

# Alcoholism & Substance Abuse Providers of New York State's 7th Annual Virtual Veterans Summit

November 3, 2021

## CONFERENCE PROGRAM



# WELCOME

Salutations to our esteemed Veteran Summit Attendees,

On behalf of the ASAP Veterans Committee, welcome to the 7th Annual Veterans Summit: "Combat to Crisis" The Strength of the Veteran. For this year's pre-conference summit, we want to recognize and honor the resiliency factors and healthy values that many Veterans are drawing on to endure through this unprecedented time of living in the Pandemic of COVID-19 within the national Opioid Epidemic and rising substance use.

As a veteran, I remember well the experience of learning life-sustaining values and skills in preparation for combat situations. These were gifts that all servicemembers received early in their careers and are expected to draw on to protect their brothers and sisters in arms. We were trained in such a way that these values and skills became second nature and were guiding principles for decision-making, especially during times of adversity.

Isolation is an essential response to preventing the spread of COVID-19; it is also one of the most dangerous behaviors for those struggling with mental health and substance use. During the pandemic, over 50% of veterans have reported that their mental health challenges have worsened, depression and anxiety rates are on the rise along with alcohol, opioid and other substance use.

Today, we present you with a series of topics and ways to help veterans dig deep, muster their instilled values and skills, and put them into practice to better 'combat' the effects of this two-fold crisis that is ravaging the lives of servicemembers, their families and respective communities.

As we honor those who have served, I implore you to join the day with a healthy curiosity, a commitment to listen, and the opportunity to share openly ways in which you have seen veterans find and sustain a healthy recovery lifestyle drawing on the learned strengths developed during their time in service.

With sincerity,

Rev. Zachary Randolph MA, MAC, CAMS-1  
Chair of ASAP Veterans Committee



## *Education and Training Clock Hours*

### **OASAS:**

This training is provided under New York State Office of Addiction Services and Supports (OASAS) Education and Training Provider Certification Number 0709. Training under a New York State OASAS Provider Certification is acceptable for meeting all or part of the CASAC/CPP/CPS education and training requirements. This training has been approved for 3.75 Education and Training Clock Hours. [Click here to download](#) the OASAS Activity Tracking Form.

### **Social Work:**

Alcoholism and Substance Abuse Providers of New York State, Inc. (ASAP) is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0396. ASAP's 7th Annual Veterans Summit "Combat to Crisis" The Strength of the Veteran Community has been approved for 3.0 clock hours for Social Workers. [Click here to download](#) the Social Work Activity Tracking Form.

### **NYCB:**

ASAP-NYCB has approved ASAP's 7th Annual Veterans Summit" for a total 3.0 clock hours for renewal of the Certified Addiction Recovery Coach (CARC) and Certified Recovery Peer Advocate (CRPA) certifications. [Click here to download](#) the NYCB Activity Tracking Form.

## **Purpose and Goal of Veterans Committee/Mission Statement**

- ◇ The ASAP Veterans Committee seeks to enhance the quality of services that veterans receive through the prevention, treatment and recovery network. This includes those veterans who have less than honorable or dishonorable discharges because we believe that, regardless of discharge status, substance abuse is an issue that must be treated with the appropriate benefits and services through the healthcare system.
- ◇ Help promote and educate providers on best practices to ensure special needs for Veterans are met.
- ◇ Coordinate and promote networking and collaboration opportunities between providers that offer Veteran services, i.e. education, etc.
- ◇ Ensure competent training of Veterans.

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## PLATINUM



**Office of Addiction  
Services and Supports**

## GOLD



## LUNCHEON PARTNERS



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# AGENDA AT-A-GLANCE

8:45 am - 9:40 am	<b>WELCOME AND OPENING REMARKS</b> <ul style="list-style-type: none"> <li>Presenting of Colors – Samaritan Daytop Village</li> <li>John Coppola, Executive Director, ASAP</li> <li>Pledge of Allegiance</li> <li>Deacon Roy Kearse</li> <li>Summit Chairs: Zach Randolph &amp; Jessica Shuren</li> <li>Executive Deputy Commissioner Sean Byrne, NYS OASAS</li> </ul>
9:40 am – 10:20 am	<b>KEYNOTE:</b> <i>Commissioner James Hendon, NYC Department of Veterans Services</i>
10:20 pm – 10:35 am	<b>BREAK</b>
10:35 am—10:45 am	<b>MISSING MAN TABLE PRESENTATION</b>
10:45 am - 11:45 am	<p><b>PLENARY - Service. Overcoming Adversity to Help Others.</b>  <i>Jeremiah Pauley, Wounded Warrior Project</i></p> <p>For many of us, service is a fundamental part of who we are. That’s certainly true for Jeremiah Pauley, who proudly served his country for 11 years in the United States Army. A leader of soldiers, Jeremiah had a purpose, and he loved his job – until a roadside bomb in Tal Afar, Iraq, blew up his reality.</p> <p>As a result of his wounds, Jeremiah was medically retired from the Army and struggled with civilian life. Though post traumatic stress and other physical challenges took him through many ups and downs, Jeremiah eventually became one of the most positive people you’ll ever meet.</p>
11:45 am – 12:45 pm	<p><b>LUNCHEON PLENARY: Resilience in the Military-Connected Community: We Have Been Here Before</b></p> <p><i>Tina Atherall, DSW, LMSW, Chief Executive Officer, Psych/Armor and Carie Rodgers, Ph.D., ABPP, Chief Program Officer, Psych/Armor and Clinical Professor of Psychiatry at the UCSD School of Medicine</i></p> <p>Significant stressors and challenges that require strength, stamina and flexibility are not new to the military-connected community. In fact, frequent moves, long deployments and major transitions are common demands of the military-connected life. As a result, the military service members, Veterans and their families have developed a number of strategies to build resilience — the ability to recover in the face of stress — that the civilian community can learn from and that can be harnessed in treatment and service settings that serve the military-connected community. In this presentation we will discuss the emotional phases of disaster/crisis as well as principles of resilience that the military community has been trained to utilize. We will discuss the military-connected communities' reactions and responses to recent events ((e.g., COVID-19, withdrawal of troops from Afghanistan) that are examples of these resilience strategies in action.</p>

12:45 pm – 1:45 pm

## EDUCATIONAL BREAKOUT SESSIONS

### **SESSION 101:**

#### **Presenting Veteran Supported Recovery: From Advocacy to Certification**

*Ruth Riddick, CARC-RCP, ASAP Community Outreach, Moderator, Malik Hutchinson, MBA, Jason Page, PhD, and Doug Rosenberry, ASAP-NYCB Certifications Development*

At the 2019 ASAP Veterans Summit, Malik Hutchinson presented an eloquent case for development of a specialty certification for Veteran Supported Recovery. One year later, he reported to the 2020 ASAP Veterans Summit that ASAP-New York Certification Board had commissioned and published a formal Role Delineation Study for VSR. Further, the New York Certification Board had approved standards for candidates seeking this new credential.

In 2021, Malik Hutchinson is here to announce the launch of the VSR Specialty Training, a 20-hour curriculum designed to deliver the knowledge, skills and abilities of this new non-clinical service role. He's joined by colleagues who will describe the process of developing this training and outline opportunities for incorporating this specialization as an added value in Veteran services.

Attendees will understand the value of adding VSR professionals to specialized services for Veterans and the efficacy of advocating for identified service gaps.

### **SESSION 102:**

#### **Quality Clinical Services in the Age of Constant Trauma**

*James McFarlane, LMSW, Program Director, Samaritan Daytop Village Ed Thompson Veterans Program  
Beverly Houston, LMSW, Program Director Samaritan Daytop Village 43<sup>rd</sup> Street Veterans Program*

As we all involved in this evolving/revolving world of life with COVID-19 (not going away), we continue to look at ways that our clients, in this case veterans, are capable of resilience in the face of adversity and trauma. At Samaritan Daytop Village (SDV) our Veteran services programs have been able to continue services in both residential and out patient with little to no interruption and minimal COVID consequences.

This presentation will share data on the effects of COVID-19 on Veterans overall and within the service system. We will talk about the use of the Sanctuary Model of care to assure clients that are living at a time of constant trauma are not harmed in our service system and are in fact empowered.

We will talk about leadership and the ability to pivot from the norm and expand services to a virtual format, some of the challenges and successes. Demonstrating the clear and consistent communication needed and the policies that were crafted and implemented to support safe, consistent, operations for the people we serve.

The presentation will focus on the following:

- How services were coordinated to ensure the health and safety of the veteran community.
- Expound our collective strategies to facilitate quality services despite the challenges resulting from COVID 19
- Highlight the methods and/or clinical interventions used to assist veterans to recognize and utilize adaptive coping skills.
- Discuss how Transcendental Meditation, Equine Therapy, Stella Adler Acting Studio, Theatre Develop Fund contributed to retention.
- Demonstrate how the integration of other disciplines i.e. mental health, medical, MAT were instrumental in ensuring continuity of care.

**SESSION 103:****Good Advocacy With Bad Paper: Assisting Veterans With "Bad Paper" Discharges**

*Benjamin Pomerance, Esq., Deputy Director for Program Development  
New York State Division of Veterans' Services*

This presentation will discuss services to a population of Veterans who too often are overlooked by service providers but who often are in greatest need of services: Veterans who have received a less-than-honorable discharge from the United States Armed Forces.

Veterans with a less-than-honorable discharge are more likely than their honorably discharged counterparts to face a range of adverse outcomes, including homelessness, criminal justice involvement, and suicide or self-harm. Conventional wisdom suggests that any Veteran with a so-called "bad paper discharge" received this discharge due to their egregious conduct in military service and deservedly faces a legal bar to all federal and state programs and services to Veterans. This rampant belief, however, is a myth, one that persists to the detriment of Veterans throughout our state and nation.

Too often, Veterans receive a less-than-honorable discharge due to circumstances entirely beyond their control, such as a military officer's failure to recognize allegedly "bad acts" as a manifestation of a Service Member's mental health condition or discriminatory military policies toward a Service Member's sexual orientation or gender identity or expression. In such situations, Veterans wrongly issued a less-than-honorable discharge can petition the Department of Defense for an upgrade of their discharge character. Yet federal laws also provide pathways to financial benefits and medical services through the VA even for certain Veterans who have a less-than-honorable discharge, particularly if the actions surrounding that discharge were related to that Veteran's mental health condition(s). In addition, New York State's new Restoration of Honor Act provides a pathway to many state benefits and services for certain Veterans' who received a less-than-honorable discharge.

This presentation will cover all of these topics, dispelling old myths and equipping service providers with a toolbox of federal, state, and local resources that they can use to advocate for Veterans who were unjustly issued less-than-honorable discharges. For this often-overlooked population of Veterans, this advocacy — and the access to benefits and services that can come from it — can prove to be life-changing and life-saving.

**SESSION 104:****Re-Assessing Veterans' Needs in the Wake of COVID-19**

*Aynisa Leonardo, LCAT, ATR-BC, Wellbridge Addiction Treatment & Research*

Veterans are a specialty population, with a unique set of needs, ranging from posttraumatic stress to reintegration challenges to transitional barriers. Throughout the COVID-19 pandemic, we all experienced unique challenges based on our circumstances and respective responses to the public health crisis. Trends among the veteran community include a calling to help, a need to isolate, family pressures, a re-emergence of posttraumatic symptoms, an increase in self medication habits, among other reactions. Through lecture and interactive activity, workshop will explore areas of need that pertain to veterans currently, and how to most effectively meet and address them with regards to services and resources.

**SESSION 105:****The Reconsolidation of Traumatic Memories Protocol (RTM) for PTSD: A Brief Treatment in the Neural Context of Reconsolidation Blockade**

*Richard Gray, BA, MA, PhD, Research Director, Research and Recognition Project*

RTM is a brief, non-traumatizing, manualized treatment for PTSD that is generally targeted at cases characterized by current month intrusive symptoms and heightened arousal. Among the more than 200 service-related men and women and others who have been treated with RTM, more than 90 percent of those completing treatment have experienced a complete loss of diagnosis. It has successfully treated complex traumas characterized by multiple traumatic events and histories of treatment failures, including combat trauma, sexual trauma, military sexual trauma, childhood sexual abuse, first responder trauma, and other issues. It has treated late onset and continuing PTSD symptoms from the Vietnam and Korean Wars, as well as more recent conflicts. Recent results from an early (2019) group of trainees finds that they have obtained similar results. RTM works quickly and results have been measured out to one year and surveyed out to 5 years.

*Process:* A brief (UCS) exposure opens a window during which the memory becomes susceptible to change. The client is then guided through repeated versions of a dissociated, black & white, imaginal movie from the perspective of a dissociated watcher, watching themselves sitting in a movie theater as that alternate (in the theater) watches the black and white movie of the traumatic event. When comfortable, the client steps into a still picture at the end of the event-movie and re-experiences it as an associated, multi-sensory, reversed experience--in about two seconds. The client finally creates an alternative version of the trauma event that is practiced until comfortable. Subjective Units of Distress (SUDs) assessments serve as checks on client progress through the cycles of treatment.

*How it works:* RTM restructures the visual representations of a trauma memory as a past, non-threatening memory, by changing elements of the memory structure, not its content. These changes include (inter alia), from a dissociated perspective, the loss of color, the loss of depth cues, increased distance, and visual and temporal distortions. RTM makes these format changes in a labilization window created by a very brief, non-traumatizing exposure. During this period, the format changes block normal re-storage of the trauma memory, separating the traumatic memory from traumatizing feelings, by decreasing the intensity (salience) of those feelings, and updating the memory schema with the less-salient image of the event.

The protocol has six consecutive elements that may be repeated and adjusted as necessary. They include (1) the client's brief narrative of the trauma event; (2) naming the target event and identifying clear beginning and endpoints for the event itself (not its sequelae); (3) a triply dissociated presentation of the event as a high-speed, black-and-white movie that unfolds in an imaginal theater while the client, from the perspective of the projection booth, observes their disembodied self in the theater who is watching the movie; (4) the structure of the movie is modified by the client until it no longer evokes heightened arousal; (5) a fully associated backward experience of the event, as if the whole event were undoing itself; and (6) a new, "best of all worlds" version of the target event is rescripted and practiced by the client in imago. The client is never allowed to reexperience the full impact of the traumatic memory. Its expression is always terminated by the therapist.

## **SESSION 106:**

### **A Covert Threat: Problem Gambling Among Veterans**

*Jonathan Crandall, BSW, CASAC-T, Veteran Outreach, NY Problem Gambling*

Problem gambling affects veterans at twice the rate when compared to their civilian counterparts. With increased accessibility to gambling opportunities through the legalization of sports betting, mobile lottery platforms, and casino expansion, veterans must be aware of their increased risk and the services available to help them.

Gambling disorder is a hidden addiction due to its lack of clear, tell-tale signs like those that would show up on a drug screen. Veterans often gamble to cope with trauma-related conditions such as post-traumatic stress, traumatic brain injury, and military sexual trauma. Other addictions, like alcohol-use and opioid-use disorder, are often co-occurring when veterans are at risk for problem gambling behavior.

This training will offer an overview of the necessary steps to ensure that problem gambling is at the forefront of new legislation and advocacy measures for veterans. To ensure participants have the tools required to address problem gambling behavior among the veteran population, Mr. Crandall will provide education and statistics to help participants

**1:45 pm - 2:00pm**

**Closing Remarks**

## ASAP VETERANS COMMITTEE MEMBERS

***Zachary Randolph, MA, MAC, CASAC, CAMS-1, Co-Chair  
St Joseph's Addiction Treatment and Recovery Centers***

***Jessica Shuren, LMSW, CASAC, Co-Chair  
Outreach Project***

***Katie Burbee, LCSW  
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***Roy Kearse, LCSW  
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***James Dike, LMSW  
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***Sherry LaFountain  
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***Danny Eglowitz  
Dynamic Youth Community, Inc.***

***Christal Montague, MSW, LMHC, CASAC, CARC  
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***Samuel Hall, MA, MAC, CASAC, CCTP  
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Elmcors Youth and Adult Activities, Inc.***

***Wilfredo Muniz, Jr., MS, MHC  
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***Nicholas Jefferson, LMSW, CASAC-G, FDC, SIFI  
VIP Community Services***

***Julia Floyd Ventura, CASAC  
Child Center of New York***

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### ABOUT ASAP

New York Association of Alcoholism and Substance Abuse Providers, (ASAP) represents the interests of the largest substance use disorders and problem gambling services system in the United States. Through advocacy at the state and federal levels, ASAP champions the urgent message that substance use and problem gambling are public health issues that with adequate resources can be effectively addressed.

ASAP offers professional development, program development, technical assistance, and community education to strengthen and increase access to prevention, treatment and recovery support services.

ASAP serves as a catalyst for cross systems collaboration with public health, mental health, criminal justice, juvenile justice, child welfare, and social services, policy makers and service providers. We represent the field on numerous policy development and implementation work groups with a regional, statewide and national focus.