensory, autonomic, behavioral, and physiological manifestations that may negatively affect adaptation, treatment adherence, and smoking cessation outcomes. Recent epidemiological and clinical data from the United States indicate that although a majority of smokers express a desire to quit, long-term cessation rates remain limited, highlighting the need for additional supportive approaches during the withdrawal period.

Based on more than three decades of clinical work in addiction medicine, this presentation introduces a structured framework of multisensory supportive interventions targeting tactile, oral, olfactory, auditory, visual, behavioral, and autonomic components of nicotine withdrawal. Clinical observations indicate that nicotine abstinence manifests not only through craving, but also through sleep disturbances, irritability, affective dysregulation, somatic discomfort, gastrointestinal changes, and heightened sensitivity to smoking-related environmental and behavioral cues, including habitual actions, location-associated rituals, work-related smoking patterns, and sensory reminders associated with previous nicotine use.

The proposed approach integrates sensory-regulatory and behavioral support strategies intended to improve tolerance of the withdrawal period and facilitate patient self-regulation during smoking cessation. These interventions include tactile modulation techniques, oral sensory substitution, environmental restructuring, autonomic regulation strategies, and supportive behavioral adaptations that may be incorporated alongside standard smoking cessation treatment.

This approach expands the range of supportive strategies available during smoking cessation through targeted support of sensory, physiological, autonomic, and behavioral manifestations of nicotine withdrawal, thereby contributing to improved treatment adherence, reduced withdrawal-associated distress, and improved smoking cessation outcomes. The proposed supportive framework may also be relevant for nicotine withdrawal associated with electronic cigarettes, vaping, and other smoking alternatives.

Keywords: Nicotine Withdrawal, Smoking Cessation, Smoking Cessation Support, Sensory-Regulatory Interventions During Nicotine Withdrawal, Withdrawal Symptom Management, Multisensory Modulation of Nicotine Withdrawal, Behavioral Support During Smoking Cessation, Non-Pharmacological Supportive Interventions for Nicotine Dependence.

Biography

Nadiya Burmaka is a Ukrainian psychiatrist and researcher specializing in the theory and practice of addiction treatment, the author of more than 60 scientific publications and holder of over 20 patents and invention certificates in the fields of psychotherapy and substance dependence. Burmaka previously directed a specialized medical center for addiction treatment and led a scientific research center for more than 15 years, also taught at the Kharkiv Medical Academy of Postgraduate Education, and from 2016 to 2021 served as Editor-in-Chief of the interdisciplinary scientific journal American Journal of Fundamental, Applied and Experimental Research. Burmaka's professional work focuses on psychotherapy, pharmacological compliance, smoking cessation support, and integrative approaches to addictive disorders, and has been presented at numerous national and international scientific conferences.



Nakia Avery

Avery Consulting Services and Capella University, United States

Reframing literacy leadership in behavioral health contexts: Strengthening school–family partnerships for students with reading disabilities

Students with reading disabilities are disproportionately impacted by behavioral health challenges, yet leadership frameworks often separate literacy intervention from mental health and family systems support. This presentation explores how special education literacy leaders serve as connectors between academic intervention, behavioral health awareness, and family engagement practices.

Grounded in a qualitative study examining the roles and responsibilities of literacy leadership for elementary students with reading disabilities, this session highlights how leaders integrate trauma-informed instruction, social-emotional considerations, and school-home partnerships to improve literacy outcomes. Using Epstein's Framework for Family Engagement and ecological theory, the research identifies four domains of effective literacy leadership: Child Find and early identification; mental health and social-emotional alignment; structured family engagement; and systems-level instructional accountability.

Practical implications include embedding mental health considerations into IEP development, strengthening educator-family communication, and designing professional learning that equips teachers to recognize behavioral indicators linked to reading frustration. By aligning literacy systems with behavioral health awareness, schools can serve as protective factors that prevent long-term academic disengagement and psychosocial risk.

Biography

Nakia Avery is a special education leader, consultant, and doctoral scholar specializing in literacy leadership and school improvement. With over 16 years of experience in special education, Avery supports districts in strengthening instructional systems, compliance practices, and family engagement structures to improve outcomes for students with disabilities. Avery's research examines how literacy leaders foster school-home partnerships for elementary students with reading disabilities while integrating behavioral health awareness and trauma-informed leadership practices.



Ningyuan Guo[1*], Xue Weng[2], Sheng Zhi Zhao[3], Lijuan Wang[4]

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[2]Beijing Normal University, China
[3]University of Hong Kong, China
[4]Xin Hua Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, China

Development of prediction model of problematic social media use in pregnant women using machine learning

Background: Problematic Social Media Use (PSMU) has emerged as a significant addictive behavior, influenced by a complex interplay of sociodemographic, behavioral, and psychosocial factors. Few explored PSMU in pregnant women, though women could be more vulnerable for PSMU. This study aimed to identify key factors and develop a machine learning-based prediction model for classifying pregnant women with PSMU.

Methods: A total of 945 pregnant women (median age 30 years) were recruited in a tertiary hospital in Shanghai, China. PSMU was measured using the Bergen Social Media Addiction Scale, with scores ≧19 indicating PSMU. Potential factors were selected based on the literature, including sociodemographic and pregnancy-related characteristics, psychological status (prenatal depression, prenatal anxiety, resilience, Big Five personality traits), screen time, partner phubbing behavior, family communication level, family well-being, and positive and adverse childhood experiences. The dataset was randomly split into a training set (80%, n=756) and a testing set (20%, n=189), with no significant differences. Feature selection was conducted using Least Absolute Shrinkage and Selection Operator (LASSO) regression with 10-fold cross-validation. The factors selected by LASSO were subsequently used to construct multiple machine learning models, including logistic regression, Support Vector Machine (SVM), decision tree, AdaBoost, and eXtreme Gradient Boosting (XGBoost). Model performance was evaluated using Area Under the receiver operating characteristic Curve (AUC), accuracy, sensitivity, specificity, predictive values, and F1 score. SHAP (SHapley Additive exPlanations) analysis was used to quantify feature contributions and interpret the model.

Results: 194 (20.5%) pregnant women were identified with PSMU. Significant differences were observed in age, employment status, monthly household income, gestational age, screen time, conscientiousness level, neuroticism level, adverse childhood experience number, prenatal depression, prenatal anxiety, partner phubbing behavior, family well-being between those with or without PSMU. LASSO indicated that 12 factors (employment status, screen time, openness, agreeableness, conscientiousness, age, prenatal depression, partner phubbing, prenatal anxiety, resilience, family communication level, and gestational age) are associated with PSMU. The XGBoost model was selected as the final classification model, achieving an AUC (95% CI) of 0.91 (0.84–0.98), accuracy of 0.91, sensitivity of 0.82, specificity of 0.92, positive predictive value of 0.70, negative predictive value of 0.96, and an F1 score of 0.76. SHAP analysis indicated prenatal depression as the strongest predictor, followed by gestational week, prenatal anxiety, and partner phubbing behavior, while age and resilience had lower contributions.

Conclusions: We have developed a prediction model of PSMU in pregnant women in China, providing a useful tool for early identification. Targeted intervention and prevention programs for PSMU can be delivered to those with prenatal depression, larger gestational week, prenatal anxiety, and higher partner phubbing behavior.

Biography

Ningyuan Guo is a lecturer at the School of Nursing, Shanghai Jiao Tong University School of Medicine, China, whose research focuses on digital health and psycho-behavioral interventions, particularly digital mental health. Guo earned a PhD from the University of Hong Kong, and the work integrates AI and behavioral science to develop digital-based assessments and interventions. Guo has led several projects supported by competitive funding such as the National Natural Science Foundation of China and Shanghai municipal research programs, and the research primarily addresses mental health and the impact of childhood experiences, with a strong focus on vulnerable populations such as pregnant women and young adults.



Obianuju M Akujuobi
Rochester Regional Health, United States

Medication Assisted Treatment (MAT) for opioid use disorder: Successes, failures, and the precision psychiatry model in opioid use disorder care

Background: Opioid Use Disorder (OUD) remains a major public health crisis in the United States, contributing to substantial morbidity, mortality, healthcare utilization, and socioeconomic burden. Medications for Opioid Use Disorder (MOUD), including methadone, buprenorphine, and extended-release naltrexone, are among the most effective evidence-based treatments available. Despite their effectiveness, significant gaps remain in treatment access, initiation, retention, and long-term recovery.

Objective: This presentation will examine the evolution and current state of MAT for OUD, focusing on what has worked, what has not, and where the field needs to go next. It will review the three FDA-approved medications methadone, buprenorphine, and extended-release naltrexone and discuss their respective benefits, limitations, and roles in individualized treatment. Evidence demonstrates that methadone and buprenorphine substantially reduce opioid-related mortality, improve treatment retention, and decrease illicit opioid use. Nevertheless, many individuals with OUD remain untreated, while others discontinue treatment prematurely or experience recurrent relapse. The presentation will explore key barriers contributing to these challenges, including stigma, inadequate treatment availability, regulatory and logistical barriers, fragmented addiction and mental healthcare, inadequate treatment of co-occurring psychiatric disorders, social determinants of health, and difficulties maintaining long-term engagement in care.

Discussion: Methadone and buprenorphine have demonstrated significant benefits in reducing opioid-related mortality, illicit opioid use, and treatment-related harms. However, treatment effectiveness in real-world settings is often limited by stigma, treatment

accessibility, fragmented healthcare systems, regulatory and logistical barriers, inadequate treatment retention, and disparities affecting rural and medically underserved populations. Co-occurring psychiatric disorders, unstable housing, socioeconomic challenges, and inadequate continuity of care further complicate recovery. Although MOUD remains the foundation of evidence-based OUD treatment, medication alone may not adequately address the complex and evolving needs of many patients. Emerging strategies including telehealth, digital therapeutics, artificial intelligence-assisted monitoring, precision psychiatry models for personalized treatment approaches, and integration of addiction and mental healthcare may improve treatment access, identify individuals at increased risk of relapse, and support longitudinal engagement in care.

Conclusion: MOUD has transformed the treatment of OUD, but the persistent opioid crisis demonstrates that greater treatment availability does not automatically translate into successful long-term outcomes. The next phase of addiction care should focus on moving beyond crisis-driven treatment toward proactive, personalized, and longitudinal models that integrate medication, harm reduction, relapse prevention, and innovative technologies. Addressing implementation gaps and treatment disparities will be essential to maximizing the life-saving potential of MOUD and improving outcomes for individuals and communities affected by OUD.

Biography

Obianuju Akujuobi is a final year psychiatry resident, a masters level psychotherapist and a trained radiologist, whose clinical experience includes treating patients with opioid and substance use disorder and severe mental illnesses, with a focus on individualized care, relapse prevention, and harm reduction. Akujuobi is passionate about improving access to evidence-based addiction and mental health care, particularly for underserved populations, and academic interests include precision psychiatry models to improve treatment outcomes, predict relapse, and advance personalized mental healthcare.



Pakesta C. Washington

Washington Elite Nursing Consultants, United States

Beyond the myths: Bipolar disorder, recovery, and the power of compassionate care

Bipolar disorder is a complex mental health condition that affects millions of individuals worldwide, yet it continues to be surrounded by stigma, misunderstanding, and misconceptions. These challenges can create barriers to early recognition, appropriate support, and meaningful recovery. This presentation explores bipolar disorder beyond the myths by increasing awareness, promoting understanding, and highlighting the importance of compassionate, person-centered care.

Participants will gain insight into the signs and symptoms of bipolar disorder, including the impact of mood episodes on individuals, families, workplaces, and communities. The presentation will discuss the importance of early identification, evidence-based treatment approaches, medication management considerations, and the role of supportive relationships in the recovery journey.

Mental health stigma remains one of the greatest obstacles preventing individuals from seeking help. By shifting the conversation from judgment to compassion, healthcare professionals, educators, leaders, and community members can foster environments that encourage openness, support, and hope.

Attendees will leave with a deeper understanding of bipolar disorder, increased confidence in recognizing its signs and symptoms, and practical strategies to promote mental health awareness, reduce stigma, encourage supportive communication, and provide compassionate, recovery-oriented care. This presentation reinforces that individuals living with bipolar disorder are not defined by their diagnosis. With appropriate treatment, education, and meaningful support, recovery and an improved quality of life are possible.

Through education and advocacy, we can move beyond misconceptions, replace stigma with understanding, and create a culture where mental health conversations are met with dignity, compassion, and hope.

Biography

Pakesta C. Washington is a mental health speaker, advocate, nursing educator, and healthcare leader with over 15 years of nursing experience, whose work focuses on mental health awareness, reducing stigma, emotional wellness, and supporting nursing students and the next generation of nurses. Through mentorship, tutoring, and education, Washington helps students build confidence, resilience, and academic success while navigating the challenges of nursing school, and empowers individuals and organizations to prioritize mental wellness and compassionate care. Washington has been invited to speak at the 25th Global Summit on Nursing Education and Practice in October 2026.



Patrick Dowling

Independent Speaker Advocate, United States

Combating crisis and solutions

First: we need crisis response reform. Dedicated mental health rapid response teams separate from police. No flashing lights. No shackles for compliant patients. Trauma-informed transport protocols written into law.

Second: we need psychiatric environments designed for healing. Research consistently shows that the environment affects behavior. Instead of sterile, tense wards that escalate agitation, we should create calm spaces. An environment that resembles healing like a yoga studio, animal therapy, nutritional support (i.e. the ketogenic diet), integrative therapies such as acupuncture, and binaural beat meditations, alongside medication management.

Third: we need innovative housing solutions tied directly to recovery. I propose partnering with vocational-technical high schools to build tiny homes as part of construction training programs. These homes could create structured recovery communities funded through state grants, workforce development funds, and housing initiatives. Residents would receive on-site social workers, access to medication-assisted treatment like methadone and Suboxone, mental health counseling, job training and community reintegration pathways, and tiered privilege systems that reward stability and progress.

This isn't charity. It's an investment. It reduces emergency room visits, incarceration costs, and repeat hospitalizations.

Most of the homeless individuals I met were not lazy. They were mentally ill, traumatized, addicted, or all three. And yet when I was sleeping outside, the very people society ignores gave me cardboard and a tarp so I wouldn't sleep on concrete. They had compassion. Our systems should too.

Biography

Patrick Dowling is a dedicated mental health advocate and public speaker committed to shaping the future of mental health and substance misuse recovery. Since 2018, Dowling has utilized personal experience with schizoaffective disorder to combat stigma and influence policy. A recognized leader in the field, Dowling was honored with the 2019 Erik Cogswell Memorial Award for valiant advocacy and received a NAMI National Award in 2020. From testifying at the New Hampshire State House to performing with This Is My Brave, Dowling empowers others through storytelling and education, driving meaningful change for those living with serious mental illness.



Priyanka*, Jamie Churchyard
University of West London, United Kingdom

From home to abroad: Understanding personality, wellbeing, stress, social support and cultural adjustment

Moving abroad is often viewed as an exciting opportunity for personal, educational, or professional growth. However, adjusting to life in a new country can also bring considerable psychological and social challenges. Being away from familiar surroundings, relationships, cultural practices, and support systems may increase stress and influence an individual's overall sense of wellbeing. At the same time, personal characteristics and supportive social relationships may shape how successfully people adjust to a new cultural environment.

The present quantitative study explores the relationship between personality, psychological wellbeing, perceived stress, social support, and cultural adjustment among individuals living outside their home country. The study focuses on how individual differences in personality and access to social support relate to experiences of stress, wellbeing, and adjustment while navigating a different cultural and social environment. Standardized psychological measures are used to assess the study variables, followed by appropriate statistical analyses to examine relationships between these factors.

Rather than viewing cultural adjustment simply as adapting to a new language, lifestyle, or set of social norms, this study considers it as a broader psychological experience. Moving away from home can require individuals to rebuild social networks, develop new coping strategies, and find a sense of belonging while maintaining their psychological wellbeing. Exploring the role of personality and social support may therefore provide a better understanding of why some individuals adapt more comfortably than others.

The study aims to contribute to a more person-centred understanding of mental wellbeing in culturally transitioning populations. Its findings may have practical relevance for counsellors,

mental health professionals, universities, workplaces, and community organisations supporting people living abroad. Understanding the personal and social factors associated with healthier adjustment may also inform culturally sensitive approaches aimed at reducing stress, strengthening social support, and promoting psychological wellbeing during major life transitions.

Keywords: Personality, Psychological Wellbeing, Perceived Stress, Social Support, Cultural Adjustment, Coping, Mental Health.

Biography

Priyanka is a psychologist, researcher, and academic currently pursuing an MRes in Psychology at the University of West London, United Kingdom. With over five years of experience in higher education, counselling, and psychological research, Priyanka's interests include transcultural psychology, mental health, psychological wellbeing, resilience, and migratory stress, and the research particularly explores how cultural transitions and changing social environments influence psychological adjustment and wellbeing. Priyanka has published research in psychology and interdisciplinary areas and has received multiple Best Paper Presentation awards, and the work reflects a strong interest in developing culturally sensitive and evidence-based approaches to mental health and psychological wellbeing.



Ramesh Nagarajappa
The Oxford Dental College, India

Preventing internet addiction: Community and school-based interventions for health professionals

Internet addiction has emerged as a significant behavioral and public health concern, particularly among children and adolescents who are exposed to digital media at increasingly younger ages. While clinical management often focuses on individual treatment, growing evidence suggests that prevention strategies implemented at the community and school levels are more effective in reducing long-term harm. This keynote addresses internet addiction as a preventable lifestyle disorder shaped by social, educational, and environmental determinants rather than solely individual behavior.

The lecture highlights the pivotal role of schools as early intervention settings and communities as enabling environments for healthy digital habits. Evidence-based school-based programs, parent education initiatives, and community awareness strategies are discussed, along with their integration into primary healthcare systems. Emphasis is placed on the evolving role of health professionals-not only as clinicians but also as educators, advocates, and collaborators in multidisciplinary prevention efforts.

By shifting the focus from treatment to prevention, this keynote aims to equip health professionals with practical frameworks to identify early risk, support families, and contribute to sustainable, population-level solutions. The session concludes with a call for coordinated action to promote digital well-being and protect future generations from the adverse consequences of uncontrolled internet use.

Keywords: Internet Addiction Disorder, Adolescent, Schools, Community Health Services, Primary Prevention.

Biography

Ramesh Nagarajappa graduated from the prestigious Bapuji Dental College and Hospital, Davangere, India in 1999 and is presently working as a Vice Principal, Professor and Head, in the Department of Public Health Dentistry at the Oxford Dental College, Bangalore, India. Nagarajappa has post-graduation teaching experience of over 26 years and has guided both PhD and MDS students, has authored 140 publications in various international and national reputed journals, and has been a regular reviewer in many journals. Nagarajappa has experience in delivering scientific presentations and chairing scientific sessions at various conferences.



Renee Dickerson
Victory Place, NFP, Her Service Matters, LLC, United States

Dishonored valor: Military sexual trauma, addiction, and the urgent need for a national women veterans movement

Military Sexual Trauma (MST) is a public health issue with consequences that can extend far beyond the original assault or harassment. The U.S. Department of Veterans Affairs reports that about one in three women veterans screened in VA health care disclose MST. Research also links a positive MST screen to a higher likelihood of alcohol- and drug-use disorders, while cumulative military stressors heighten the risk of co-occurring posttraumatic stress and substance-use symptoms. Yet many women remain disconnected from veteran-centered care; VA reports that only 44 percent of women veterans are enrolled in its health care system. These conditions create an urgent need for responses that integrate clinical treatment with prevention, survivor protection, peer support, and institutional accountability.

This conceptual and practice-informed presentation examines addiction and harmful substance use as potential trauma adaptations within the contexts of MST, chronic threat, grief, moral injury, dissociation, and institutional betrayal. It considers how fear of retaliation, disrupted trust, racial and gender inequities, fragmented systems, and the requirement to continue living or working near an alleged perpetrator may impede disclosure and delay care. A psychodynamic and trauma-informed framework is used to understand substance use without reducing the survivor to a diagnosis or isolating symptoms from the military and institutional conditions in which they developed.

The presentation then introduces the Million Women Veterans March on Washington, planned for October 2027, as a national public health and policy movement. Conceived by National Women Veterans United, the International Association of Military Women of Color, and Victory

Place, NFP, the movement unites veterans, families, caregivers, clinicians, researchers, civil rights and faith organizations, and community leaders. Its eleven policy priorities address equitable health care; MST prevention, justice, and accountability; mental health and suicide prevention; housing; economic and benefits equity; racial and gender equity; legal protections; institutional transparency; military-to-civilian transition; family and caregiver needs; and emerging behavioral risks.

Attendees will receive a practical framework for integrating PTSD and substance-use treatment with survivor-centered advocacy, community partnerships, and measurable policy reform. The central proposition is that recovery requires accessible, coordinated clinical care, while prevention requires institutions to reduce the conditions that enable trauma, retaliation, and avoidable harm.

Keywords: Military Sexual Trauma; Substance Use Disorder; PTSD; Institutional Betrayal; Women Veterans; Trauma-Informed Care; Policy Advocacy.

Biography

Renee Dickerson is an Air Force veteran, a licensed clinical professional counselor, a certified alcohol and drug counselor, and the founder of Victory Place, a nonprofit, and Renee Service Matters, LLC. Renee earned PhD from the Institute for Clinical Social Work and specializes in psychodynamic psychotherapy, sexual trauma, institutional betrayal, PTSD, grief, and dissociation. A former director of the Chicago Heights Vet Center (Department of Veterans Affairs), Renee is a co-national organizer of the Million Women Veterans March on Washington and the author of Unveiling the True Self.



Samhita Bhushan
LNCT Medical College, India

The pattern of traditional edible cannabis bhang consumption among Indian population: A quantitative survey

Introduction: India has a historic tradition of cannabis use, legal edible bhang made from cannabis leaves. It sold by government licensed shops across many parts of the country. However, consumers of this market have not been adequately studied. Pattern of drug use and attitudes towards cannabis and other drug use among bhang consumers could be a valuable data to refine and reform cannabis policies globally.

Methodology: We conducted a cross-sectional quantitative survey among bhang users (n=200), visiting the licensed bhang shops, in the religious pilgrimage city of Mahakal Ujjain, India. After obtaining informed consent, we interviewed the respondents (age more than 18, current consumers of bhang from the shop) using a specially designed semi-structure questionnaire and WHO ASSIST screening questionnaire. Institute Ethics Committee clearance was obtained.

Results: Respondents were almost exclusively males (99%), and half were aged>50 years (mean 50.50±10.09 years). About 63% had formal education more than 10 years and 87% were current employed. Apart from bhang other substances used currently were tobacco (81%), alcohol (18%) opium and pharmaceutical sedatives (1%). WHO ASSIST scores revealed that 19% had cannabis use pattern in the high risk (score>26) while 75% were in the moderate risk (score 4-26). Major reasons cited behind initiating bhang use were 'pleasurable effect' (82%); 'curiosity' (77%); and 'peer pressure' (48%). Almost everyone procured bhang through licensed shops and majority (63%) spent less than US cent 25 per day on procuring bhang. Only 10% had to take some medical help for health problems related to bhang use. Majority (77%) did

not consider bhang to be a drug and considered it to be a holistic medicine (84%). While 67% regarded it healthy, 83% agreed to its addictive potential. In general respondents tended to believe bhang to be safer than tobacco or alcohol (86%), but 45% also revealed that it can cause mental disturbance. Interestingly a distinction was made between bhang and other illegal cannabis products. Only 30% believed that bhang increases the risk of use of other drugs.

Conclusion: A small-scale pilot study featuring the ethnic use of cannabis as legal edible concoction. It highlights the historic trends in consumption and beliefs among bhang consumers in India. Cannabis use as holistic medicine as well as its corelation to other substance is a significant finding. The data can be utilized to further refine our understand the potential of the legal cannabis market in India and its global impact.

Biography

Samhita Bhushan is an ex Army Physician and Addiction specialist affiliated to ISSDP, who completed post graduation in Psychiatry from RD GMC from 2015 to 2018, a very prestigious institute in Madhya Pradesh, and is currently working as Associate Professor in LNCT Medical College Indore, having served a tenure of five years as an officer in the Army Medical Corps from 2008 to 2013. Bhushan has been an active campaigner for decriminalization of cannabis with participation at the International addiction conference at AIIMS 2017 and the CSIMR-IIM meet 2018, and has been awarded various international scholarships including the Asian scholarship award at ISSDP 2017 for original research on the cannabis market in India, and presented research on a rare case series of Huntington Chorea with psychiatric manifestations at the International congress of the Royal College of Psychiatry 2017. Bhushan presented and was awarded a scholarship for research presentation at the 1st Asian drug policy conference in Hong Kong in 2019, and represented Asia as a guest speaker at The European Congress on Legal and Regulations in Cannabis with a presentation on the Indian cannabis scenario. Bhushan is a member of the Red Cross society and works for the welfare of women, actively taking grief management sessions for Veer Nari, and is a researcher in collaboration with the Department of Criminology, Hong Kong University, on drug use scenario in South Asia.



Scharbach Hugues
Ordre des Médecins 44, France

Arts therapy: From free expression in psychiatric asylums to currently therapeutic recognition, by children and by adults

Mental health issues often lead individuals to express themselves through drawing, painting, clay modeling, wood and decorative things, as well as writings spontaneously or guided by psychotherapists. That's within the context of psychiatric field, particularly in an institutional setting, that psychopathological expression took place, notably during the sixties, seventies becoming arts-therapy.

In this regard, artists such as Unika Zürn, Camille Claudel, Edvard Munch, L. Wain, F. Goya, Y. Chalepas, V. van Gogh, Frida Kahlo, and even S. Dali, have contributed to the recognition of psychopathological expression.

Within the confines of asylums, subjected to a state of forced passivity, were patients who were painters such as Aloïse Corbaz at the Lausanne hospital, Adolf Wölfli at Waldau-Bern, Friedrich der Einzige at Berlin, Séraphine de Senlis, and L. Ruiz at Toledo, as well as writers such as D.P. Schreber, L. Wolfson, and Antonin Artaud at Rodez's hospital, who, thanks to his long-standing relationships with famous Surrealists, notably A. Breton, was able to expose the deplorable therapeutic conditions that still persisted into the 1950s.

Exceptional paintings are become famous but, and mostly have contributed to reveal the strength of the mental potential processus in Arts, as raw one, leading to Abstract Expressionism, New Art, Pop Art, Street Art. It's to notice the particularism of the Vienna Secession, pivotal movement in the late of XIX's century, standing in a radical artistic innovation and cultural rebellion through their groundbreaking exhibitions and we like to associate about this

geographic area, the incredible architectural palaces, as Neuschwanstein near Munich, but also, Pena near Lisbon, or from post-factor Cheval in Drome, France.

Children naturally like to draw during a therapeutic time but, we have to highlight the squiggle game as used D.W. Winnicott.

Biography

Hugues Scharbach is a distinguished Neuropsychiatrist and Honorary National Expert in pharmacotherapy with extensive experience in academic medicine, clinical psychiatry, forensic expertise, and international research. Scharbach began an academic career in neuroanatomy in Paris and later served as Invited Professor of Physiology at the University of Bujumbura, followed by an appointment at Paris VI Faculty of Medicine, and clinically served as Psychiatre des Hopitaux and Head of Adult Psychiatry at Nantes University Hospital, where Scharbach also founded and directed the Child and Adolescent Psychiatry Service. Scharbach has contributed to multiple Phase III and Phase IV clinical trials and advanced pharmacological research, and as a recognized authority in forensic psychiatry has conducted thousands of court-appointed psychiatric evaluations for major French courts and overseas territories. Scharbach is the author of the three-volume reference work Expertises psychiatriques et médico-psychologiques au penal, including a volume dedicated to transgressive children and adolescents, and as an international keynote speaker has published widely on borderline and dissocial personality spectra, forensic psychopathology, and transgressive behaviors in youth.



Shivi Tripathi[1*], Kate Fogarty[2*], Tracy Johns[2], Josie Bryan[2]
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The vaping ecosystem: Social, school, and media predictors of e-cigarette use among Florida teens

Aims: As an epidemic, United States teenagers' electronic vapor product use increased by 1800% and having ever used e-cigarettes increased 4 times from 2011 to 2019. In Florida alone, 11.4% of middle and high schoolers reported vaping in 2022, a fivefold increase from 2011, highlighting the urgency of understanding what drives this behavior. Grounded in ecological systems theory, this research examines influences within interpersonal, institutional, and media-based contexts and their associations with adolescents' vaping behaviors.

Method: Middle and high school students in Florida reported past 30-day electronic vapor product usage in 2022 (n=52,165). Influential factors were divided into ecological categories: school-related; media-related; and social relationships. Associations between predictors and vaping were examined by grade, gender, and ethnicity/race, using multivariate binary logistic regression.

Results: Positive associations between vaping exposure within each ecological level and electronic vapor product usage were indicated, with greater vaping likelihood for females, high schoolers, and non-Hispanic White adolescents. Social predictors were most strongly associated with vaping. Best friends offering vapes increased odds of teen vaping nearly 40 times; others vaping at home doubled the odds of usage; and witnessing school staff vaping on campus increased odds by 46%. Students' participation in anti-vaping school events increased odds of use by 6%, while earning good grades and attending schools with rules against vaping had protective effects, reducing vaping odds by nearly 40%. Teens seeing characters vaping on video were 1.2 times more likely to have vaped in the past 30 days. Notably, traditional advertising formats such as radio and print showed stronger associations with vaping, suggesting that indirect media exposure warrants greater attention in prevention efforts.

Conclusions: Understanding the role of ecological influences in adolescents' life spaces can holistically inform vaping prevention efforts. Future interventions such as peer-based interventions and vaping prevention efforts in schools and other immediate environments where teens engage in close interpersonal interactions are a key starting point, amid the macrosystemic appeal of vaping to adolescents through advertising and various forms of media portrayals.

Biography

Shivi Tripathi is a senior in the IB Program at Eastside High School in Gainesville, Florida, and aspires to become a public health professional. Tripathi's research on teen vaping focuses on the impact of interpersonal, institutional, and media-based factors on youth e-cigarette usage in Florida, and has been presented at various conferences including the 2025 National Conference on Tobacco or Health in Chicago. At Stanford University REACH lab, Tripathi is involved in research on youth substance abuse, is deeply committed to advancing youth health and education initiatives throughout the community and is involved in global menstrual health advocacy.

Kate Fogarty is an associate professor and youth development specialist with the University of Florida's Department of Family, Youth and Community Sciences, whose community outreach work specializes in preventing adolescent risk and promoting resiliency through relationships with parents, mentors, schools and communities, including artificial intelligence. Fogarty's scholarly work focuses on understanding program features and processes to promote positive youth development and adolescent risk and resilience, with specific areas of research being features of nonformal educational programs, such as mentoring, that prevent risk and promote positive youth development, and contextual predictors of risk behaviors and resilience outcomes among adolescents and emerging adults.



Sindu Padmanabhan
Bharathiar University, India (Australia)

Workplace and occupational mental health: Supporting well-being at work

Mental health in the workplace is essential for both employees and organizations. Good mental well-being supports productivity, job satisfaction, and positive workplace culture, while poor mental health can lead to stress, burnout, and lower performance. Many organizations are now taking steps to create supportive environments through manager training, employee assistance programs, flexible work options, and initiatives that reduce stigma and encourage open conversations about mental health.

Research shows that workplaces that prioritize psychological safety experience higher engagement, lower turnover, and better overall outcomes. The rise of hybrid and remote work has introduced new challenges, including social isolation, blurred work-life boundaries, and digital fatigue. Addressing these requires creative solutions, adaptive leadership, and clear policies that help employees manage their mental health effectively.

This presentation will highlight practical strategies to support mental well-being in diverse workplace settings. It will explore ways to build psychologically safe environments, encourage healthy communication, and integrate mental health considerations into everyday work practices. Attendees will gain insights into how organizations can support employees to feel valued, stay engaged, and perform at their best.

By combining individual-focused approaches with organizational strategies, workplaces can reduce stress, enhance retention, and foster a positive culture. This session will share current research and practical examples to guide organizations in creating resilient, healthy, and high-performing work environments, benefiting both employees and the broader organization.

Biography

Sindu Padmanabhan is a psychologist with over 15 years of experience in counseling, psychotherapy, and mental health research, holds a PhD in Psychology and specializes in behavior modification, psychoeducation, and evidence-based interventions. Padmanabhan's work bridges research and practice, focusing on personalized strategies to enhance mental well-being, and has contributed to the academic community as an author and reviewer, including the publication The Impact of Locus of Control on Workplace Stress and Job Satisfaction: A Pilot Study on Private-Sector Employees in Current Research in Behavioral Sciences. Padmanabhan is dedicated to translating research into practical solutions that strengthen workplace mental health and resilience.



Stephanie Leopold
KNEW Integrative Health, United States

Medical innovations in addiction relapse prevention: Emerging neurobiologic and psychedelic-assisted therapies

Substance use disorders remain a global public health challenge, with relapse rates frequently exceeding 50–70% depending on substance type and comorbid psychiatric conditions. Despite established interventions such as medication-assisted treatment, behavioral therapy, and peer recovery models, long-term durability of remission remains limited. Increasing evidence suggests that addiction relapse is not solely a behavioral phenomenon but reflects underlying neurobiologic dysregulation involving reward circuitry, stress-response systems, trauma-related conditioning, and impaired cognitive flexibility.

This presentation examines emerging medical innovations in addiction relapse prevention with particular focus on psychedelic-assisted therapies, including psilocybin. Recent randomized clinical trials published in high-impact journals have demonstrated promising outcomes in alcohol use disorder, nicotine dependence, and major depressive disorder. The conditions strongly associated with relapse vulnerability. In controlled therapeutic settings, limited administrations of psilocybin combined with structured psychotherapy have produced sustained reductions in heavy drinking days, high smoking abstinence rates, and durable mood improvement.

Proposed mechanisms of action include modulation of the 5-HT2A receptor system, increased neural network connectivity, enhanced neuroplasticity, disruption of maladaptive default mode network activity, and facilitation of emotionally corrective or meaning-centered experiences. These mechanisms may allow patients to interrupt entrenched behavioral patterns and trauma-linked relapse cycles in ways not achieved by conventional pharmacotherapies alone.

Safety considerations, screening protocols, therapeutic structure (preparation, monitored administration, and integration), and evolving regulatory frameworks will be reviewed. The presentation will also discuss how emerging therapies may complement existing evidence-based treatments within multidisciplinary models of care.

By reframing relapse prevention through a neurobiologic and trauma-informed lens, healthcare professionals can better understand the limitations of current approaches and evaluate emerging therapies with scientific rigor. This session aims to provide clinicians and researchers with a balanced, evidence-based overview of innovations that may shape the future of addiction treatment while emphasizing patient safety, ethical practice, and interdisciplinary collaboration.

Biography

Stephanie Leopold is a Certified Registered Nurse Anesthetist with more than 20 years of clinical experience in critical care, anesthesia, and perioperative medicine, and has held leadership roles including Chief CRNA and served on professional boards for nurse anesthesiology organizations. Leopold is the founder of KNEW Integrative Health, focused on evidence-based approaches to addiction and trauma recovery, and as a graduate of the Changa Institute's legal psilocybin facilitator training program lectures internationally on addiction relapse prevention, neuroscience, and emerging psychedelic-assisted therapies.



Stephanie Schweitzer Dixon
SSD Consulting, United States

Suicide prevention strategies for the law enforcement profession

Suicide may be the most dangerous threat to a law enforcement officer's well-being, safety, and life in today's world. The exact number of law enforcement deaths by suicide remains unknown due to inconsistent data regarding law enforcement officer deaths by suicide even after multiple organizations have been working diligently to collect this data, and the United States Congress passed a bill in 2022 to improve data collection procedures nationwide. In the United States, approximate estimates range from being at or significantly above the national average; one study reported the rate of suicide to be twice the rate of officers who die in the line of duty, another study reported three times the rate, and another reported it to be eight times that of the general population.

Law enforcement officers become exposed to the most challenging, traumatic, and horrific tragedies endured by and inflicted upon human beings that the majority of the general population is completely unaware of occurring in society. While they enter their profession physically and psychologically healthy, these atrocities can affect some officers more so than others, leading to stress-related disorders, substance use and abuse disorders, sleep deprivation, depression, Post-Traumatic Stress Disorder (PTSD), a shorter average life span, and for too many, suicide.

Therefore, best prevention, intervention, and postvention practices require methods tailored toward the multitude of unique risk factors and needs of the law enforcement community in our evolving society, specifically the ages, race, gender, years on the job of specific officers, substance use, mental health challenges, and types of law enforcement profession, when tailoring suicide prevention programming. One study showed that corrections officer deaths in 21 states found that corrections officers had a 39% higher risk for suicide than the rest of

the working-age population, with another study showing depression rates as high as 31% for corrections officers.

A review of the correlation between substance use and abuse and rates of suicidal behaviors will be reviewed, so the risk of suicide is further understood when substance use is present. These unique factors are highlighted in how programming is best tailored with additional recommendations for law enforcement and organizational leadership to ensure successful programming and support to ensure their officers remain healthier while on the job and into retirement.

Biography

Stephanie Schweitzer Dixon holds a master's degree in forensic psychology and specializes in suicide loss, trauma survivors, and the development of LOSS (Local Outreach to Suicide Survivors) Team Programs. A suicidologist and founder and CEO of SSD Consulting, Schweitzer Dixon provides consultation and training in suicide prevention, postvention, crisis intervention, and LOSS Team sustainability for nonprofits, task forces, first responders, and public safety personnel, and also conducts research and training focused on law enforcement suicide prevention and postvention. Schweitzer Dixon is co-founder and Treasurer of the International Police Suicide Foundation and serves on the National LOSS Team Conference Planning Committee.



Thersilla Oberbarnscheidt
University of Pittsburgh, United States

7-OH (7-hydroxymitragynine) – An emerging health threat

While kratom has been used for various recreational reasons for many years, a new concentrate derived from kratom named 7-OH is on the rise. The 7-OH concentrates are often marketed alongside kratom and is sold online or in local convenience stores. Both kratom and 7-OH are federally not regulated substances and were first seen in 2024 and expanded since. 7-OH is a metabolite of the kratom and naturally constitutes less than 2% alkaloids in the kratom's leaves and products. However, 7-OH can be synthesized by converting mitragynine by chemical oxidation to a potent and high-concentrated product. Available forms are sublingual tablets, gummies, syrups, sprays, injections, or nasal sprays.

The current high concentrated formulation is much different from the original form of kratom going back centuries. Stemming from south-east Asia originally, people consumed kratom leaves fresh or ground in teas for natural remedies or to prevent exhaustion while working in the fields in hot and humid climate.

7-OH is much more potent, acting like an opioid and therefore causing intoxication and withdrawal symptoms that are similar to opioid withdrawal often requiring professional, medically monitored detoxification treatments when discontinued. Patients presenting for medical detoxification treatment differ from illicit opioids users in that they are often not aware that the drug they used and abused would cause sickening and impairing withdrawal symptoms when stopped due to the false perception that easily available substances are safe. This presentation is a systematic review about 7-OH, pointing out the pharmacology, toxicology, and legal background of 7-OH highlighting the current trend.

Biography

Thersilla Oberbarnscheidt is an Assistant Professor at the Western Psychiatric Hospital at the University of Pittsburgh where Oberbarnscheidt also completed a fellowship in Addiction Psychiatry, completed residency at Central Michigan University in Psychiatry and graduated Medical School from the Christian-Albrechts University in Germany as well as Yale University School of Medicine. Oberbarnscheidt completed a PhD in neuroscience at the Christian-Albrechts University with the thesis The effect of phenazone in the acute migraine attack, has a long-standing interest in the field of Addiction and has published numerous articles in the field, with particular interest in Marijuana and Opioids.



Vijayan Gurumurthy Iyer
Techno-Economic-Environmental Study and Check
Consultancy Services, India

Importance of Total Quality Management (TQM) in addiction medicine, behavioural health and psychiatry

This paper discusses importance of Total Quality Management (TQM) in addiction medicine, behavioural health and psychiatry. The traditional view of viewing an organization is by surveying the vertical dimension by keeping eye of an organization chart. However, work gets done (or fails to get done) horizontally or cross functionally, not hierarchically. A process focus is continuous improvement efforts and a sequence of activities that is intended to achieve result. A function focus is vertical dimension and events intended to achieve some desired result.

In the seven years of continuous improvement, quality and productivity in addiction medicine, behavioural health and psychiatry have improved and defects per 100 plants were decreased. Addiction medicine, behavioural health and psychiatry is concerned with the processes. TQM aims to ensure excellence in quantity and quality as per PDCA (Plan-Do-Check-Act) and SDCA (Standardize-Do-Check-Act) cycles with in addiction medicine, behavioural health and psychiatry individuals and organizational management levels through the continuous improvement of processes, products and services.

The TQM components encompass quality planning, quality control, quality improvement, employee participation, and quality management system practices. The TQM ensures quality in the end products or service. The addiction medicine, behavioural health and psychiatry organizations integrate quality in its operations and processes for long term success. It reduces defects and eliminates process waste. TQM improves in addiction medicine, behavioural health and psychiatry.

The future trends in TQM in addiction medicine, behavioural health and psychiatry organizations involve the adoption of quality management practices with quality focus on

planning and decision-making process and integration of TQM that involves the adoption of quality management practices with a focus on data-driven decision making and the integration of TQM with emerging technologies such as artificial intelligence and automation including quality management system standards and environmental management systems and occupational health hazards and safety standards for staying in competitive environment and to comply with QMS.

Keywords: Addiction, Environment, Occupation, Microbiology, Omics.

Biography

Vijayan Gurumurthy Iyer is a distinguished engineer, academic, and consultant with over 40 years of experience in mechanical engineering, environmental science, and higher education, and is Director of Techno-Economic-Environmental Study and Check Consultancy Services in Chennai. Iyer holds multiple qualifications, including AMIE (Mechanical), BGL, PhD (Environmental Science and Engineering), and several honorary doctorates, has served as Professor, Dean, and Principal at premier institutions such as KLEF University, CRPF Technical Institute, and Narasaraopeta Engineering College, and was a postdoctoral researcher at WSEAS, Greece.



Yuriy Nazar
University of Turku, Finland

Factors of psychological well-being among practicing psychologists in the context of axiopsychological model of posttraumatic growth

The global crisis conditions characterized by systemic instability may cause unprecedented psychological challenges for well-being of mental health professionals. Practicing psychologists must navigate their own personal safety while simultaneously providing critical care to a traumatized population. However, rather than focusing solely on distress, the concept of Posttraumatic Growth (PTG) suggests that positive psychological changes may occur after experiencing trauma.

This study aims to empirically test the relationships between psychological well-being and constructs of proposed innovative axiopsychological model of posttraumatic growth. The model posits that value transformations serve as the primary driving force for growth after traumatic experience, where resilience, coping, and self-efficacy act as psychological resources supporting PTG. In combination with professional environment factors this process may lead to the ultimate outcome: psychological and professional well-being.

A cross-sectional study was conducted with a sample of 214 Ukrainian practicing psychologists working during the war. The research utilized a set of psychodiagnostic tools, including Portrait of Values Questionnaire (PVQ), Coping Strategies Inventory (CSI), Resilience Scale (CD-RISC-10), Self-Efficacy Scale, Professional Quality of Life Questionnaire (ProQOL), Posttraumatic Growth Inventory (PTGI-X), and Psychological Well-being – Posttraumatic Changes Questionnaire (PWB-PTCQ). Data were analyzed using correlation analysis and multiple regression analysis with bootstrapping corrections.

The scale Psychological well-being as a result of posttraumatic changes demonstrated numerous statistically significant correlations with all key variables of the study. The first regression model, which included 8 coping strategy scales and a resilience scale as predictors, turned out to be statistically significant in predicting the overall level of psychological well-being: $F(9, 204)=4.604$ ($p<0.001$). Further analysis of individual regression coefficients showed that the most significant unique predictor of psychological well-being is Cognitive restructuring strategy ($B=2.142$, $SE=0.022$, CI [0.887 – 3.395], $p=0.001$). The second regression model, which included 3 scales of professional quality of life (Compassion satisfaction, Burnout, Secondary trauma) and Self-efficacy scale as predictors, also turned out to be statistically significant in predicting the overall level of psychological well-being of practicing psychologists: $F(4, 209)=7.578$ ($p<0.001$). The most significant predictors of psychological well-being in this regression model were Compassion satisfaction ($B=0.22$, $SE=0.087$, CI [0.056 – 0.403], $p=0.008$), and Self-efficacy ($B=0.228$, $SE=0.114$, CI [-0.011 – 0.437], $p=0.047$).

Psychological well-being may act as a unifying phenomenon around which key aspects of axiopsychological model of PTG are integrated. At the same time, it may be considered as the final destination in the dynamics of personal and professional growth after trauma. Practicing psychologist can successfully reach this point due to the effective rethinking and finding new meanings of experienced crisis (cognitive restructuring), as well as feeling pleasure from helping others (compassion satisfaction), and belief in their ability to cope with traumatic events in the future (self-efficacy).

Biography

Yuriy Nazar is a doctoral researcher at the University of Turku, Finland, whose current work focuses on the development of an innovative axiological approach to understanding posttraumatic changes, exploring how value transformations and personal psychological resources serve as determinants for posttraumatic growth and well-being among professionals working in crisis conditions. Nazar has extensive experience as a lecturer and is an active participant in international academic mobility programs, and alongside these academic pursuits is a practicing psychologist who conducts psychotherapeutic and counseling practice.

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Elizabeth Brooks

Southern Highlands Community Mental Health Center, United States

Preparing social workers to address substance use disorders: Perceived gaps in education, training, and practice readiness

Substance Use Disorders (SUDs) continue to represent a significant public health concern in the United States, particularly in rural and underserved communities where access to treatment services is limited. Social workers play a critical role in the prevention, assessment, treatment, and recovery support of individuals affected by substance use disorders. Despite their prominent role within behavioral health systems, many social workers report limited formal education and training specific to substance use disorders during their academic preparation. This gap may contribute to reduced confidence, stigma toward individuals with SUDs, and challenges in delivering evidence-based interventions.

The purpose of this proposed qualitative study is to explore how practicing social workers perceive their educational preparation for working with individuals experiencing substance use disorders and to identify perceived gaps in social work education that impact practice readiness. Guided by an interpretivist framework, the study will utilize semi-structured interviews with licensed social workers employed in behavioral health and substance use treatment settings. Data will be analyzed using thematic analysis to identify common experiences, perceptions, and recommendations for improving educational preparation.

Expected findings include the identification of curricular deficiencies, limited exposure to addiction-specific coursework, and the need for increased experiential learning opportunities related to substance use treatment. Findings may contribute to the development of enhanced social work curricula, professional training initiatives, and workforce development strategies designed to improve practitioner competency and client outcomes.

As substance use disorders continue to affect individuals, families, and communities across the lifespan, strengthening social work education in addiction-related competencies is essential to preparing a workforce capable of addressing the complex needs of those seeking treatment and recovery support.

Keywords: Substance Use Disorder, Social Work Education, Workforce Development, Addiction Treatment, Practice Readiness, Behavioral Health.

Biography

Elizabeth Brooks is the Clinical Administrative Director of Office-Based Medication-Assisted Treatment (OBMAT), Director of the Rural Communities Opioid Response Program–Implementation (RPG), and Director of Tobacco Treatment Services at Southern Highlands Community Mental Health Center in West Virginia. Brooks earned both a Bachelor of Arts degree with an emphasis in Early Childhood Education and a Master of Social Work degree from Concord University and is currently pursuing a Doctor of Social Work degree at Walden University. With experience spanning education, child and family services, substance use treatment, and community behavioral health, Brooks is dedicated to improving access to care for individuals and families affected by substance use disorders, mental health challenges, and health disparities, and provides clinical leadership, supervision, program development, and community outreach across multiple behavioral health initiatives. Brooks is actively involved in numerous statewide and national organizations focused on behavioral health, addiction recovery, prevention, and rural health, serves as President of the West Virginia Association of Addiction and Prevention Professionals and participates in several community coalitions and advocacy efforts aimed at improving health outcomes across West Virginia. As a 2026 Ambassador for Community Health Research, Brooks is committed to strengthening connections between researchers, healthcare providers, and communities to promote meaningful community engagement, reduce health disparities, and advance evidence-based practices throughout the state.



Erin Miess

Viterbo University, United States

Recovery education through synergistic partnerships to address OUD for primary clinical providers (RESPOND)

Recovery Education through Synergistic Partnerships to Address OUD for Primary Clinical Providers (RESPOND) is a nine-month, asynchronous online training program developed at Viterbo University and supported by Health Resources and Services Administration (HRSA) grant funding. The RESPOND program was created to address workforce shortages in rural and underserved communities by expanding the number of healthcare professionals trained to deliver integrated mental health and Substance Use Disorder (SUD) services, with a specific emphasis on Opioid Use Disorder (OUD).

This conference session will provide an overview of the RESPOND curriculum, program structure, and implementation strategies. RESPOND prepares practicing nurse practitioners, physician assistants, advanced practice nurses, psychologists, counselors, nurses, and social workers to deliver prevention, treatment, and recovery services using an interprofessional, team-based care model. Attention is given to equipping providers with the knowledge and skills needed to provide treatment for opioid use disorder, including Medication-Assisted Treatment (MAT) and evidence-based counseling and behavioral health interventions.

The RESPOND curriculum consists of six modules delivered over nine months. Module topics include interprofessional team-based care; assessment and diagnosis of SUD, OUD, and co-occurring medical, mental health, and psychosocial conditions; pharmacological and counseling approaches including MOUD; telehealth delivery for rural and underserved populations; systemic and family-based approaches in behavioral health treatment; and trauma- and crisis-informed care with attention to adverse childhood experiences and neurodevelopment. The curriculum emphasizes practical application of skills, cultural responsiveness, and strategies to reduce disparities in access to care.

In addition to asynchronous coursework, RESPOND participants complete a practice-based project in collaboration with their agency. These projects are designed to strengthen local capacity for integrated SUD/OUD services and to support sustainable changes within participants' organizations. The program culminates in a summit that brings together RESPOND partners and participants to share project outcomes, lessons learned, and emerging best practices.

This session is designed for clinicians, educators, administrators, and health system leaders interested in workforce development, interprofessional education, and scalable training models to improve access to mental health and SUD/OUD services in rural and underserved settings.

Biography

Erin Miess is the Director of Practicum Education and an Assistant Professor in the Department of Social Work, Sociology, and Criminal Justice at Viterbo University, and also serves as the grant director for the RESPOND training program, which provides education on opioid use disorder for professionals who support individuals and families affected by substance use. Miess earned a Master of Social Work degree from the University of Wisconsin–Madison and is an Advanced Practice Social Worker, and since beginning a career in 2003 has worked extensively with diverse and underserved populations across a variety of clinical, child welfare, and systems-level roles. During 10 years in child welfare, Miess witnessed firsthand the profound impact that opioid use disorder and other substance use disorders have on children and families, and later served at the Wisconsin Department of Children and Families, playing a key role in implementing statewide system improvements designed to strengthen child welfare services and improve outcomes for families. In addition to the work at Viterbo University, Miess continues to practice as a mental health clinician, providing therapy in community-based settings, with much of the clinical work focusing on individuals experiencing co-occurring mental health and substance use disorders, reflecting an ongoing commitment to supporting recovery and improving access to high-quality, compassionate care.



Eva Bennet[1*], Esha Bennet[2], Mark Garofoli[3], Craig Ferris[1]

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Adolescent substance use and substance use disorders: Neurodevelopmental vulnerability, risk factors, and evidence-based prevention and treatment

Adolescent substance use and Substance Use Disorders (SUDs) remain a persistent public health concern with long-term implications for mental health, social functioning, and adult addiction risk. Adolescence represents a uniquely sensitive neurodevelopmental period characterized by ongoing maturation of prefrontal executive control systems alongside heightened responsivity of reward-processing neural circuits. This developmental imbalance contributes to increased risk-taking behavior, susceptibility to environmental influences, and vulnerability to substance exposure. Simultaneously, the heightened neuroplasticity during adolescence provides important opportunities for prevention, early intervention, and recovery.

Despite advances in neuroscience, screening and interventions, gaps remain in translating evidence into coordinated, developmentally-appropriate prevention and treatment strategies. Comprehensive reviews integrating epidemiology, neurodevelopment, risk factors, prevention, and treatment are a decade old, predating major shifts in SUD patterns, including opioid overdose deaths, increased availability of high-potency cannabis products, and updated national treatment guidance. This updated, comprehensive narrative review uniquely integrates peer-reviewed literature across epidemiology, neurobiology, biopsychosocial risk and protective factors, prevention science, clinical psychology, and adolescent medicine to identify critical gaps, and inform future directions for research, policy, developmentally-informed screening, and evidence-based interventions. Emphasis was placed on systematic reviews, randomized controlled trials, longitudinal cohort studies, national public health reports, treatment guidelines and evidence-based prevention and treatment models relevant to adolescents.

Recent evidence indicates that effective prevention requires coordinated, multilevel interventions targeting modifiable risk factors while strengthening protective factors across family, school, and community environments. Family-based prevention programs demonstrate the strongest and most durable outcomes, improving parental monitoring, communication, and adolescent coping skills. School-based social-emotional learning programs and community-wide prevention initiatives produce modest but meaningful reductions in SUD when implemented with fidelity and cultural relevance. Screening using validated adolescent-relevant tools enables early identification of risk behaviors and facilitates brief intervention strategies. Family centered approaches, behavioral therapies, and motivational interviewing approaches remain the cornerstone of adolescent SUD care, particularly because most pharmacologic treatments for SUD are not approved for individuals younger than 16 years of age. Integrated care models that address co-occurring mental health conditions demonstrate improved outcomes compared with fragmented treatment approaches.

However, the evidence base remains limited by small sample sizes, short follow-up periods, underrepresentation of diverse populations, and ethical and regulatory constraints in adolescent clinical research. Emerging digital health interventions, including mobile health applications, telehealth, and online recovery supports, show promise for improving accessibility and engagement, although limited evidence and implementation challenges constrain widespread adoption.

Adolescent SUD is best conceptualized within a developmental and chronic-care framework continuum involving cycles of remission, recurrence, and treatment reengagement. Leveraging adolescent neuroplasticity through early, family-centered, and developmentally informed interventions represents a critical opportunity for prevention and recovery. Future research should prioritize longitudinal studies in diverse adolescent populations, culturally responsive prevention models, improved screening technologies, scalable digital interventions, and understanding the neurobiological mechanisms underlying risk and resilience during adolescence. Coordinated collaboration across public health, education, clinical care, family, community and policy sectors will be essential to improving long-term outcomes and promoting resilience.

Biography

Eva Bennet is an undergraduate researcher, Honors student, and Stamps scholar at Northeastern University majoring in Behavioral Neuroscience, with over 3,200 hours of research experience spanning translational neuroscience, psychology, global health care equity, and human-subjects research, including peer-reviewed publications and international award-winning scientific presentations. Passionate about evidence-based medicine, Bennet integrates laboratory research with patient care, gaining over 2,000 hours of clinical experience, working directly with patients as a medical and clinical assistant in primary care, ophthalmology and psychiatry clinics, and at Boston Children's Hospital, and aspires to become a physician-scientist dedicated to advancing equitable patient-centered care through innovative research.



Gowri Viswanathan[1*], Sanjay George[1], Eduardo Espiridion[1,2]

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Psychological comorbidities following below-knee amputation: A retrospective database comparison of diabetic and trauma patients

Below the Knee Amputations (BKAs) are performed in trauma and diabetic patients where limb damage is too severe to be salvaged and is potentially life-threatening. However, patients face several mental and physical challenges post-BKA. Both trauma and diabetic patients experience significant psychological burdens after BKAs. This study looked at the development of psychiatric conditions including suicidal ideations, post-traumatic stress disorder, phantom limb syndrome, and death among trauma versus diabetic patients post-BKA.

TriNetX, a multinational network of electronic health records was used to identify patients between 18-80 years old who were diagnosed with diabetes mellitus and underwent lower limb amputation procedures (Cohort 1) and patients who underwent traumatic amputation of the lower limb and underwent lower limb amputation procedures (Cohort 2). Outcomes of interest were suicidal ideations, Post-Traumatic Stress Disorder (PTSD), phantom limb syndrome, and whether the patient was deceased. Risk, risk ratio, odds ratio and a Kaplan-Meier survival analysis were calculated to examine the difference between the two cohorts in developing various psychiatric comorbidities post-operatively.

After propensity matching, each cohort had 2,336 patients. Demographics were well-balanced across the two cohorts. Patients with diabetes mellitus and BKA were at a higher risk for suicidal ideations and experienced these events earlier than trauma patients. Diabetic patients post-BKA were also at higher risk for death and experienced death earlier than trauma patients. Conversely, patients who underwent traumatic amputations were at higher risk for PTSD and experienced it earlier than diabetic patients. Trauma patients post-BKA were at higher risk for phantom limb syndrome and tended to experience it earlier than diabetic patients.

The findings from this study suggest that BKAs are associated with various psychological comorbidities, as indicated by prior relevant literature. Of note, BKAs in diabetic vs trauma patients were associated with different psychological conditions. These results highlight the importance of addressing potential mental health conditions in patients undergoing limb amputations. Furthermore, these findings demonstrate that certain psychological conditions tend to align with different patient populations undergoing amputations. Physicians may use this data to tailor their approach to caring for patients undergoing lower limb amputations.

Biography

Gowri Viswanathan is a first-year medical student attending Drexel College of Medicine in Philadelphia, Pennsylvania, is from Westchester, New York and attended the University of Michigan for undergraduate and graduate degrees.



Khoa Nguyen*, Li Zhang
Nova Southeastern University, United States

Rural-urban disparity in the use of tobacco products and marijuana, the belief of emerging tobacco to quit smoking, and the technology use

Background: Emerging tobacco products, particularly e-cigarettes and nicotine pouches, witness a rapid rise in the United States and globally. While rural residents were reported to have disproportionately higher risk for traditional tobacco and marijuana use separately, no research has been done to examine the rural and urban difference in the co-use of the emerging tobacco products and marijuana. Also, population level data was lacking in examining the rural-urban difference in the belief of emerging tobacco products as cigarette quitting method, telehealth utilization, and digital literacy skills.

Objective: We used the nationally representative sample of the Health Information National Trends Survey (HINTS7) to examine the rural urban difference in emerging tobacco and marijuana concurrent use, belief of emerging tobacco to quit smoking, telehealth use, and digital literacy skills.

Methods: Weighted Rao-Scott Chi-square test was used to compare the co-use status of emerging tobacco and marijuana use, belief of emerging tobacco to quit smoking, telehealth use, and health-related technology use between rural and urban areas. The emerging tobaccos included e-cigarettes, nicotine pouches, and modified risk tobacco. Rural-urban classification was done using RUCC 2023.

Results: Of the 7,278 United States adult sample, 92% reported ever use of tobacco, including 5.1% ever used e-cigarettes, 0.8% used nicotine pouches, and 0.3% used modified risk tobacco products only. As compared to urban residents, higher percentage of rural residents ever used single emerging tobacco products (4.9% vs. 3.5%), while lower percentage of rural residents

ever co-used marijuana and single (2.1% vs. 2.5%) or multiple tobacco products (5.9% vs. 7.2%). Similar results are shown for current use of those products and/or marijuana. Rural were less likely to believe that using multiple emerging tobacco could help quit cigarettes (5.1% vs. 9.2%, p=0.004) or to receive care using telehealth (26.2% vs. 36.9%, p<0.001). Contrastingly, rural residents tended not to use social media (19.4% vs. 16.7%, p=0.013) and to believe the information from social media is false or misleading (33.1% vs. 29.7%).

Conclusions: Rural-urban differences were presented in single and co-use of emerging tobacco and marijuana, the perception of emerging tobacco products for quitting cigarettes, and use of technology in healthcare and health information in the United States adult population, indicating that appropriate health policies should be tailored to specific rural and urban populations to reduce health disparities related to emerging tobacco products.

Keywords: Rural, Nicotine Pouches, E-Cigarettes, Modified Risk Tobacco, HINTS.

Biography

Khoa Nguyen is a second-year undergraduate Public Health major at Nova Southeastern University, Florida, is a member of the World Federation of Public Health's Women, Children, and Youth Health Working Group and is from Ontario, Canada.



Lisa Starkman

Freedom from Addiction, United States

Gamification of treatment and exposure to positive feeling states via virtual reality in substance use disorder: A literature review

Virtual Reality (VR) is emerging as a promising treatment modality for Substance Use Disorder (SUD), offering repeatable, customizable therapeutic exposures difficult to replicate in traditional clinical settings. Despite growing interest, the combined potential of VR-delivered positive feeling states and gamification of SUD treatment remains underexplored.

Conventional SUD treatment often fails to engage patients over time, contributing to high dropout and relapse rates. Gamification has demonstrated potential for improving motivation and treatment engagement. Separately, exposure to positive feeling states such as love, joy, and peace may counteract the reward deficits central to addiction. VR presents a unique platform for delivering both interventions in a controlled, immersive environment.

A structured literature review will be conducted examining peer-reviewed research across four areas: (1) the effect of positive feeling states on SUD treatment outcomes; (2) the efficacy of gamification in SUD treatment; (3) the use of VR in SUD treatment; and (4) the use of VR as a vehicle for delivering positive feeling states and gamified treatment experiences to individuals with SUD.

Evidence suggests that exposure to positive affective states is associated with reduced craving and improved treatment engagement. Gamification strategies have demonstrated increased motivation and therapeutic participation. VR has shown efficacy in cue-exposure therapy and early evidence supports its capacity to induce positive affective states and immersive reward experiences.

VR represents a novel platform for advancing SUD treatment through exposure to positive feeling states and gamification of therapeutic experiences. Future research should include randomized controlled trials to establish efficacy and inform clinical implementation. VR-based interventions combining gamification and positive affect induction offer clinicians a novel, evidence-informed tool to improve engagement and retention in SUD treatment. Addiction professionals should consider how immersive technology can complement existing therapeutic frameworks to address the reward deficits underlying substance use disorder.

Biography

Lisa Starkman brings an interdisciplinary perspective to addiction research and treatment. As a document review attorney, Starkman contributed to a landmark case involving the negligent dispensing of opioid prescriptions by major pharmacies, and as a psychiatric nurse worked with patients in active addiction, observing the progressive nature of the disease. Starkman served as a Research Assistant to Dr. David Lagakos and Professor Lynn LoPucki, earning acknowledgment in scholarly publications, and drawing on personal experience with addiction meets individuals where they are. Starkman's background in law, nursing, and research positions, Lisa to advance evidence-based solutions in addiction.



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The design and pilot testing of a toolkit to guide staff in managing unplanned discharge in residential substance use disorder programs

Objectives: Unplanned discharge is a common concern in residential Substance Use Disorder (SUD) programs and is linked to harm including death by suicide as well as relapse and readmission. Program factors as well as staff behaviours can play a role in unplanned discharge events. There is a lack of guidance, however, regarding what evidence-based steps that staff should take to avoid unplanned discharge and related harm such as suicide. A toolkit of evidence-based approaches was created and piloted at sites to guide staff in how to implement best practices to address unplanned discharge in residential SUD programs.

Methods: An unplanned discharge toolkit was developed over three phases using an evidence-based framework. In the first phase, qualitative interviews were held with staff at 10 residential programs to determine toolkit content. Electronic databases and other sources were also reviewed to identify best practices or policies. In the second phase, usability testing was performed with experts in residential SUD treatment. In the third phase, an unplanned discharge toolkit was developed, and a validated survey was administered to residential staff to measure acceptability, appropriateness, and feasibility of the toolkit. Four residential SUD programs are currently participating in a six-month Quality Improvement (QI) collaborative to gather additional knowledge about ways to improve the toolkit for routine use.

Results: Surveyed participants (N=6) completely agreed that the unplanned toolkit is acceptable and generally agreed that it seems feasible. A few participants described additional ways to enhance the toolkit. These suggestions were integrated prior to finalizing the toolkit.

Four residential SUD programs are currently enrolled in a QI collaborative where additional information is being gathered on how to improve the toolkit for routine use. These data will be available at the time of presentation.

Conclusions: To the best of our knowledge, this is the first study to design a toolkit of best practices to prevent unplanned discharge and related harm such as suicide in residential SUD programs. Based on pilot results, the unplanned discharge toolkit may be feasible for staff to use in residential SUD programs.

Biography

Natalie Riblet is board certified in psychiatry and preventive medicine and is an Associate Professor of Psychiatry and Health Policy and Clinical Practice at the Geisel School of Medicine at Dartmouth College. Riblet's research interests include suicide prevention as well as transitions of care in mental health treatment settings, and the work in residential substance use disorder treatment settings has focused on identifying ways to mitigate harms associated with unplanned discharge.



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Scaling compassion: A multi-tiered approach to harm reduction training for future clinicians and community stakeholders

Background: Opioid Use Disorder (OUD) is a complex obstacle currently affecting the healthcare system in our country. While there have been many efforts to help those impacted by OUD, Arizona is one of the few states where overdose deaths have increased in the past year. The unhoused population is uniquely vulnerable to its worst outcomes through poor healthcare access and lack of treatment resources. Despite the escalating overdose crisis in Phoenix, Arizona, formal harm reduction training remains inconsistent in medical education. Led by the College of Public Health, the Naloxone and Overdose Prevention Alliance (NOPAL) Initiative partnered with local medical institutions to provide training to their student body interested in community-centered initiatives.

Methods: Utilizing a three-prong strategy that includes (1) clinical experiential learning, (2) community capacity building, and (3) intersectoral partnerships, NOPAL aims to teach harm reduction principles to future health professionals while forming a multidimensional care network for the unhoused community of Phoenix. NOPAL delivered training to medical students that integrated harm reduction philosophies and covered topics such as overdose prevention and recognition, and naloxone education and administration. A pre- and post-survey was administered to gauge knowledge and comfort in recognizing an overdose and administering naloxone.

Results: Within the medical student population, the self-stated mean rating (on a scale of 1-5) for knowledge on how to respond to an opioid overdose was 2.3, and comfort in administering naloxone in an opioid overdose scenario was 2.3 prior to receiving harm reduction and overdose response training. After receiving the aforementioned training, the mean rating for

knowledge on how to respond to an opioid overdose was 4.1 and comfort in administering naloxone in an opioid overdose scenario was 4.0. The difference in self-stated rating was statistically significant at a p-value<0.001.

Conclusions: NOPAL+SMP demonstrates that street medicine programs can serve as more than medical providers; they are powerful engines for multifactorial community collaboration, systemic reform, and healthcare culture change. By training future clinicians alongside community stakeholders, we establish and broaden a sustainable, public-health-aligned ecosystem prepared to address the needs of the unhoused with dignity and evidence-based care.

Biography

Noah Shulkin grew up in Sacramento, California and went to the University of Southern California, earning a BS in Human Biology. While living in Los Angeles, Shulkin volunteered with a mutual aid group and was introduced to the principles of harm reduction, and wanting to continue this work in Phoenix, collaborated with the NOPAL Initiative to provide outreach to the unhoused community and further the expansion of harm reduction in the region. Shulkin is currently pursuing an MD at the University of Arizona College of Medicine – Phoenix and hopes to specialize in Emergency Medicine.

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