

Call for Presentations

MACMH's 2010

Child & Adolescent Mental Health Conference

This annual conference is for people who care for or work with children and youth. It offers professionals and families opportunities to

- improve policy and enhance practices for children (birth to 21) who have or are at risk for mental health disorders;
- acquire skills and strategies that will improve outcomes for children with mental health needs;
- gain knowledge of best practices and latest research in children's mental health and related fields;
- enrich understanding of different perspectives and common goals in support of all children.

We welcome proposals from professionals, family members, and youth that support these vital goals for the well-being of our children.

April 25, 26, & 27, 2010

Duluth Entertainment Convention Center (DECC)

Duluth, MN

Presentation Areas of Interest

We welcome proposals on other relevant topics.

Infant/Early Childhood

Relationship-based, Therapeutic Practice
Attachment, Separation, and Loss
Observation and Listening
Reflective Clinical Supervision
Contemplation, Self-awareness,
and Emotional Response
Screening, Assessment, and Disorders
Supportive Counseling and Empathy
Parent-infant/Toddler Psychotherapy

Child & Adolescent Issues

Brain Development
Labels, Stigma, Teasing, or Bullying
Self Injury/Cutting
Suicide Prevention and Awareness
Gay, Lesbian, Bisexual, and Transgender (GLBT)
Difficult/Defiant/High-risk Youth
Placement, Transition, or Permanency
Juvenile Justice
Restorative Justice

Family & Caregiver Support

Navigating the Mental Health System
Advocating for Children
Caregiver Burnout/Self-care
Alternative Caregivers
Dealing with a New Diagnosis
Adoptive Parenting

Diagnoses & Disorders

Differential Diagnoses
Dual Diagnoses (MI/CD, MI/DD)
Co-occurring Disorders
Specific Disorders in Children

Treatments & Strategies

Effective Clinical Treatment Options
Effective Alternative Treatment Options
Evidence-based Interventions
Assessments and Testing
Behavior Management
Techniques for Parenting Children
with Mental Health Disorders
Brain/Neurobiological Research
Research and Evidence-based Practices

Mental Health in the Education System

IEP, 504, FBA, IIIP, IFSP, PBIS, EBD, OHD
Assessments
Classroom Strategies and Interventions
Truancy
Rights and Responsibilities
Mental Health in the School

Transition

Transition Plans
School-to-Work
Independent Living Skills

Abuse, Trauma, Crisis, & Prevention

Risk Factors
Early Identification
Mental Health Screening
Dealing with Grief, Crisis, Trauma, or Disaster
Physical, Sexual, and/or Emotional Abuse

Cultural Competency

Culturally Appropriate Services
Culturally Specific Perspectives
Immigrant Populations

Services & Policies

Resources and Funding
Current Legislation
Community-based Services
Model Programs/Evidence-based Practices

Professional Support

Ethical Dilemmas
Collaboration
Working with Parents
Professional Burnout/Self-Care

Participants request practical information
and advanced-level content!

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Proposal Application Requirements

- This 3-page form filled out completely.
- An **abstract** of your presentation (500 words minimum/1000 words maximum) that includes ALL of the following:
 - a. learning objectives
 - b. purpose of presentation
 - c. key points that will be covered or detailed outline
 - d. sources/references of content (e.g. research studies, articles, books, data, and/or personal experience)
 - e. presentation format (e.g. lecture, interactive, demonstration, panel, etc.)
- A **brief summary** of your presentation to be printed in the conference brochure; MACMH reserves right to edit. (45 word maximum or 375 character maximum including spaces).
- A 2-3 **sentence biography** for **each presenter**.
- A **resume** for the **lead presenter only**.
- Send to MACMH—application packet must be postmarked or faxed by **Tuesday, November 10, 2009**.

IMPORTANT: MACMH reserves the right to exclude incomplete submissions from consideration. Workshops are limited to 4 presenters; poster sessions are limited to 2 presenters. Presenters are not allowed to sell products at any time during presentations; presenters are not allowed to promote a specific product for personal gain during workshops.

Presenter Agreement

In submitting this proposal and signing below, I understand that I am agreeing to the following on behalf of all individuals participating in this presentation.

- MACMH will NOT pay for this presentation, travel, lodging, meals, or other expenses associated with the conference.
- MACMH will waive registration fees as follows: Workshop Presenters -- Sunday and the day of my workshop only (non-transferable); Poster Session Presenters -- Sunday and one full conference workshop day (non-transferable). A special 1-day rate of \$135 is available to all presenters who attend an additional conference workshop day.
- Workshops are limited to four (4) presenters and poster sessions are limited to two (2) presenters.
- No presenters may be added to presentations after Monday, April 5.
- If selected to present a workshop, I/we will be scheduled on Monday, April 26 or Tuesday, April 27, 2010.
- If selected to present a poster session, I/we will be scheduled on Sunday, April 25, 2010.

Special requests regarding room arrangements or other accommodations must be specified in this proposal (in "Additional Comments" box). If not, MACMH may not be able to fulfill my request. No product sales are permitted in presentations; product sales are permitted only in exhibit booths. I may not charge participants for handouts or materials.

Presenter Signature (Only one presenter per submission need sign this agreement.)

You will be notified of the proposal committee's decision by February 8, 2010.	Submission DEADLINE Postmarked or faxed by Tuesday, November 10, 2009
Proposals will be reviewed for: <ul style="list-style-type: none">• potential interest to audience• respectfulness toward families• cultural sensitivity• presenter's experience, credentials, and presentation history• completeness and quality of required materials (a scoring system will be applied to each submission)	Mail to: Minnesota Association for Children's Mental Health 165 Western Avenue N, Suite 2, St. Paul, MN 55102 Fax to: 651-644-7391

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Presenter Information

Please state presenter names, credentials, titles, and organizations as you would like them to appear in the conference brochure. The order you list presenters below is the order they will be listed in the brochure. Please print legibly.

NOTE: Workshops limited to 4 presenters; poster sessions limited to 2 presenters.

Presenter 1 Name _____ Credentials* _____
Agency/Organization _____
Professional Title _____
Address home work _____ City _____ State _____ Zip _____
Primary phone home work cell _____ County _____
Secondary phone home work cell _____
E-mail _____

The best way to reach me is: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Presenter 2 Name _____ Credentials* _____
Agency/Organization _____
Professional Title _____
Address home work _____ City _____ State _____ Zip _____
Primary phone home work cell _____ County _____
Secondary phone home work cell _____
E-mail _____

The best way to reach me is: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Presenter 3 Name _____ Credentials* _____
Agency/Organization _____
Professional Title _____
Address home work _____ City _____ State _____ Zip _____
Primary phone home work cell _____ County _____
Secondary phone home work cell _____
E-mail _____

The best way to reach me is: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Presenter 4 Name _____ Credentials* _____
Agency/Organization _____
Professional Title _____
Address home work _____ City _____ State _____ Zip _____
Primary phone home work cell _____ County _____
Secondary phone home work cell _____
E-mail _____

The best way to reach me is: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail

*Credentials: degrees (graduate and post-graduate) and licensures; please list acronyms only

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<p>Presentation Title (please print legibly)</p>	<p>Technical Level</p> <p>Indicate the level that best describes your material and the knowledge your intended audience should have to derive the <i>greatest</i> benefit from your presentation.</p> <p>CHOOSE ONLY ONE:</p> <p><input type="checkbox"/> Basic</p> <ul style="list-style-type: none"> • broad background information, introductory, informative material • audience needs no prior knowledge of topic <p><input type="checkbox"/> Intermediate</p> <ul style="list-style-type: none"> • material builds on existing knowledge and goes well beyond basics • audience needs some background knowledge of topic <p><input type="checkbox"/> Advanced—General</p> <ul style="list-style-type: none"> • complex, in-depth concepts or features highlighted; basic and background information will NOT be covered • audience needs substantial understanding of topic <p><input type="checkbox"/> Advanced—Technical</p> <ul style="list-style-type: none"> • therapeutic techniques, methodology, or research with application to a professional setting; technical/clinical language will be used • audience needs advanced understanding of topic
<p>Tracks</p> <p>Please choose the most appropriate track(s) for your presentation.</p> <p> <input type="checkbox"/> Infant/Early Childhood <input type="checkbox"/> Transition/Independent Living Skills <input type="checkbox"/> Child & Adolescent Issues <input type="checkbox"/> Abuse, Trauma, Crisis, & Prevention <input type="checkbox"/> Family & Caregiver Support <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Diagnoses & Disorders <input type="checkbox"/> Services & Policies <input type="checkbox"/> Treatments & Strategies <input type="checkbox"/> Professional Support <input type="checkbox"/> Mental Health in the Education System </p>	<p>Prerequisite</p> <p>What prior knowledge and/or experience specific to your topic (if any) should your intended audience have to derive the <i>greatest</i> benefit from your presentation? (25 words or less—this information is for planning purposes only)</p>
<p>Workshop/Poster Session Option</p> <p>Please indicate your preference(s) below. MACMH will assign workshop lengths after determining the conference schedule. Your confirmation letter will indicate your workshop length.</p> <p><input type="checkbox"/> Workshop (<i>indicate all applicable choices</i>)</p> <p style="margin-left: 20px;">A. I prefer</p> <p style="margin-left: 40px;"><input type="checkbox"/> 1¼ hr <input type="checkbox"/> 1½ hr <input type="checkbox"/> 1¾ hr <input type="checkbox"/> 2 hrs</p> <p style="margin-left: 20px;">B. My workshop can be fit to any length, but I prefer _____ hrs</p> <p style="margin-left: 20px;">C. My workshop requires at least _____ hrs</p> <p><input type="checkbox"/> Sunday Poster Session</p> <p>The Poster Session is an opportunity to disseminate and display information about programs, research projects, newly developed curricula, etc. Presenters may discuss their topic with conference participants and may have flyers, brochures, and other handouts. No product sales are permitted. The Poster Session will be held the afternoon or evening of Sunday, April 25, 2010.</p> <p><input type="checkbox"/> Prefer Workshop but presentation can be adapted to Poster Session</p>	<p>Target Audience (you may choose both)</p> <p><input type="checkbox"/> Parents <input type="checkbox"/> Professionals</p> <p>Please describe your target audience <i>only</i> if more narrow than the above choices (for example, clinicians, educators, therapists, or foster parents):</p>
<p>Schedule Limitations</p> <p>Please indicate if you are NOT available for any of the following day(s):</p> <p><input type="checkbox"/> Sunday, April 25 <input type="checkbox"/> Monday, April 26 <input type="checkbox"/> Tuesday, April 27</p> <p><i>Limitations make scheduling difficult. Please mark only if you have a known conflict.</i></p>	<p>Additional Comments</p> <p>A/V Do NOT include Audio/Visual information in this proposal; we will ask for it in future correspondence.</p>

Have any of the listed presenters given this or a similar presentation for any conference or seminar? If **YES**, please fill in the following:

Presentation Title _____ Presenter Name _____

Conference Title _____ Date _____

Host Organization _____ Host Contact Name _____

Contact Phone _____ E-mail _____