5th Annual
Community Integration Conference
2019
June 20

Location:
The Menninger Clinic
Houston, Texas
Conference Program

Practice Gap Statement
Hope is at the center of all personal change. You can’t change without it. When we hope, we take action toward something we want, and trust that we should keep moving towards it. Even though uncertain if we can attain it and, with a clear-eyed view of the barriers, hope can align us to our goals but it also brings us closer to the potentially devastating disappointment that we can’t reach those goals. As with scaling a cliff, each step towards hope brings us in greater proximity to the summit, but it also makes a possible fall more injurious. We call the pain of that fall “despair.”

Hope is what we muster when we refuse to surrender to despair, and despair is something to which we surrender when we give up hope. You can’t hope without the threat of despair, yet you will never risk despair if you never hope. That risk is at the center of all change. When we resist change, we’re resisting the threat of despair. When we move towards changing, we are acting hopeful.

An identified gap in some psychotherapies and skills-based training is the focus on hope. Often it’s seen as an essential psychological outcome, but not the core of the work. Hope is the central kernel in activating the desire to change. This year’s Community Integration Conference seeks to inspire attendees to actively engage exploring methods of integrating hope-based approaches into their work, helping to bridge the gap in applying the value of hope as the central driver of personal growth.

Target Audience
Mental health professionals: physicians, psychologists, social workers, licensed professional counselors, addictions professionals, and providers and consumers of behavioral health services (novice to experienced)

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Learning Objectives

At the conclusion of this learning activity, participants will be able to:

1. Articulate how attachment based, person-centered community integration creates space for hope, particularly for clients who have repeatedly been failed by providers and treatment centers.

2. Describe the newly researched phenomenon Fear of Hope (FOH) and how FOH affects coping for those who experience it and how FOH can affect personal growth.

3. Identify how developing a sense of hope is central to psychosocial recovery and personal growth and how treatment systems can contribute to a Fear of Hope in their clients.

4. Learn effective strategies and interventions for discussing hoped for and feared selves in practice and finding the balance to effect individual and collective meaning.

5. Articulate the psychological complexity of hope: the challenges to developing and sustaining hope, the relation between faith and hope, and the central role of secure attachment relationships in the treatment of hope.

6. Identify ways to implement integrative approaches in effective community integration programming and practice.

Requirements for Successful Completion

Successful completion of this activity requires 100% attendance of activity. No partial credits will be awarded.

Lodging

Hotel Derek
2525 West Loop South
Houston, Texas 77027

A limited number of rooms are available at Hotel Derek at the conference rate of $145 (standard king) when you reserve by May 17. To make a reservation, click here or call 1-866-292-4100. Please mention you are with A4CIP group.

Refunds

The Menninger Clinic will provide a full refund when a written request is received at least two weeks prior to date of live event.

In the unlikely event the conference is cancelled, prepaid registrants will be issued a full refund.

Special Needs

If you have any specific dietary or ADA needs, please include in the online registration or by emailing Michelle A. Taylor at mataylor@menninger.edu.
Conference Schedule

8 am  Registration & continental breakfast at The Menninger Clinic

8:45 am  Welcome & Opening Remarks
  Cynthia Mulder, LCSW, The Menninger Clinic
  Ross Ellenhorn, PhD, LICSW, Ellenhorn, LLC
  Ed Levin, MSW, A4CIP

9 am  Hope is a Verb
  Matthew Estey, LCSW, The Menninger Clinic

9:30 am  Hope, Fear of Hope and Coping
  Kent Harber, PhD, Rutgers University

10:15 am  Morning Break

10:30 am  Dreams Deferred: Hope, Fear of Hope and the Psychological Consequences of Serious or Repeated Disappointment
  Ross Ellenhorn, PhD, LICSW, Ellenhorn, LLC

11:15 am  Integrating Theory into Practice
  Ross Ellenhorn, PhD, LICSW, and Kent Harber, PhD

11:45 am  Lunch

12:45 pm  Hope for the Feared Selves: From the Individual to the Collective. Moving Towards Meaningful Social/Community Inclusion and Recovery
  Chyrell Bellamy, PhD, MSW, Yale School of Medicine

1:45 pm  Hope in the Menninger Tradition and Beyond
  Jon G. Allen, PhD, Baylor College of Medicine

2:45 pm  Afternoon Break

3 pm  Moderated Panel Discussion: Application to Practice
  Brad Kennedy, MRC, Driftwood Recovery

3:45 pm  Closing Remarks

HOPE & the COURAGE to Continue

What is community integration?

Community integration is an approach to psychiatric care and rehabilitation helping people develop personal, social and vocational competency in order to live as independently as possible in their own homes and communities. For information about the Association for Community Integration Programs, please contact Ed Levin, ed.levin@levinmentalhealthconsulting.com.
Hope is a Verb
Matt Estey, LCSW
The Menninger Clinic

Presentation: Since 1950, the number of long-term, state psychiatric beds has fallen by approximately 97%. The quality of state programs varied widely and numerous lawsuits were brought against them for poor care and unethical practices. Currently, there are 40,000 long-term, psychiatric beds in the United States, and the largest providers of mental health care services are the nation’s jails.

The Program for Assertive Community Treatment (PACT) is a person-centered, attachment-based model. The PACT model is flexible and adaptive by design, and it was developed specifically to work with clients with high rates of rehospitalization. Numerous studies have demonstrated the efficacy of the PACT model in significantly decreasing hospitalization and improving quality of life.

PACT models have emphasized that hope is the integral action step, the cornerstone to creating, restoring and enhancing life.

Brief Biography: Mr. Estey has 17 years of experience working with adolescents and adults as they navigate life, develop or regain self-identity and explore how they will contribute to their community. He has worked in wilderness, residential, inpatient and community integration programs. His clinical expertise focuses on strengths-based interventions and therapeutic attachment relationships. He has been on The Menninger Clinic staff since 2009 as a mental health associate (all inpatient units), social worker (Professionals and Pathfinder programs) and Program Manager (Pathfinder) before becoming Program Director of the Menninger 360, a community integration program dedicated to helping clients regain their highest functioning and decrease readmission to inpatient hospitals.

Mr. Estey received his master’s in social work from the University of Houston Graduate College for Social Work.

Hope, Fear of Hope and Coping
Kent Harber, PhD
Rutgers University

Presentation: Hope is a combination of emotion, cognition and motivation that has powerful psychosocial benefits (Snyder, 2002). However, having hope often means committing oneself to uncertain outcomes. Pursuing one’s hopes can therefore risk profound and painful disappointment in oneself and in one’s world. Do these risks of hope cause some people to fear being hopeful, and if so, what are the consequences of this “fear of hope?” The present research addresses these questions. It involved the creation and use of the Fear of Hope (FOH) self-report measure to understand how hope and fear of hope together effect well-being. Psychometric tests show that the six-item FOH is reliable and that it converges with measures of dysphoria and diverges from measures of coping. The FOH allowed us to address our focal question: How do hope and fear of hope interact? We predicted this combination might place one in a difficult existential limbo, on the threshold of challenges but tethered by fears of disappointment. We tested this prediction with a large MTurk sample who completed a measure of hope, the FOH and measures of depression and anxiety. Moderated multiple regression confirmed our prediction. Findings will be presented.

Brief Biography: Dr. Harber’s research focuses on psychosocial resources (e.g., self-worth, social support, emotional disclosure) and how having or lacking resources affects behavior, judgment and perception. He relates resources to three major subtopics: one concerns the “positive feedback bias”: white instructors who lack social support or whose self-image has been threatened provide more praise and less criticism to minority learners than to white learners for work of equal merit. Another is work on resources and perception: people who lack social resources, see hills as steeper and heights (when looking down) as greater, and creepy animals as closer. A third area is emotional disclosure and cognition: people who disclose difficult emotions in writing subsequently judge others more fairly and more charitably. Disclosers also perform better at difficult cognitive tasks.

Dr. Harber teaches graduate classes in research methods and social psychology, and undergraduate classes in the psychology of emotions and health psychology.

Dreams Deferred: Hope, Fear of Hope and the Psychological Consequences of Serious or Repeated Disappointment
Ross Ellenhorn, PhD, LICSW, Ellenhorn, LLC

Presentation: Relying on the theories of motivation developed by social psychologist Kurt Lewin, Dr. Ellenhorn describes his theory of Fear of Hope and how this is the central determinant in psychological and psychosocial change. Using clinical examples, he shows how this fear is generated explicitly for individuals with long histories in the mental health system, indicating how our treatment of such individuals often leads to a fear of hope and their decrease in motivation. He points out that much of the dysfunction and lack of motivation in our clients is not merely rooted in psychiatric problems but is iatrogenic: created by the way we treat them. Dr. Ellenhorn describes The 10 Reasons Not to Change, a list he’s developed with his clients that chronicles risks people must take after the trauma of profound or repeated
disappointment. Lastly, he investigates how fear of hope is a missing element in how we think about human action in general, illustrating how hope is the spark of all successful attachment events.

Brief Biography: For three decades, Dr. Ellenhorn has been a pioneer and leader in the development and promotion of community integration services: types of care that serve and empower individuals diagnosed with psychiatric and addiction issues outside institutional settings and in their communities. He has developed and tested his theories regarding personal change and the reasons people often resist change despite the often-obvious benefits of changing. He is currently leading a project with the Rutgers University Department of Psychology, studying the relationship between a person’s fear of hope and his/her motivation to change. Through this work, he developed the Fear of Hope scale, a proven measurement for this phenomenon. He is also the author of Parasuicidality and Paradox: Breaking Through the Medical Model. His current book on hope and the fear of hope will be published by Harper Collins in 2020.

Dr. Ellenhorn is the founder, owner and CEO of Ellenhorn, LLC. He is also the founder and president of the Association for Community Integration Programs. He is the first person to receive a joint doctoral degree from Brandeis University’s prestigious Florence Heller School for Social Welfare and management and the Brandeis Department of Sociology. Her expertise includes developing and conducting community-based interventions and research initiatives and involving and partnering with community, specifically with people living with mental illness, addictions, trauma and HIV. Her research examines sociocultural experiences and pathways to recovery in prevention and treatment. Dr. Bellamy currently has a NIH/NIMH R34 award: “Peer Wellness Enhancement for Patients with Serious Mental Illness and High Medical Costs.” She is also co-PI on the Imani Breakthrough: A Faith-based Response to the Opioid Crisis, a DMHAS-funded state opioids response grant awarded by SAMHSA. She received her doctoral degree in the joint social work and social psychology program at the University of Michigan and her master’s and bachelor’s degrees from Rutgers University.

Hope for the Feared Selves: From the Individual to the Collective. Moving Towards Meaningful Social/Community Inclusion and Recovery
Chyrell Bellamy, PhD, MSW
Yale School of Medicine

Presentation: Possible selves are our hoped for and feared selves—and the strategies (intention) to obtain or avoid these selves: “What individuals have come to think of themselves in the past; what they know about themselves currently; and most importantly, what they believe is possible for them in the future” (Oyserman and Markus, 1993). Human self-concept is influenced and shaped by social context. In practice, we often approach this fragmentation of the hoped for and feared selves from an individualistic perspective, rather than exploring self-concept from a socio-cultural lens. For many living with mental illness and distress, individualistic interventions may be a start, but collectivists and community approaches offer a sense of belonging and citizenship that are important to our ways of being and living. Descriptions of peer and community-based interventions developed by Dr. Bellamy and colleagues at the Yale Program for Recovery and Community Health will be presented as strategies.

Brief Biography: Dr. Bellamy is an Associate Professor of Yale School of Medicine’s Department of Psychiatry, Program for Recovery and Community Health (PRCH) and serves as the Director of Peer Services/ Research. Dr. Bellamy is also the Acting Director of the Office of Recovery Community Affairs, appointed by the Commissioner of the Department of Mental Health and Addictions Services. She has experience as a frontline service provider, community educator and organizer, and as a community and academic researcher.

Hope in the Menninger Tradition and Beyond
Jon G. Allen, PhD
Baylor College of Medicine

Presentation: No one doubts the profound importance of hope in the process of recovery. Yet professionals and patients are liable to scrape by on a thin concept of hope: positive expectations for the future (e.g., “It will get better” or “seeing the light at the end of the tunnel”). Making use of the Menninger tradition, experience in educating patients and more recent scholarly literature, the presenter offers a suitably thick concept of hope as an existential stance, a complex emotional condition—a syndrome. For example, hope entails navigating the fluid and uncertain space between the diametrically opposed certainties of presumption and despair. Accordingly, hope requires faith, be it religious or secular.

Hope will be considered in the context of a sadly common clinical challenge:
trauma in attachment relationships, which leaves the traumatized person psychologically alone in emotional pain. Restoring a feeling of security through treatment relationships, ideally buttressed by a healing community, is a central foundation of hope.

**Brief Biography:** Dr. Allen holds the position of Clinical Professor as a member of the Voluntary Faculty in the Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine. He retired in 2016 from The Menninger Clinic where he held the positions of Senior Psychologist and the Helen Palley Chair in Mental Health Research.

In his 40 years at Menninger, he taught and supervised fellows and residents, and he conducted psychotherapy, diagnostic consultations, psychoeducational programs and research on clinical outcomes. He is an adjunct faculty member of the Center for Psychoanalytic Studies in Houston and Institute for Spirituality and Health in the Texas Medical Center. He serves on the editorial boards of the Bulletin of the Menninger Clinic and Psychiatry. His books include Coping with Trauma: From Self-understanding to Hope, Coping with Depression: From Catch-22 to Hope, Mentalizing in Clinical Practice, Restoring Mentalizing in Attachment Relationships, Treating Trauma With Plain Old Therapy, and Mentalizing in the Development and Treatment of Attachment Trauma.

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**Panel Discussion: Application to Practice**

**Moderated by**

Brad Kennedy, MRC

Driftwood Recovery

**Brief Biography:** Mr. Kennedy is the Executive Director of Driftwood Recovery in Austin, Texas. Kennedy received an undergraduate degree in sociology from the University of Texas at San Antonio and a master’s degree in rehabilitation counseling from the University of Kentucky. He is a Certified Rehabilitation Counselor and attended Boston University’s Certification Program in Psychiatric Vocational Rehabilitation. Kennedy was a founding member of the Compass Young Adult Program at The Menninger Clinic, and he also served as Program Manager of Menninger’s community integration program, Pathfinder, where he co-developed therapeutic programming and provided vocational assessments and social skills development to help clients improve their relationships and find the optimal fit of meaningful work, volunteer or academic roles.

**Fees**

- $125 for professionals
- $75 for students and A4CIP members

CE credits, continental breakfast, box lunch and refreshments are included. Parking is free of charge.

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Click to sign up online or visit [http://themenningerclinic.camp9.org/event-3350102](http://themenningerclinic.camp9.org/event-3350102).

Payments accepted: Visa, MasterCard, Discover and American Express

Registration will be finalized upon receipt of payment.