

Illinois Department  
on **Aging**



421 E. Capitol Avenue, #100  
Springfield, IL 62701-1789



State of Illinois  
Rod R. Blagojevich, Governor

Illinois Department on Aging  
in collaboration with  
Illinois Department of Human Services, Division of Mental Health  
Illinois Coalition on Mental Health and Aging  
present the

**Preliminary Announcement  
and Call for Sessions**

**Mental Health & Aging  
CONFERENCE 2009**

**April 23 – 24, 2009** Lincolnshire Marriott Resort, Lincolnshire

# About the Conference:

The Mental Health and Aging Conference is now in its ninth year and has become a vital link to individuals who constantly address the issues of aging and mental health.

We are pleased to seek presenters on the subjects of aging, mental health, substance abuse, public health and primary care, caregiving, research and long term care.

## Continuing Education Units:

CEUs will be available for social workers, nurses, nursing home administrators and professional counselors.

## Conference Registration:

There is no registration fee for presenters who do not attend the conference. Presenters attending the conference will be charged a reduced fee of **\$90.00**.

## Conference Site:

Lincolnshire Marriott Resort  
10 Marriott Drive  
Lincolnshire, Illinois 60069  
847-634-0100

## Questions:

Contact Maureen Squires at 217-785-8683 or [maureen.squires@illinois.gov](mailto:maureen.squires@illinois.gov).

# Conference Agenda

## April 23

8:30 – 9:45 a.m. .... Concurrent Sessions  
10:00 – 11:45 a.m. .... General Session  
1:00 – 2:15 p.m. .... Concurrent Sessions  
2:30 – 3:45 p.m. .... Concurrent Sessions  
4:00 – 5:15 p.m. .... Concurrent Sessions  
5:15 – 7:15 p.m. .... Reception

## April 24

8:30 – 11:45 a.m. .... Concurrent Sessions  
11:45 a.m. – 1:45 p.m. ... Luncheon  
1:45 p.m. .... Adjourn

# Call for Sessions:

All presentations should be appropriate to address a culturally diverse audience.

## Suggested Topic Areas:

- Aging issues of seriously mentally ill adults
- Aging of developmentally disabled
- Assessing Behavior Health in Comprehensive Case Management
- Assessing Decision-Making Capacity of Older Adults
- Caregiver support programs
- Chronically mentally ill
- Coping with Grief and Loss as a Professional
- Treatment of Depression as part of a Comprehensive Plan
- Counseling Techniques
- Defining neglect and appropriate elder abuse intervention
- Dementia behavior interventions
- Functional assessments
- Grandparents raising grandchildren
- Mental health and elder law
- Mental health delivery and financing issues for older adults
- Mental health system transformation
- Model programs
- Personality disorders
- Psychosocial therapeutic interventions with the elderly
- Screening and assessment of health problems in the elderly
- Self-Advocates to reach At-Risk Older Adults
- Self-Neglect
- Smoking Cessation
- Substance Abuse (Evidence-based treatment for Older Adults)
- Use and Misuse of Advance Directives, Powers of Attorney
- Use and Misuse of Prescription and Over-the-Counter Medications

## We are interested in sessions that benefit:

- administrators of aging programs
- Certified Nurse Assistants
- extended care and nursing home administrators and staff
- mental health counselors and technicians
- physicians
- physician assistants
- service providers
- social workers

# Part 1: Session Proposal Application

Please type

**A) Title of Presentation:** \_\_\_\_\_  
\_\_\_\_\_

**B) Level:**  Beginner  Intermediate  Advanced

**C) Learning Objectives (Required for CEU credits):** Participants should learn...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**D) Description (Maximum of 5 lines):** (An overview that may be used in the conference program.

Write in complete sentences and check for accuracy.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E) Presenters:** Total number of presenters: \_\_\_\_\_

1. Name (key contact person): \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

If there are more than five presenters, checkmark this box:  and attach a typewritten list of the remaining names, phone numbers and e-mail addresses.

Each presenter must fill out and sign a "Presenter Information" form (next page), and all should be returned with this application.

**F) Attach all Presenter Information forms and additional lists, then:**

**Mail to**

Attn: Maureen Squires  
Illinois Department on Aging  
421 E. Capitol Avenue, #100  
Springfield, IL 62701-1789

**or Fax to**

Maureen Squires at 217-785-5880

All proposals must be postmarked by  
**December 12, 2008**, for consideration.

# Part 2: Presenter Information Form

Each presenter must fill out and sign this form, which is then returned with "Part 1: Session Proposal Application."

Please type

**Title of Presentation:** \_\_\_\_\_

## Key Contact Person for Presentation:

Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Total number of presenters:** \_\_\_\_\_

## Presenter:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Presenter Biographical Statement: (One paragraph that will be used as an introduction.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other organizations for which presenter has presented:

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials and qualifications as they relate to session: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Presenters Agreement:** I understand that the conference will provide a microphone and LCD projector for each session. Presenters must bring their own laptop computer. Additional AV equipment costs will be paid by the presenter(s). I have the responsibility of informing the presenter and all co-presenters and panelists of this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

