



WORLD PREMIER CONGRESS ON  
**AUTISM, DEMENTIA,  
MENTAL HEALTH, &  
NURSING (ADMN 2021)**

July 19-20, 2021 | New York, USA



## STAR-ICON Conferences

# World Premier Congress on Autism, Dementia, Mental Health & Nursing (ADMN 2021)

July 19, 2021

Day 01

Eastern Daylight Time

Time zone in New York, NY, USA (GMT-4)

### Registration & Opening Ceremony

08:30-09:00



Lesley Mathis

Title: *The Intersections of Healthcare IT and the Nursing Profession*

09:00-09:25



Michael Kaltenbach

Title: *Changes in sexual behaviors due to the utilization of PrEP as a preventive method for the transmission of HIV*

09:25-09:50



Herman Allison

Title: *Hemorrhage Control: Lessons Learned from the Battlefield, Use of Hemostatic Agents That Can Be Applied in a Hospital Setting*

09:50-10:15



### Coffee Break & Networking

10:15-10:30



Mary Costello

Title: *Introduction for Quality and Patient Safety Methodology and Discussion on Pandemic Contingency Planning*

10:30-10:55



Mischa Duinkerke-Selis

Title: *Positive psychiatry, an overview*

10:55-11:20



Carol Chase

Title: *Hospital Treatment of Alcoholics and Addicts and those with Serious Mental Illness*

11:20-11:45



Emmanuel Molympakis

Title: *NEW HORIZONS-Current and Future Pharmacological Interventions for Alzheimer's Disease.*

11:45-12:10



Birgitte Tan

Title-*"Peek-A-Boo:Revealing the \$117 Billion Annually in Hidden Costs Eating Away at Your Bottomline"*

12:10-12:35



Andrea Rosenhaft

Title: *Layering Treatments to Achieve Full and Sustained Recovery from Borderline Personality Disorder.*

12:35-13:00



Lunch Break

13:00-13:45



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Ann Kasper

Title: *Effective Mental Health Crisis Responses and the New 988 Line*

13:45-14:10



Karim Patricia Aguirre Cocha

Title: *Analysis of the level of adherence of Research projects with people over 65 years of the Getafe University Hospital*

14:10-14:35



Kimiko Davis

Title: *Health and Well-Being in a Remote World*

14:35-15:00



Jennifer Corona

Title: *To Bring Healing To The Wounding And Broken Hearts—Spiritually, Emotionally, Physically, And Mentally*

15:00-15:25



Christopher Jump

Title: *The Value of Peer Support in Mental Health Recovery*

15:25-15:50





## STAR-ICON Conferences

# World Premier Congress on Autism, Dementia, Mental Health & Nursing (ADMN 2021)

July 20, 2021

Day 02

Eastern Daylight Time

Time zone in New York, NY, USA (GMT-4)



Kathleen Voigt

*Title: Community Supported Promotora-Led Nutrition Program to Prevent Childhood Obesity Targeted to High Risk Latino Families*

09:00-09:25



Wenguerdy Jean Felix

*Title: Heart failure and a healthy diet*

09:25-09:50



Estie Sarvasy

*Title: Using Theatre and Improvisation games to keep client's stimulated and living for a purpose that help with whole body and mind*

09:50-10:15



### Coffee Break & Networking

10:15-10:30



Jeff Mims

*Title: Music, Meaning & The Return*

10:30-10:55



Angela Schmitt

*Title: Equine Assisted therapy*

10:55-11:20



Jorelle Mae Buenviaje

*Title: Suboxone on Wheels*

11:20-11:45



Herman Allison

*Workshop: Hemorrhage Control: Lessons Learned from the Battlefield, Use of Hemostatic Agents That Can Be Applied in a Hospital Setting*

11:45-12:45



Ahmed Hossam

Title: *Advanced Gamification Design & behavioral engineering for mental recovery & resilience*

12:45-13:10



## Lunch Break

13:10-13:55



## STAR-ICON Conferences



Lisa M. Cini

Title: *Integrative Design: the merge of technology, design, and operations to increase outcomes and independence in memory care.*

13:55-14:20



Jess Brain

Title: *Alleviating mental health symptoms and improving cognitive performance through personalized training programs.*

14:20-14:45



Angela Bleau

Title: *Grief Share in the Work place*

14:45-15:45

## Awards & Closing Ceremony

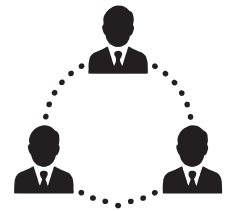
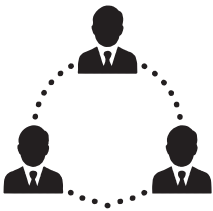




# EXHIBITOR



flow-MED^



## COMPANY PROFILE

Throughout the mid to late 90s while harnessing the power of Internet Protocol (IP), convergence brought triple play technology (voice, video, and data) services to the world. In today's ever evolving health space, there is yet another paradigm shift. This time, Information & Communication Technology (ICT) and Medical device converge to create a full ecosystem that spans to serve health workers (Admin and medical) to patients.

FlowMed, Inc. has set out to simplify adoption of the building blocks and help customers realize this endeavor with organic development and alliances. The birth of MyCortex, FlowMed's Core Platform as a Service (PaaS) has formed the first fruit of our initiative—building and digitizing the workflow as a technology. This allows health workers and administrators to collaborate with patients in their lifestyle and medical data collection and to monitor their condition while realizing a virtual health experience for better patient outcome.

Our goal is to evolve into a full health care delivery platform with Electronic Health Record, Business and Augmented Intelligence. This integrated workflow will empower clinicians and help scale the overstretched resources tipping the balance of health service to prevention vs treatment.

<https://www.flowmed.ca/>

# OUR MODERATOR

**MARI PANTOJA-SMITH,  
MSN-RN, USA**



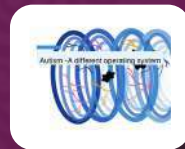
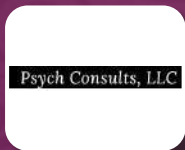
**Regional Director at Conviva Care Solutions/Humana**

Mari has over 20 years of clinical nursing experience across various South Florida hospitals and across various clinical specialties. In addition, she has several years of experience with healthcare technology, clinical operations, healthcare consulting, healthcare leadership. She is currently a Regional Director of Clinical Operations and Diagnostics for Conviva Care Solutions (A Wholly Owned Humana Subsidiary). Mari holds a master's degree in Nursing. She is also a Lean Six Sigma Black Belt as well as a Champion Six Sigma. She is a volunteer Board Member for the American College of Healthcare Executive (ACHE) of South Florida as a Member at Large. She was featured last year during Nurses week for the ACHE of South Florida membership spotlight.

Mari considers herself a steadfast, committed, and passionate healthcare and healthcare technology leader. She conceives and deploys innovative plans to overcome challenges and advance organizational measures. She is a motivated and enthusiastic and instills ownership to engage successful performance-driven teams. She is Intuitive and readily uncovers customer's need to further support the organization. She is passionate about healthcare efficiency and patient outcomes. As a nurse, there's three pillars she is passionate about: Healthcare, Healthcare Technology, and Global clinician shortage. She has a strong affinity towards clinician shortage as a crisis today and tomorrow for this creates a domino effect towards the overall future of healthcare and patient care.



# Our Supporters







***DAY 1***  
***KEYNOTE SPEAKERS***



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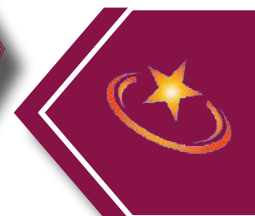
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## The Intersections of Healthcare IT and the Nursing Profession



**LESLEY J. MATHIS**

Care Innovations, USA

### **INTRODUCTION:**

Healthcare is an ever-changing entity in which the nursing profession has had to constantly adapt to care for our patients effectively and efficiently.

### **RESULTS:**

Over the past several years we have seen a huge growth in the use of virtual healthcare technology, especially as the world responded to the global COVID-19 pandemic in 2020. COVID-19 continued to daily change our world and left many industries scrambling to find a way to conduct business while maintaining the health and safety of their customers and staff. The healthcare industry was heavily impacted and were forced to change business as usual. Waiting rooms were suddenly empty and the only patients allowed in were those that needed emergent care. Patients needed to see their providers for routine care matters and refills; however the fear of going into their provider's office caused many patients to go without needed medical care. Providers were forced to find new ways to engage and treat their patients using technology as the mediator. Nurses have had to

quickly adapt and learn how to give the same consistent and compassionate care using technology as a conduit between them and their patients. It can be challenging to translate compassion and care using technology, but it is possible. There is no doubt that the role of technology in the medical field is warranted and desired, but we can never let take over nursing judgment and discernment—we must use as an aid in our care.

### **CONCLUSION:**

We will explore the role of the nurse in a world where healthcare technology continues to expand thus treating more diverse patient populations and conditions. Nurses are the backbone of the healthcare system, and their adoption of healthcare technology is imperative and important in providing effective nursing care.

### **BIOGRAPHY:**

Lesley J. Mathis has been with Care Innovations for 5 years and has emerged as a clinical expert in remote patient monitoring, CPT coding with RPM, and specializing in solutions and protocol development of various patient populations. Prior to entering the healthcare technology industry, Lesley worked as a bedside nurse in CCU/CVICU and then became the Nurse Practitioner for the Chief of Cardiac Surgery at Vanderbilt University Medical Center. Several years later, Lesley went to work for Care Innovations where she plays a key role in developing strategies for large payers, providers and pharma. She is devoted helping her customers drive critical adoption of RPM, development of unique protocols, and working on population health with the business intelligence (BI) platform at Care Innovations. Lesley is very passionate about the importance of healthcare technology and is truly an ambassador for the RPM community. Lesley earned her MSSW from the University of Tennessee at Knoxville and her Master's in nursing from Vanderbilt University. She is a board-certified acute care nurse practitioner and lives in Nashville, Tennessee



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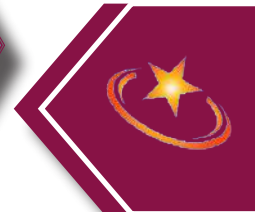
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## Changes In Sexual Behaviors Due To The Utilization Of PrEP As A Preventive Method For The Transmission Of HIV



### **MICHAEL DEAN KALTENBACH**

*University of Pennsylvania, USA*

#### **ABSTRACT:**

As indicated by The Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), roughly 33.4 million people all through the world have been influenced by HIV/AIDS over the most recent 30 years or there about (Bonacquisti and Geller, 2013). The prescription, Truvada, also called PrEP, has been acquainted with fill in as a mischief decrease method to battle the spread of HIV contamination. PrEP is an antiretroviral drug that brings down the danger of HIV openness. This is a subjective report analyzing the sexual practices of gay and sexually open men recommended PrEP as a preventive technique for the transmission of HIV. I directed 30 semi organized inside and out meetings of individuals who had been recommended PrEP for in any event 30 days in three urban areas: Los Angeles, Philadelphia, and New York City. The outcomes show that logical components molded the sexual practices of members on PrEP, driving them to bring down hazard on occasion, and lift it at others. PrEP made people experience changes inside their correspondence designs with their clinical suppliers and their sexual accomplices. The outcomes shed light in transit individuals on PrEP take part in sexual and wellbeing looking for practices, and help to foster a diagram for the way specialist organizations draw in with this local area.

#### **KEYWORDS:**

PrEP (Pre-exposure Prophylaxis); HIV /AIDS; Truvada; HIV prevention; harm reduction; risky sexual behaviors; Cognitive

Behavioral Therapy (CBT); Relational Cultural Therapy (RCT); qualitative interviews

#### **BIOGRAPHY:**

Michael Kaltenbach is a Part-time Lecturer at Rutgers University School of Social Work in Newark, NJ and an Adjunct Lecturer at Smith College in Northampton, MA. He has previously taught BSW and MSW level courses in crisis intervention and brief therapy, clinical assessment & diagnosis (psychopathology), social work practice with individuals and families, intro. to social welfare / human services, communication in social work practice, human behavior and the social environment, and emotional disorders in childhood and adolescents at Temple University and the University of Southern California. Kaltenbach has been working in the field of psychology and social work for the past twenty five years, and nineteen of those years have been since he received his master's degree in Social Work. His doctoral dissertation research interest focused on how sexual behaviors have changed due to the usage of PrEP, as a HIV preventive method. His research data as interpreted through the theoretical / conceptual perspectives of cognitive-behavioral theory and relational-cultural therapy. Kaltenbach is a Licensed Clinical Social Worker in California, New York, and Pennsylvania, and has many years of experience providing psychotherapy, case management, and other social services in a variety of settings: hospitals, HIV outpatient clinics, schools, foster care agencies, senior residential facilities, group homes, outpatient community counseling centers, etc. He has experience providing Clinical Supervision as well as Field Instruction to MSW level Social Workers and Interns from USC and UCLA. He formerly served as a Co-Facilitator for the LA County HIV Mental Health Task Force, and has provided lectures on various mental health topics. Previously, he was a Teacher's Assistant (T.A.) for a professor at the University of Pennsylvania School of Social Policy & Practice's MSW level course on Post-colonial Social Work Practice: International Social Welfare in Kolkata, India. He enjoys traveling and learning about various cultures. After he obtained his bachelor's degree, he served as an US Peace Corps Volunteer in Senegal, West Africa. When Kaltenbach is not teaching, he currently provides psychotherapy in his private practice office located in Philadelphia, PA. He also provides psychotherapy on a fee-for-service basis at outpatient community counseling centers in West and South Philadelphia, and at a Senior Assisted Living Facility in Bay Ridge, Brooklyn, NY and in Manhattan, NYC



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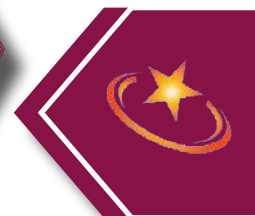
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## Hemorrhage Control: Lessons Learned From The Battlefield, Use Of Hemostatic Agents That Can Be Applied In A Hospital Setting



**HERMAN A. ALLISON**

*US Army Retired, USA*

### **ABSTRACT:**

If necessity is the mother of invention, then the events of the attack on September 11th 2001 was the motivation for many innovative inventions. Since 2001, new hemostatic agents have advanced the medical standard for the control of blood loss. Because of the casualties seen during the war on terror in both Afghanistan and Iraq, the need to control bleeding and severe blood loss led to the development of several new types of hemostatic agents. The lessons learned from the battlefield and the care to many combat casualties should be passed on to the next generation of health care providers at all levels. The development of several different types of hemostatic agents can now be used in a civilian hospital setting to save lives. Controlling blood loss is an important issue for patient care in both pre-hospital and in the hospital. Examples will include its uses in the emergency department (ED) trauma room, a cardiac care unit (CCU), the labor and delivery unit, and general surgery.

### **BIOGRAPHY:**

Herman A. Allison is a retired Army Major with over 26 years of active service. He was enlisted up to the grade of E-7 when his appendix ruptured, and he did the enlisted commissioning program to become an Army Nurse. As a nurse he has worked in Oncology, an LPN instructor, then as an ICU nurse at Fort Bragg. After 9/11, he was selected to be part of a small elite surgical team supporting Special Forces and deployed in Oct of 2001 to be the first medical surgical team to enter the country. His surgical team, at Bagram Air Base, treated over 500 casualties, and conducted over 100 surgical cases. To remain on this elite Airborne Surgical Team, CPT Allison completed Airborne school during the summer of 2002 at the age of 42. In 2003, CPT Allison, now Chief Nurse of his surgical team, entered Iraq in March 2003. His unit treated over 206 casualties and conducted over 100 surgical cases over a 6-month period. CPT Allison volunteered to branch transfer from the Army Nurse Corps to Civil Affairs in June 2005. After a year plus training at the JFK SWCS on Fort Bragg, now MAJ Allison was sent to work for the Humanitarian Assistance Office at the US Embassy in Mali, North Africa. MAJ Allison helped coordinate multiple HA projects to bring clean water, schools, and small medical clinics to remote areas in the northern Sahara Desert.

Mr. Allison has done multiple overseas contract jobs all over the Middle East. In 2014, he took an overseas contract job with International SOS, as the ICU nurse of a 6-man surgical team down in Papua New Guinea supporting the Australian Federal Police. He did many rotations "Down Under". In total, Mr. Allison has cared for over 1000 combat casualties all over the world. In 2015, he decided to complete the Family Nurse Practitioner Post-master's degree. He has worked in Primary and Urgent care clinics, Joint Pain Injection clinic and at an all-male prison in North Carolina. Mr. Allison has been married to his wife Amy for 38 years. They have two daughters and two grandchildren. He enjoys Latin/Salsa dancing, working out hard at the gym, and looks forward to his next Spartan obstacle course race, competing in the over 60 age group.



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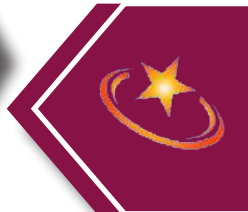


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## Hospital Treatment Of Alcoholics And Addicts And Those With Serious Mental Illness



**CAROL CHASE**

*Psych Consults LLC, USA*

### **INTRODUCTION:**

Is Mental Health and Substance Use Disorder Treatment in the U.S. hospitals, communities equal and reliable? Does a person in AWS (Acute Withdrawal Syndrome) have a disease that should be treated in the ED or does he have a moral failing and should be released for someone else to handle? What is the role of the Critical Care Nurses dealing with such patients?

### **BACKGROUND:**

ASAM, NIDA, NIMH, and SAMSHA have been for years dedicated to educating the medical professionals, families, communities about the brain disease and the comorbidity of addiction and mental illness.

### **MATERIALS AND METHODS:**

A study of hospitals around the world and in the U.S. regarding protocols for treating or not treating Substance Use Disorder and Mental Illness especially in the ED. Personal experience of hours spent in a hospital waiting room with a client in Acute Withdrawal Syndrome. Losing a client to suicide when 4 hospitals in one day turned him away. Recordings of clients talking about their experience with stigma in the ED. Calls to area hospitals for ED treatment policy of AWS and SMI.

### **RESULTS:**

Hospitals are not equal in policy and evidenced based treatment. Stigma is common in individual healthcare workers in hospital ED's. Critical care nurses specializing in detox are trained and knowledgeable when hospitals are dedicated to parity of treatment. Some hospitals have detox protocols and behavioral health facilities. Innovative crisis mobile teams evaluate before the ED visit. Clients' recordings explaining their crisis experiences in area hospital ED's.

### **CONCLUSIONS:**

Availability, access, and attitude. Without the attitude that all patients deserve to be treated with dignity and respect, more people will die as my client did. Groups like How Are You Really, Make it OK, This is My Brave, Stigma Free are committed to eradicating judgment and misunderstanding about substance use disorder and mental illness. There is hope if we share "experience, strength and hope."

### **BIOGRAPHY:**

Carol Chase is a person in long term recovery from addiction for 34 years who still espouses AA and sees a therapist. Being a mental health therapist for 9 years has become her passion; previously she was a high school English teacher, and became a massage therapist in Santa Fe, NM in 2002-04. She has two Master's Degrees and 3 licenses. She works in private practice as a Licensed Mental Health Counselor in Indiana. She has devoted her life to people in need and less fortunate toward physical, emotional, and spiritual progress



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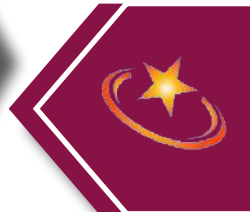
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## Positive Psychiatry An Overview



### **MISCHA DUINKERKE -SELIS**

*Psychiater- Director of my Mood foundation,  
Netherlands*

#### **Introduction**

Psychiatry is the medical specialty diagnosing and treating psychiatric disorders. Based on growing scientific evidence we believe that this definition warrants expansion to include the concept of positive psychiatry, the assessment and interventions aimed at the increase of whole-person and collective wellbeing, involving positive psychological traits and positive social characteristics. The aim of our keynote is to provide an overview of this emerging field.

#### **BIOGRAPHY:**

Mischa Anna Selis (1975) is a psychiatrist and mindfulness trainer. She is a member of the RvA of the Je Leefstijl Als Medicine Foundation and blogs on the GZNDenzo platform. In the past she worked as a doctor in Zambia and Malawi. She lives in Maastricht, is married and the mother of three children



## *Plenary Speakers*



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## Introduction For Quality And Patient Safety Methodology And Discussion On Pandemic Contingency Planning



**MARY COSTELLO**

*AdventHealth & University of South Florida, USA*

### **INTRODUCTION:**

Discussion on pandemic contingency planning. Healthcare response management to unforeseen disease processes and prevention of adverse effects to healthcare employees.

### **MATERIALS AND METHODS:**

The goals and materials of this discussion are to address the most recent pandemic and its effects on healthcare workers and hospital systems. This topic will mention regression by asking nurses their opinions on what worked and what did not. There will be a discussion about the most recent peer reviewed articles on the most current methods of reducing costs regarding the pandemic and PPE usage. It will mention hospital initiative in the early and later phases, and it will discuss what seemed to have worked and what could have been improved upon. It will stress the importance of having a preparation plan for possible future events, and it will include the statistics and costs of this importance.

Methods will include asking and reviewing nurses' personal experiences on social media sites and graduate level education sites. It will include personal experience. Most recent data and statistics from research sites and papers will be reviewed and discussed. Data accumulated on the topic will be compared with previous sources and recent opinions. Safety methods required in the early stages will be compared with recent statistical findings and data.

### **RESULTS:**

Based on this accumulation of data and information, we can see the necessary value of pandemic planning as a form of disaster planning. Results show the statistical value of incorporating methods meant to: maintain safety for healthcare workers and hospital systems, improve costs and spending in unforeseen disease processes, promote overall well-being of healthcare workers and ultimately patients.

### **CONCLUSIONS:**

The addition of pandemic contingency planning can aid hospital systems and staff by reducing costs related to unforeseen diseases. By including this concept of safety, healthcare workers and systems are better prepared and protected, and adverse effects are reduced.

### **BIOGRAPHY:**

Mary Costello is currently achieving her Doctor of Nursing Practice in the field of Adult Gerontology Acute Care at the University of South Florida in Tampa. At the age of 25, Mary completed her Associates of Nursing degree, and she later completed her BSN degree from the University of Missouri in St. Louis. After working in St. Louis for nearly 2.5 years as a Registered Nurse, Mary moved to the UK in March 2019 to attempt nursing in England. After working in London for some time, Mary published an article to the American Nurse Today's Insights Blog titled, "An American Nurse in London – It is Worth It?" Mary now lives in Tampa while completing her DNP. In her free time, Mary enjoys playing piano and reading





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## NEW HORIZONS-Current And Future Pharmacological Interventions For Alzheimer's Disease



### **EMMANUEL MOLYMPAKIS**

*RxStores MDSN™, England*

#### **BIOGRAPHY:**

Emmanuel Molympakis currently works as Chief Executive Officer, Terna Energy SA since 1997. He worked as Vice Chairman/CEO/Gen Mng: Enrg, at Terna Energy SA. He was graduated from Newcastle University, University of Strathclyde.

#### **Abstract:**

Advances in treatment strategies for Alzheimer disease (AD) are still under extensive research. To block the progression of the disease, therapeutic agents are supposed to interfere with the pathogenic mechanisms being targeted by various neuro protective signals, anti-inflammatory factors, growth factor promotive, metabolic efficacious agents and stem cell therapies. Recent therapies have integrated multiple new features such as novel biomarkers, new neuropsychological outcomes, enrollment of earlier populations in the course of the disease, and innovative trial designs. In the current future various specific agents which cant as aberrant biomarkers accompanied with a particular pattern of neuropsychological and neuroimaging findings could determine within a customized therapeutic framework. There is lot of potential for disease-modifying therapies that can be studied in depth for understanding and potential individualized therapeutic frameworks that can be proved beneficial for patients with AD.



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## Peek-A-Boo: Revealing The \$117 Billion Annually In Hidden Costs Eating Away At Your Bottom line



**BIRGITTE TAN**

*From Grieving to Joyful Living, USA*

### **INTRODUCTION:**

Grief costs the workplace more than \$117 billion every year in the United States alone.

### **AIM:**

Discuss ways for companies of any size and individuals to reduce profit loss from grief.

### **MATERIALS AND METHODS:**

By improving understanding and awareness of hidden grief and grief as well as providing simple, effective tools for navigating grief.

### **RESULTS:**

Improve internal and external communication; improve employee productivity; increase

Customers rating and buying; improve culture: increase customer and employee retention. These and other benefits all lead to decrease loss, increase the bottom line

### **CONCLUSIONS:**

There are simple, effective, inexpensive ways to significantly reduce your loss from grief and increase your profit.

### **KEYWORDS:**

Grief; hidden grief; grief recovery; company culture; profitability, profit loss, business retention.

### **BIOGRAPHY:**

Dr. Birgitte Tan is a certified Grief transformation coach, speaker, author, and founder of the International Childhood Cancer Charity. She defied the odds and became a successful board- certified veterinarian oncologist and built two multi-million dollar businesses. Upon successfully triumphing over a multitude of grievous events including sudden paralysis of her dominant hand, Dr. Tan pursued additional training in grief transformation, founded the "Dance Away Sadness" grief support system, and created "The 5-Fingers Method" to help people easily thrive and triumph. Dr. Birgitte excels at helping others effortlessly let go of their challenges and create results beyond their expectation.



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## Layering Treatments to Achieve Full and Sustained Recovery from Borderline Personality Disorder



### **ANDREA ROSENHAFT**

*BWellBStrong, USA*

#### **INTRODUCTION:**

Surveys have estimated the prevalence of borderline personality disorder (BPD) to be 1.6% in the general population and 20% of the psychiatric inpatient population. Dialectical Behavior Therapy (DBT) is typically the first-line treatment for individuals diagnosed with BPD. Initial outcome studies by Linehan and colleagues conducted in the US suggest that the therapy successfully lowers attrition rate, parasuicidal episodes, and psychiatric in-patient days. The effect on parasuicidal behavior and psychiatric inpatient days appears to outlast the therapy by at least a year. The prognosis for BPD over a person's lifetime has improved, however complete and sustained recovery remains elusive. Buskin notes, "Although it is a disorder associated with many psychiatric and medical comorbidities, many of the most troubling symptoms remit during the first few years. Unfortunately, several of the underlying personality traits, (social

impairment as well as relatively low and poorly sustained functional recovery) remain for longer periods." How do we get from "at least a year?" to "longer periods?"

#### **AIM:**

To present a more comprehensive treatment framework for individuals who have been diagnosed with BPD, providing the best chance at achieving full and sustained recovery.

#### **CONCLUSIONS:**

Dialectical behavior therapy (DBT) has been shown to be an effective, first-line therapy in treating borderline personality disorder (BPD), and is perhaps the most well-known. However, to give individuals who have been diagnosed with BPD the best chance at full and sustained recovery, adding a second layer of a different type of treatment – transference-focused psychotherapy (TFP) - may be efficacious.

#### **KEYWORDS:**

Borderline personality disorder, BPD dialectic behavior therapy, DBT, transference-focused therapy, TFP

#### **BIOGRAPHY:**

Andrea Rosenhaft, LCSW-R has been working as a licensed clinical social worker in the New York City area for over twenty years. She is recovered from borderline personality disorder, anorexia, and major depressive disorder. Andrea is a published writer and blogger, primarily on the topic of mental health and recovery. Andrea is the founder of the mental health advocacy and awareness organization, BWellBStrong. She lives in Westchester County, NY with her rescue dog, Shelby.



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## Effective Mental Health Crisis Responses and the New 988 Line



**ANN KASPER**

*Community Counseling Solutions, USA*

### **INTRODUCTION:**

A new system of mental health crisis response was recently allocated millions will be implemented all over the United States which includes a central national 988 crisis phone number that will become active on July 16, 2022. Currently, planning sessions are being held in every state to create these structures to address extreme situations as well as criminal justice involvement by persons with mental health challenges. This presentation will examine the creation of the new crisis response systems within the framework of the United States Substance Abuse and Mental Health Services Administration (SAMHSA) Six Key Principles of a Trauma-Informed Approach and the Implementation Domains including 1. Safety, 2. Trustworthiness and Transparency, 3. Peer Support, 4. Collaboration and Mutuality, 5. Empowerment, Voice and Choice, and 6. Cultural, Historical and Gender Issues. In this workshop, participants will learn about the current budget and government plans, the establishment of the new national behavioral health coordinating council, and how healthcare professionals, public safety, peers and family members can join in the planning. It will explore successful models of healing mental health crisis responses including warm lines and respites. Providers will acquire information on how to capitalize on new trends in technology for effective and compassionate state-of-

the-art behavioral crisis response and follow up. Finally, the audience will leave with a host of unique resources including access to worldwide academic research written by peers with mental health lived experience and engaging peer and family-run support projects.

### **AIM:**

To introduce the current federal and state mental health plans, trauma-informed crisis system planning and opportunities for timely advocacy and unique resources for direct consumer perspectives

### **CONCLUSIONS:**

With crisis supports and prevention efforts, people can and do recover from mental health challenges. Trauma-informed elements in planning processes create crisis responses with equity at the center. Systems implemented with input from those directly involved are more successful and accepted better by the affected population.

### **KEYWORDS:**

Crisis Response, Public Safety, Government, Mental Health Planning and Budgeting, Peer Academia, Peer Support Groups, Family Support Groups, Peer Support, SAMHSA, Substance Abuse and Mental Health Services Administration

### **BIOGRAPHY:**

Ann Kasper is a national mental health warm line operator and older adult specialist in Oregon. She created the first peer training for the Portland Public Police and 911 operators. She participated on executive teams to create the Portland Police Behavioral Health Unit, Multnomah County Mental Health Court, Portland Street Response, Crisis Assessment Treatment Sub acute Center, and Unity Center for Behavioral Health Hospital. She coordinated resettlement of hundreds of refugees and worked overseas. She was adjunct faculty instructing languages. Ann is an avid world traveler, and new tech enthusiast who produces and hosts local television shows on mental health and tech



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## Analysis Of The Level Of Adherence Of Research Projects With People Over 65 Years Of The Getafe University Hospital



### **KARIM AGUIRRE COCHA<sup>1</sup>, LEOCADIO RODRÍGUEZ M<sup>1</sup>**

<sup>1</sup>Centre of Network Biomedical Research on Frailty and  
Healthy Ageing (CIBERFES), Institute of Health Carlos III.,  
Spain

#### **INTRODUCTION:**

The adherence levels that we found in research projects can offer us a panoramic perspective of the objectives that we could have been achieved. The present analysis aims to show the adherence percentages of research projects with people over 65 years in the Getafe University Hospital, which objective is to evaluate strengths and weaknesses in their development, these studies were observational and intervention type, and were carried out between 2011 until 2019.

#### **MATERIALS AND METHODS:**

All the studies were performed on the hospital and the community (nursery homes and primary care). They are prospective studies whose objectives were to evaluate the prevalence of frailty in various clinical services, to collect information regarding sarcopenia, and to analyze the effect of the use of technology on the participants. Adherence to the study is defined as the percentage of subjects who remained from beginning to end. The studies were grouped into 3 categories:

1. Classic Studies: Frail clinic (observational and Intervention phase) and Fraitools.
2. Technological studies: Acanto, Deci and Facet.

#### 3. Multimodal studies: Sprintt.

High adherence in this population is associated, not only with research guidelines but also with considering features of greater value to older adults, such as: socialization, personalized treatment, well-managed follow-up schedule (family and subjects priority), preference in diagnostic tests, flexible hours, recognition of subject's effort, an environment suited and support on the subject's displacement, are among the highlights aspects.

#### **RESULTS:**

The studies' adherence can be considered globally high. In classic studies: In the Frail clinic (12 months), the adherence was on the Intervention phase 68.33% and on the observational phase was 83.81%. In the Frail tools (36months), an observational project: adherence was 58.72%, due to administrative reasons in a center. In the technological studies: Acanto (8 months), Deci (36 months), and Facet (12 months), where we highlight that the use of technology reinforces the effect of the intervention, the level of adherence was in a range from 80.95%, 88.69%, and 94.40% respectively. In the Multimodal study: Sprintt (24months), the adherence was 76.06%. It is worth mentioning that there were very few losses between month 3 and month 18 (9 patients out of a total of 96 patients).

#### **CONCLUSIONS:**

- The shorter the duration of the study and the easier it is to perform, the greater the adherence.
- Likewise, intervention programs in which the subject perceives a greater effect on their health (subjective or not) increase adherence.
- In long term studies where adherence strategies are reinforced, the percentages are also increased

#### **BIOGRAPHY:**

Karim P. Aguirre Cocha, studied nursing at the renowned Universidad Peruana Cayetano Heredia (Lima - Peru). From an early age she worked in the area of clinical trials in one of the most prestigious hospitals in the area of Oncology in Lima-Peru, she has a master's degree that she did in Barcelona to monitor clinical trials by IUSC (International University Study Center). She currently works on projects with older people for Ciberfes (Madrid-Spain).



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## Health And Well-Being In A Remote World



**KIMIKO DAVIS**

*Kimiko Consulting, USA.*

### **INTRODUCTION:**

With remote work up 150% since 2005, it is evident that health promotions and the way companies' foster wellness are constantly changing. COVID-19 restructured workplace environments and had a significant impact on remote working from home. Even before the pandemic, 55% of employees said they were less productive at work as a result of stress, one-third of U.S. employees were chronically overworked, only 29% of employers reported that their companies offered work-life balance, and 52% of employees said that job demands interfered with family or home responsibilities, while 43% said that home and family responsibilities interfered with job performance. Due to historical trends, recent surveys, and reduced business travel, researchers believe that 25%-30% of the workforce will be working from home multiple days a week by the end of 2021. This all being said; health promotions and the way employers view wellness is ever-shifting. From a poll I conducted through LinkedIn and Instagram asking employees which health category had been negatively affected due to COVID-19, 38% of respondents said mental health, 28% responded social health, 18% said emotional health, and 16% voted for physical health. During the pandemic, statistics have found that employees working remotely are drastically less productive, more stressed and anxious, are reporting higher levels of loneliness and isolation, feeling helpless, more burnt out and depressed, and have decreased work-life balance. More than ever, it is crucial for employees to advocate and prioritize

their mental, physical, social, and emotional health. This presentation offers participants a chance to learn about how workplace engagement has shifted in a remote working world, reflect on what areas of their health have been drastically negatively affected due to COVID-19, and provide practical tips that focus on physical, mental, emotional, and social health which can be easily integrated into their daily life. Some of these tips include downloading apps to remind employees to take breaks and drink water, doing a gratitude challenge, weekly meditation practices, and virtual coffee with co-workers, taking advantage of teletherapy, joining social media health communities, walking the dog before or after work to transition into a time of relaxation, etc. All in all, COVID-19 has taught us that if we don't have our health, we can't function in the workplace at full strength.

### **AIM:**

Educate and provide tools to positively increase health and well-being for employees in a remote working environment

### **CONCLUSIONS:**

During a time when companies are struggling to stay afloat, employees are now responsible for taking care of their own mental, physical, social, and emotional health. In addition, remote work has brought a shift in the way we maintain our health and practice work-life balance. We must evaluate what health promotions looked like pre-COVID-19, how remote work has personally affected the different categories of our health, and then find new ways of incorporating relevant, health-centered activities into our everyday life, especially while working remotely.

### **KEYWORDS:**

Industrial psychology, health practices, employee engagement, well-being, remote work

### **BIOGRAPHY:**

Kimiko Davis is a graduate student at Vanguard University where she will graduate in May 2021 with an M.S. in Industrial-Organizational Psychology. Her passion for health stems from a recent diagnosis at the age of 22 that changed her life forever. Because of this, Kimiko focused her thesis on personal health practices and the effect that diet, sleep, and exercise have on employee stress, burnout, and job satisfaction. She is the founder of Kimiko Consulting, working to promote holistic, healthy workplace cultures that emphasize a positive work-life balance



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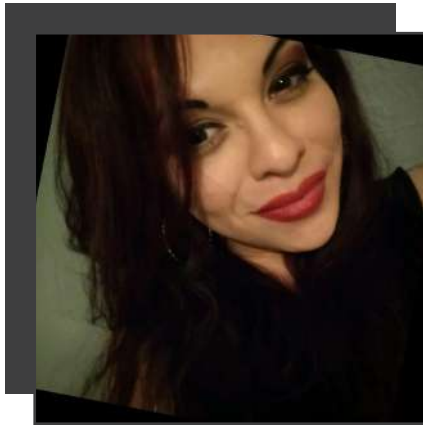
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To Bring Healing To The Wounding And Broken Hearts—Spiritually,  
Emotionally, Physically, And Mentally



**JENNIFER CORONA**

*Mending Wounded Hearts Ministries, USA*

**ABSTRACT:**

Life is full of ups and downs with emotions, struggles, pain and anxiety. There are times in giving up and cornering it all away, healing wounded broken hearts will help you overcome during times of loss, pain and defeat. Various methods strive to restore hope in the hearts and minds by nurturing, uplift, inspire, and encourage clients to continue their journey unstoppable.

**BIOGRAPHY:**

Survivor of 30 years of continued abuse \* child sexual abuse age 4-13, attempted suicide at age 13 after the last sexual assault, physical abuse age 16-31, attempted rape at age 15, raped at age 18, attempted suicide a 2nd time at age 18 after the sexual assault, spousal rape at age 20, CAPTIVE from age 22-24 & tortured over 150 times while in captivity, left w/ long term nerve damage to my hands, wrist & fingers due to methods of torture, my hands are a bit distorted & fingers never healed properly, raped a total of 83 times between my ex-husband & captor, brutally beaten 1/2 to death multiple times. Raped for the 84th time, Nov 13th, 2019. In the HEALING process currently w/ my life coach David Shrank, founder/CEO at Empowerment Behavioral Therapeutic Services. Mentally, emotionally & financially abused most of my life. PTSD at age 8 for 2 years & CPTSD for 10 years after I escaped. FREE from Captivity 16 years, Glory to GOD & HPD's finest, especially Officer Blankenship who came to my aid, my guardian angels on the ground. I could never thank them enough!



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## The Value Of Peer Support In Mental Health Recovery



### **CHRISTOPHER JUMP**

*An Individual Living Well in Recovery, USA*

#### **INTRODUCTION:**

These days, as the entire world faces an increase in Substance Abuse and Mental Health relapses, as we are forced against our will, to isolate ourselves from our loved ones, the need for Peer Support has never been greater. Many folks, even during “normal” times have stated that what worse than their depression, bipolar, schizophrenia, etc. was feeling of loneliness. Both the National Alliance on Mental Illness (NAMI) and the Center for Disease Control (CD) have reported an increase of over 40% in regards to Mental Health crises, Substance Abuse, Suicide Ideation, and Self Harm Urge. The June 2020 issue of USA Today reported a 65% increase in the usage of Crisis Hotlines during the month of April. Numerous emergency rooms across the U.S. have seen an increase in visits from young people (ages 18 and below) due to mental health crises. The reoccurring theme amongst the majority of them has been feelings of frustration, confusion, and isolation. However, the news is not all bleak. Several Peer Run Self Help and Substance Abuse Centers have offered online support services for their members. Centers such as California Clubhouse in San Carlos, California, and One New Heartbeat in

Palo Alto, California have noted an increase in attendance at their online support groups during the pandemic. Even members reaching out to other members during times when online groups are not available. People that have utilized peer-run programs, such as Clubhouse, One New Heart Beat, NAMI Connection, etc. have reported decrees in Suicide Ideation, Self-Harm Urges, and temptations to use recreational drugs.

#### **AIM:**

To show the peer support leads to better mental health

#### **RESULTS:**

Now more than ever there is a need for peer-run support programs.

#### **KEYWORDS:**

Positive psychology, Women mental health, industrial psychology

#### **BIOGRAPHY:**

Christopher Jump Former Assistant Director at Heart & Soul, Inc. Former NAMI San Mateo Board Member. Volunteer at Rock Study Boxing Peninsula. Recipient Tony Hoffman Community Mental Health Services Award, Recipient of California Association of Mental Health Peer Run Organizations (CAMHPRO) Local Advocacy Award. Hearing Voices Group Facilitator. Wellness Recovery and Action Plan (WRAP) Group Facilitator. In addition, has given numerous Key Note speeches and facilitated workshops at several conferences.





***WorkShop***

July 20, 2021

# WORKSHOP

**Herman A. Allison**  
US Army Retired, USA



**Short Biography:** Herman A. Allison is a retired Army Major with over 26 years of active service. He was enlisted up to the grade of E-7 when his appendix ruptured, and he did the enlisted commissioning program to become an Army Nurse. As a nurse he has worked in Oncology, an LPN instructor, then as an ICU nurse at Fort Bragg. After 9/11, he was selected to be part of a small elite surgical team supporting Special Forces and deployed in Oct of 2001 to be the first medical surgical team to enter the country. His surgical team, at Bagram Air Base, treated over 500 casualties, and conducted over 100 surgical cases. To remain on this elite Airborne Surgical Team, CPT Allison completed Airborne school during the summer of 2002 at the age of 42. In 2003, CPT Allison, now Chief Nurse of his surgical team, entered Iraq in March 2003. His unit treated over 206 casualties and conducted over 100 surgical cases over a 6-month period.



***DAY 2***  
***KEYNOTE SPEAKERS***



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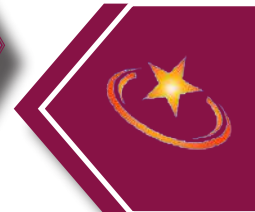
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## Community Supported Promotora-Led Nutrition Program to Prevent Childhood Obesity Targeted to High Risk Latino Families



**KATHLEEN C VOIGT**

*Rush University School of Nursing, USA*

### **INTRODUCTION:**

Children experiencing abuse and neglect are at risk for childhood obesity related to mal-nutrition. Decreasing the risk for childhood obesity in Latino children can be successful using culturally tailored nutrition programs targeting parents of preschoolers. The program goal is to increase the knowledge base in nutrition and healthy food selection in Latino families at high risk for poverty and food insecurity.

### **MATERIALS AND METHODS:**

This study is a quality improvement nutrition program using a quasi-experimental, before and after design. This is a partnership between a nonprofit community behavioral health services organization and a university-affiliated, federally funded nutrition program presented to Latino families at high risk for poverty and food insecurity. Participants volunteer through intra-agency recruitment and attend an 8-week course of one-hour modules using the ZOOM on-line platform for instruction. Simulation learning experiences, guided by the Social Cognitive Theory, encouraged self-efficacy for behavioral changes in healthy food selection. Evaluation of the intervention, guided by the Logic Model includes program outcomes and impact, accounting for stakeholder resources and inputs, and program activities and outputs.

### **RESULTS:**

Descriptive data analysis will include comparison of the participant's pre-test and post-test knowledge and behaviors related to healthy food selection. The aggregate data will be compared to the national data for the EFNEP program.

### **CONCLUSION:**

This nationally recognized nutrition program provides an opportunity to reverse adult health risks related to childhood obesity based on new community alliances sharing scarce resources to make a collective impact.

### **BIOGRAPHY:**

Kathleen C Voigt is an adult and family nurse practitioner with over 30 years' experience in health care. She was the Executive Director for Clinic Research Trials at the University of California San Diego and provided health care leadership in the Middle East for the Department of Defense and State Department for over 5 years. She is completing her doctorate in Transformative Leadership in Population Health from Rush University School of Nursing, Chicago, IL and completed a MSN from the University Of Nebraska School Of Nursing, Omaha, Nebraska.

July 20, 2021

# WORKSHOP

**Angela Bleau**

Shatter Silence, Inc. And  
Crisis Care, USA





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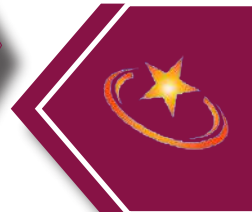
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## Grief Share in the Work place



**Angela Bleau**

*Shatter Silence, Inc. And Crisis Care, USA*

### **Biography:**

Angela Bleau is an ASSIST, SOS, MHA adult and youth certified, QPR T4T Teacher, Positive Psychology education, Layperson Certified Teacher of Narcan/Advocate, Grief Share leader and a Nursery Church Leader. Currently in School to be an Emotional Practitioner.

### **Abstract:**

We are a Community resource guide filled with programs. During a unexpected Loss, (Suicide) We give the Family of the loved one or \*Loss Survivor a packet of Community information of Resources. Peer groups, Narcaninfo.,counseling, churches, food pantries, financial services, funeral homes, gas cards, etc. Any Services in the County.

Sponsor us as your Community Charity to Shatter Silence, Inc. to \*Help Support our Non Profit's Cause to help Families of Loss. Private Confidential Conversation's session's give Every Single Parent, spouse or child Whom has Depression, Anxiety, Self harm or Suicidal Behaviors a Chance to heal with \*Coping Skills. We educate our Schools with \*QPR Training to learn how to Question, Persuade, the proper Language & Refer students to get help w. Ideations of Suicide. When Scheduling classes, also Sign Up your BusDrivers, Secretaries, Maintenance and Volunteer's/Cross Road's. Remember, kids talk to who "They Trust". Its not always about you. We participate with a Self Harm Group Coping Adults and youth in Crown point. We participate with a \*Youth group that, has bands, paints, plays cards, pool and helps youth know they are not alone., in Hammond, In., across from the YMCA, called Cafe Hope



*Plenary Speakers*



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## Heart Failure And A Healthy Diet



### **WENGUERDY JEAN FELIX**

*State University of Haiti, Haiti*

#### **INTRODUCTION:**

This section will be focusing on how foods can help you keep yourself from many diseases, at the same time can participate in many diseases particularly heart diseases. Foods containing low saturated fat; cholesterol and sodium are good for the heart and overall health. We will also focus on a low sodium diet and an overall heart healthy diet. Sodium is only of essential mineral that is required in small quantities for many body functions. Our body mainly consumes sodium in the form of table salt, which is made up of sodium and chloride.

1-Nutrition: Nutrition has advanced itself as for definition, standards, significance and measurement keeping in pace with the expanding pattern of way of life modifiable diseases. There is a high demand for nutrients information regarding nutrition and setting right examples of balanced diet from the early phases of life such as childhood and adolescence. Alongside involving exercise and active work, schooling with respect to nourishment is the need of great importance. Physiologists enjoy a benefit in giving nourishing help to everybody.

2-Heart Failure Heart disappointment is a constant condition that needs long lasting administration. It happens when the heart muscle is debilitated and can't siphon as firmly as in the past. This implies blood moves gradually through the body and less oxygen arrives at the organs and muscles. This can cause you to feel exceptionally drained and winded. We will relate how to analyze a Heart Failure, the signs and the manifestations of a cardiovascular breakdown and the prescriptions for cardiovascular breakdown.

#### **CONCLUSION:**

Chronic cardiovascular breakdown is a complex catabolic expresses that conveys an overwhelming anticipation. The progress from stable infection to heart cachexia isn't surely known. Instrument that keep up the squandering interaction include neuro hormones and favorable to fiery cytokines, which add to unevenness in anabolic and catabolic pathways. A lessening in food consumption solitary once in a while triggers the advancement of a squandering interaction, yet dietary inadequacies in micronutrients and macronutrients add to the movement of the infection. Mal absorption from the gut as a result of bowel wall edema and decrease bowel perfusional so plays an important role.

#### **BIOGRAPHY:**

Wenguerdy Jean Felix: My name is Wenguerdy JEAN FELIX, I am 24 years old, I am a fourth- year medicine student at the Medicine School of the State University of Haiti (Faculté de Médecine et de Pharmacie de l'Université d'Etat d'Haïti). I am an applicant for the USMLE Step 1. I am a current member of AHEM/IFMSA which is an association for not only the medicine students of Haiti but also group medicine students from many other countries.





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## Using Theatre And Improvisation Games To Keep Client's Stimulated And Living For A Purpose That Help With Whole Body And Mind



**ESTIE SARVASY**

*Certified Dementia Practitioner, USA*

these sessions revolve around Viola Spolin's Improvisation games and David Read Johnson's drama therapy method of Developmental Transformations. All Drama Therapy Exercises have a beginning, Middle and End. Developmental Transformations is the one method that has spontaneous, continuous movement that can become images and roles through vocal cues, movements, and sounds.

### **RESULTS:**

In my time working with the elderly, I have successfully directed the first act of Pygmalion by George Bernard Shaw as well as improve groups full of dance parties and role-play scene work. Most of all, specifically, for the population of memory care, I have come up with an hour's work of physical exercise, mental/intellectual stimulation through reading, discussion, poetry, and role-play with a conclusion involving light movement and music or a creative poem we write together. In the end the clients remain calm and actively waiting for more to come.

### **CONCLUSIONS:**

Using the Drama therapy structure of beginning, middle and end, with developmental transformations as well as infusing sensory in a session allows there to be flow and reflective. The residents or clients are more likely to express their opinions, thoughts and own wisdom with the world through an acceptance in a session that promotes growth in physical, speech, occupational, behavioral therapies infused with activating the senses, the arts and topics of conversations.

### **KEYWORDS:**

Drama Therapy, Developmental Transformations, Improvisation, person centered healthcare,

### **BIOGRAPHY:**

Estie Sarvasy is a Certified Dementia Practitioner who has worked for facilities from Washington State to Boston Massachusetts to New York City for 6 years. She is in the process of completing her Registered Drama Therapist Certification as well as an MSW degree at Silberman School of Social Work through Hunter College. She is a member of National Council of Certified Dementia Practitioners (NCCDP) and a member of the National Drama Therapy Association (NADTA).

### **INTRODUCTION:**

As a Certified Dementia Practitioner and interim drama therapist in training, I am here to share my programming method which brings together the five senses to alternative therapies to everyday lifestyle. This method helps memory impaired clients behaviorally adapt and feel accepted even if there is resistance in the beginning. This method conquers resistance with ease.

### **AIM:**

In our society, where profit is worth more than dignity and life itself. This method aims for any facility to save money while creating an inclusive environment that even the staff can enjoy and help out. With trained professionals to assess each client/resident and provide interest to them whether it be physical therapy, speech therapy through reading a loud and creating poetry, to occupational therapy and the overall body and mind health infused with sensory activities and artistic ones that cannot be replicated making each day that unique.

### **MATERIALS AND METHODS:**

The materials depend upon the middle activity in regards to arts and crafts, or role-play. One may use scarves to balls to parachutes to random objects in creating roles. So materials vary and can even be imaginative. The method(s) being used for



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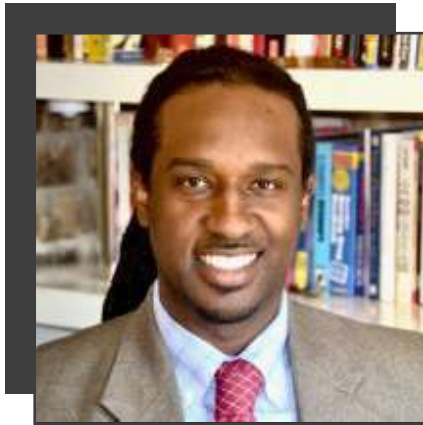
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## Music, Meaning & The Return



**JEFF MIMS**

Say brook University, USA

### **INTRODUCTION:**

This presentation highlights the creative practices of a family's cultural traditions of using music as a way of being through connecting with people, responding to trauma, fostering relationships, and creating paths towards happiness. Creating and performing music is a tradition within the researcher's family that dates to the 1940s in America's Deep South. Decades of using music as an expression to aid in responding to the challenges of life are a part of this family's history that spans generations.

### **AIM:**

This presentation encourages participants to explore the deeper meaning of creative inspiration by investigating the many ways those who create through music can learn about themselves on their journeys toward happiness.

### **MATERIALS AND METHODS:**

Using the auto-ethnographic inquiry approach, this presentation provides insight into music, meaning, and the researcher's journey of returning, with a better understanding of his life's purpose. Music plays an integral role in the lives of many and is deeply rooted in many cultures across the world. As a creative expression, its expansiveness has boundless reach as it invites all who are open to listening. In response to an exploration of

the origin of this deeply rooted connection with music, the researcher investigates his own family background to seek out its larger meaning.

### **RESULTS:**

Lived experiences with music provide a range of benefits associated with happiness, healing, and well-being.

### **CONCLUSIONS:**

This auto-ethnographic study showed music has the capacity to create environments, shift mood, alter states of consciousness, and form meaningful experiences. Embracing music as a way of creating a culture of new ways to respond to the challenges of life.

### **KEYWORDS:**

Music, well-being, meaningfulness, happiness, culture, connectedness, positive psychology, humanistic psychology, and shared experiences

### **BIOGRAPHY:**

Jeff Mims is a Ph.D. candidate in the Psychology, Creativity Studies Specialization program at Say brook University. He is interested in exploring the impact of lived experiences with music. Specifically, he wishes to learn more about the way people experience musical performances and the role it plays in relation to well-being. As a lifelong musician and ancestor of music creators, Jeff is now learning more about his life's purpose: using music as a way to help people heal. Mims has presented "Music & Expressive Arts Therapy," "Music and Creativity as a Guide," "Addressing Historical Trauma through Music and Expressive Arts," and "Racism and Modern Trauma: Music and Expressive Arts Tools to Facilitate Healing Today," rooted in the works and research of Dr. S Carl and Natalie Rogers.



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## Equine-Assisted Therapy



### **ANGELA SCHMITT**

*Naropa University, USA*

#### **INTRODUCTION:**

Engagement with horses creates shifts in the physiology and psychology of the human. By harnessing the power of the horse through experiential interactions we can change the mind, body, and soul. Contact is an energetic interaction that happens between human and human and human and horse. When this occurs, it creates a shift within us, it's what begins true connection. While being in contact and connection, along with working through the lens of the horse, they have this natural ability to hold a nonjudgmental mirror, that reflects parts of ourselves that we can't see or don't want to see. In this safe container, the horses can assist in us touching into our core and our heart. By touching into this felt sense within our bodies, it can reflect the relationship between ourselves and others. It will show us the "old story" or a worn-out cycle of negative internal dialogue that has us stuck and unable to move. When we are working with the horses in this setting these pieces get acknowledged and it opens us up for an opportunity to work through these blind spots and create new movement and change.

#### **AIM:**

To disrupt homeostasis, break through the barriers, regulate the person's nervous system, reset the mind, and to change unfavorable patterns/cycles to assist in one's healing.

#### **MATERIALS AND METHOD:**

Horse (s)/ therapist (s)/ client (s) /prop (s). Gestalt theory, equine-assisted psychotherapy, and early childhood development.

#### **RESULTS:**

Engaging with the horse(s) will create change, growth, and healing

#### **CONCLUSION:**

That working with the horse(s), within the proper setting, provided a good therapeutic relationship with the therapist, and in a safe container is where emotional, mental, physical, and at times spiritual shifts and movement can happen and where one can begin the healing growth process.

#### **KEYWORDS:**

Horse; equine-assisted therapy; equine psychotherapy

#### **BIOGRAPHY:**

Angela Schmitt is certified in Gestalt Equine Psychotherapy from the Gestalt Institute of the Rockies, in Golden, CO., and holds a MA in Transpersonal Counseling Psychology, from Naropa University in Boulder, CO., as well as additional degrees in Human Development and Early Childhood Development. Angela has 24 years of experience in diverse therapeutic settings that include Dolphin-Assisted Therapy, Equine-Assisted Therapy, Wilderness Experiencing, Traditional Counseling in the individual and group settings, as well as therapy in youth sober living and at-risk-youth camps. Angela owns her own business for the last four and half years that provides equine /canine therapeutic services in behavioral mental facilities as well as private clients and groups at her home or at other host facilities.



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## Suboxone On Wheels



### ***JORELLE MAE T. BUENVIAJE***

*NYU Rory Meyers School of Nursing, USA*

#### **INTRODUCTION:**

The opioid crisis began in the 1990s after pharmaceutical companies reassured the medical community that their products were not addictive. Because of this, many healthcare providers began to prescribe them at a greater rate. Today, it is estimated that deaths related to opioid overdose have risen from 8,048 in 1999 to 47,600 deaths in 2017 (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2019). Studies have shown that the main cause of dependence and addiction is the misuse of opioids. The National Survey on Drug Use and Health (2018) states that 51% of opioid users obtain them through friends or relatives (given by, bought, or took from them). These staggering statistics make the opioid crisis a major public health problem as it not only contributes to addiction, but also stigmatizes the individual and affects their quality of life as well as their families and communities. This ultimately results in an ineffective treatment such as no treatment or delayed treatment.

#### **AIM:**

To analyze on how we can collaborate with hospital, community, and local government, to encourage addicted individuals to seek treatment.

#### **MATERIAL AND METHODS:**

We used PubMed and CINAHL databases for the literature search that were based on peer reviewed articles with using the keywords "opioid crisis" and postoperative." 28 citations were the total searched with 21 exclusion of non-USA studies and 7 articles were retrieved.

#### **RESULTS:**

Treating the patient as a whole through supportive approaches such as counseling and therapy will aim to reduce opioid cravings. Educating the patient and their family members about signs and symptoms of withdrawal, suboxone treatment, and teaching them how to better manage pain are essential to recovery. In addition, working together with clinics and promoting access to these resources can yield lower rates of opioid overdose. Offering online support groups to discuss coping and providing incentives may improve the readiness to change.

#### **CONCLUSIONS:**

Justice requires that people with opioid use disorder receive the best care despite their background and socioeconomic status. Nurses should be empathic and practice beneficence by providing care that is in the patient's best interest. Nurses should respect the patient's autonomy and preferences when collaborating to form the best individualized opioid addiction treatment plan that involves education and support services. Nurses should advocate for low SES patients to receive optimal opioid addiction treatment and reduce stigma associated with addiction. Nurses should practice non-maleficence by doing no harm while treating patients. This means that nurses must acknowledge their own biases regarding addiction and provide care that is non-judgmental. The research discusses several health policies that may hinder the implementation of the topic and possible implications on how to overcome it. For example, by increasing access to care for all people, especially those from the lower socioeconomic background. Also, by advocating for shifting the priority from criminalizing people with substance abuse to treating them or creating policies that can monitor people being treated for long term suboxone use.

**KEYWORDS:** Opioid crisis; postoperative

#### **BIOGRAPHY:**

Jorelle Mae Buenviaje is born and raised in Philippines. She is a registered Nurse who currently works at Mount Sinai Hospital in neurology and neurosurgery unit. She holds an associate's degree in Biology and a bachelor's degree in Psychology. Nursing is her 2nd degree and graduated from New York University in May 2020. She is interested in pediatrics and critical care. In her past time, she runs and hangs out with her friends. She also enjoys doing fitness, arts and crafts, and watching Korean series



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## Advanced Gamification Design & Behavioral Engineering For Mental Recovery & Resilience



**AHMED HOSSAM**

*TakeStep, New Mexico, USA*

### **BIOGRAPHY:**

Ahmed Hossam is a 10 times global award winner as behavioral architect & Gamification consultant, he is the Gamification advisor for the university of Wales (UK), guest lecturer at Oakland University & the Vice Chair for The International Gamification Confederation; He is Currently board member of Takstep and the Founder of Gampact. Ahmed is one of the top pioneers in Gamification in the Middle-East, he has been in the "Global Gamification Gurus Power 100" since 2015. In July, 2017 he was Rated #2 in the "Global Gamification Gurus Power 100" based in the United Kingdom. He has helped a variety of companies, from seed stage startups to Fortune 500 companies such as HP, Oracle, Vodafone, AUC, Abudawood and many more...In November 2017, He was one of the finalists for the Outstanding Gamification Gurus at the Gamification Europe Conference 2017

### **INTRODUCTION:**

One of the serious challenges which we face in mental health recovery & in coaching sessions is the lack of motivation & discipline, in many times people tend to stop in the middle of the journey and quite, or at least they wouldn't have enough discipline to finish the journey. In this presentation, we will discover how can we utilize advanced Gamification strategies in order to help patients & learners achieve their goals & complete their journey in fun & effective way.

### **AIM:**

Opportunities to improve mental health recovery using Gamification & Behavioral Science

### **KEYWORDS:**

Positive psychology, Gamification, Behavioral science, Gaming psychology, Game Design, Behavioral economics



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## Integrative Design: The Merge Of Technology, Design, And Operations To Increase Outcomes And Independence In Memory Care.



**LISA M CINI**

Mosaic Design Studio, USA

### **INTRODUCTION:**

Memory Care design is typically limited to the resident and within that their care team. Rarely is designed an impact in their care nor innovative technology? Integrative Design aims to merge technology, innovative design philosophies and improve not only the quality of life of the resident but also their caregivers and the family.

### **AIM:**

To increase cognition, independence, and contentment of memory care residents and their families through integrative design.

### **MATERIALS AND METHODS:**

A new build memory care integrated with the latest technology, design philosophies, and operational care was created. 40 residents have engaged in the space with defined cognitive issues. Medical baselines were created through histories and Connive. Evaluations of the right fit for design, fitness, cognitive recovery, and diet were implemented. The goals were to reduce medication reliance, increase the nutritional value of foods with food grown on-site such as vegetables and herbs, Chickens, and bees. Increase cognition through Smart fit therapy reduced sugars in the diet, life skills, walkabouts, exercise, and activities. Further, Independence goals included interior courtyards, using clocks, accessories, and bidets. Mind therapy utilized light and

music therapy, real and robotic companion pets, aroma and oil therapy as well as a low-magnetic mood-stabilizing therapeutic device.

### **RESULTS:**

While the home has been open for less than a year, resident and their families are seeing incredible increases in outcomes and independence as well as contentment. While the results are anecdotal at this point, "my mom has spoken for a year and now we had a full conversation after experiencing integrative design" we are focusing on gathering more data. The data will take into consideration that gains may mean "not being worse" meaning the decline of cognition may be arrested for getting worse through these therapies and that is still a win. Another result that is being measured is the impact on staff and families. Memory Care caregivers have a high turnover rate that it is proposed can be reduced if residents are more content, more independent, and healthier. Families also endure an enormous amount of stress when a loved one has cognitive issues. Integrative Design is also measuring reducing family members' stress by allowing the family to be part of the care plan, having access to the fitness and cognitive equipment, and getting baselines for their own cognition. While there is anecdotal evidence that this is working it's still too early to tell.

### **CONCLUSIONS:**

While there is anecdotal evidence that Integrative Design is working it's still too early to tell.

We look forward to presenting further findings within the year.

### **KEYWORDS:**

Design; Memory Care, Alzheimer's, technology

### **BIOGRAPHY:**

Lisa M. Cini is the Founder and CEO of Mosaic Design Studio. A global senior living design, company. Her passion for operations, technology, and design in senior living and dementia care have led her to author 3 books. She is an evidence-based designer and educates through speaking, writing, and design. Lisa has been featured on numerous radio/Podcasts and CNN, CBS, ABC, PBS, FOX, and NBC. She also appeared on Today in America with Terry Bradshaw and is quoted frequently in The New York Times. Lisa is regarded as the leading Alzheimer's and long-term care design expert in the nation.



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## Alleviating Mental Health Symptoms And Improving Cognitive Performance Through Personalized Training Programs.



**JESS BRAIN**

*Brain Resource Center, USA*

### **BIOGRAPHY:**

I am an Executive MBA graduate and vibrant professional who loves solving complex problems. My background is in neuroscience, leadership, marketing, event management, and developing innovative strategies for rapid growth. I possess an outstanding work ethic with excellent communication skills and a proven ability to efficiently accomplish multiple projects simultaneously. As an enthusiastic professional with a growth mindset, I thrive in challenging and fast-paced work environments. I also have a classic case of nominative determinism so working in the field of brain health and preventing Dementia is where my heart lies.

### **ABSTRACT:**

Mental health is primarily essential for every individual considering the stress and pandemic situations prevailing. To improve mental health, promotion, prevention, and the treatment of disease are required. My work describes an overview of the mental health concept, subjects according to target populations, and various intervention strategies for mental health promotion and prevention of mental illnesses. Based on previous data, understanding positive psychology, lifestyle medicine, and bio psychosocial contributors of mental health with a therapeutic perspective might help to practice mental health wellness and illness prevention.



*STAR-ICON Conferences*  
*World Premier Congress on Autism, Dementia, Mental Health & Nursing (ADMN 2021)*

July 19, 2021

Day 01

Eastern Daylight Time  
Time zone in New York, NY, USA (GMT-4)

*Registration & Opening Ceremony*

09:30-10:00



*Nebiyu Lera Alaro*

*Title: Challenges faced by healthcare providers in providing services to key population at risks of HIV in Ethiopia*

10:00-10:25



*Reginald Samuel*

*Title: Virtual Empowerment in Remote Patient Monitoring*

10:25-10:50



*Sherida Chambers*

*Title: Nursing Informatics*

10:50-11:15



*Break & Networking*

11:15-11:30



*Frances J. Morris*

*Title: Development of a Turn Key Neuroplastic Memory Enhancement program*

11:30-11:55



*Karolina Strzelczyk*

*Title: Mental health in a workplace*

11:55-12:20



*Ramaa S*

*Title: Co-morbidities and Co-Occurrences among Neurodevelopmental Disorders : Research and Clinical Evidences*

12:20-12:45



*Laureline Comte Legrand*

*Title: Virtual Reality in Healthcare: The future is now!*

12:45-13:10



*Lunch Break*

13:10-13:30





Abigail Alves Ribeiro

Title: *Ulysses Syndrome: Odyssey with Refugees- a qualitative study with a population at risk*

13:30-13:55



Vanessa P. Caskey

Title: *Childhood sexual abuse: thoughts on prevention and intervention*

13:55-14:20



Geeta Aggarwal

Title: *Early Postoperative Death in Patients Undergoing Emergency High-Risk Surgery: Towards a Better Understanding of Patients for Whom Surgery may not be Beneficial.*

14:20-14:45



Amy Stoddard

Title: *How international cross-cultural collaboration improves mental health delivery*

14:45-15:10



S. Gabriela Torres-Platas

Title: *Mindfulness based interventions for the treatment of depression and anxiety symptoms.*

15:10-15:35



### *Break & Networking*

15:35-15:50



Jeannett Martinez

Title: *Shared Decision Making and Patient Team Partnership*

15:50-16:15



Jeffrey Hosick

Title: *Psychotherapy and Sundance: Common Interventions for First Responders and First Nations People*

16:15-16:40



Jose Maria

Title: *Investment for adequate therapeutic intervention in the development in mental health.*

16:40-17:05



Ranjan Ghosh

Title: *Conservative medication management and counselling all aspects of psychiatry with special interests in Bipolar Disorder, PTSD and Autism*

17:05-17:30



*Cristina Caldeira*

*Title: Psychological Intervention In Pain*

**17:30-17:55**



*Barb Girson*

*Title: Leadership blind spots – learn your limitations, consider the impact & gain confidence*

**17:55-18:20**



*Vítor Alves Marques*

*Title: Comparison of the quality of life of women in the third and fourth cycle of chemotherapeutic treatment with apparently healthy women*

**18:20-18:45**



*Abey Legesse Taye*

*Title: Prevalence of Acute and Moderate Malnutrition among Fewer than Five Children in Three Counties of Western Lakes State, South Sudan*

**18:45-19:10**



*Maximiliana Riskin*

*Title: On the Construct Stability of Gender Identity in Neuroscience*

**19-10-19:35**



*Rudmeela Nawsheen*

*Title: The latest trend of AR/VR/MR*

**19:35-20:00**





Grant Edwards

Title: *Breaking down barriers: Encouraging law enforcement to seek and maintain allied health treatment*

09:10-09:35



Shailja Saraswati

Title: *Pause-Rewind-Reset*

09:35-10:00



Abhisweta Bhattacharjee

Title: *Dublin's Homelessness and Mental Health Services: A qualitative analysis of accessibility, service standards and possible improvements from the perspectives of homeless adults."*

10:00-10:25



Charlotte Jones

Title: *Nurses are at Increased Risk for Developing Alzheimer's Disease and Dementia*

10:25-10:50



**Break & Networking**

10:50-11:05



Rhonda L. Bowen

Title: *Communication In A Matrix: Getting Started, Finding The Best Path, And Achieving Great Results*

11:05-11:30



Priya T

Title: *Special needs should not equate to 'unemployable.'*

11:30-11:55



Ali Kadhim

Title: *Autism Spectrum Disorder and Relationship it with Electric Games for Children*

11:55-12:20



Shaheena Boda Cassim

Title: *Play as a teaching strategy in a special school for Autism Spectrum Disorder*

12:20-12:45



Ann Marie Leonard Zabel

Title: *How Traumatic Brain Injury Impacts Pediatric Learning and Behavior*

12:45-13:10



**Lunch Break**

13:10-13:30



Christiane K. Wirtz

Title: *Challenges and opportunities for using and regarding the wound and trauma as a gift*

13:30-13:55



Caroline Hughes

Title: *From Base Camp Everest to Re-Learning the Basics - My Story of Burnout and how people and organisations can pro-actively manage early warning signs*

13:55-14:20



David Crisp

Title: *Promoting Happiness in Autistic Individuals*

14:20-14:45



Sangeetha Kandan

Title: To introduce the resilience framework, its key concepts, and core models

14:45-15:10



Ashley Asberry

Title: The Copper Revolution

15:10-15:35



*Break & Networking*

15:35-15:50



Erhabor Godwin

Title: Early Intensive Behavioral Intervention in Nigerian Children with Autism: A Meta-Analysis

15:50-16:15



Irene G. Ricotta

Title: Wholeness is the key for mental health a complete well being

16:15-16:40



Val Fell

Title: A Journey in Dementia Care

16:40-17:05



Tlou H. Marokane

Title: Relationship Styles: A systems approach

17:05-17:30



Nada Marić

Title: Alzheimer nije nasljedan, Alzheimer nije demencija, Alzheimer je zaštita organizma

17:30-17:55



David Rowland

Title: The Neurophysiological Cause of Autism

17:55-18:20



Bibhu Dash

Title: A hybrid solution for extracting information from unstructured data using optical character recognition (OCR) with natural language processing (NLP).

18:20-18:45



Ganapathi Pulipaka

Title: A Greater Foundation for Machine Learning Engineering. Calculus and Linear Algebra in Tensor Flow.

18:45-19:10



Abdul Rahaman Satar

Title: Augmented Reality

19-10-19:35





***DAY 1***  
***VIRTUAL KEYNOTE***  
***SPEAKERS***



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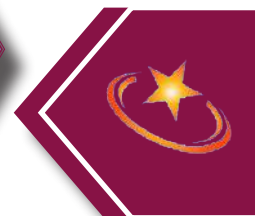
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## Challenges Faced By Healthcare Providers In Providing Services To Key Population At Risks Of HIV In Ethiopia



### **NEBIYU LERA ALARO**

*THESO, South Sudan*

#### **ABSTRACT:**

The main aim of the Partnership Framework (PF) between the government of Ethiopia (GoE) and the U.S. Government (USG), Ethiopia has set a national target of reducing new HIV infections significantly by the end of 2014 (national target). Financed by the USG, the PF provides a five year joint strategic plan (2010-2014) for cooperation to support Ethiopia's national HIV/AIDS response (PEPFAR, 2010). Ethiopia has an estimated adult prevalence of 1.5% and about a million people living with HIV/AIDS (PLWHA) (ECSA and IFC, 2012), among countries most affected by the epidemic. The International Labor Organization (ILO) projection for 2015 indicates that as much as 8.5% of the Ethiopian labor force loss will be due to HIV/AIDS deaths (World Learning, 2012). Of course, since the PF took effect, USG funding to the program has been in constant decline. Furthermore, the PF does not fully take into account context what's more, development barriers due to the prevailing social, political, and economic and development policies in the country. Interest of the private sector, independent civil societies and media in the development process has been severely curtailed. Setting focused factors have been seriously challenging the Prevention of Mother to Child Transmissions (PMTCT) efforts. Besides, the country lacks a comprehensive strategy to fully address the issue of Most At Risk Population (MARPs) as drivers of the HIV epidemic; And the HIV/AIDS response excludes Men who have Sex with Men (MSM), a "basic unacknowledged" but fast growing transmission route of HIV (TADELE, 2008). Drawing from literature review and practicum experience in Ethiopia, this paper examines the

feasibility of Ethiopia's national target. The main problem in the HIV/AIDS discourse in Ethiopia appears to be behavioral change, but not lack of knowledge. In addition, contrary to the widespread public belief that homosexuality is not Ethiopian; there exists a flourishing underground male sex trade in Addis Ababa.

#### **BIOGRAPHY:**

Nebiyu Lera Alaro obtained his PhD in public health from Central University of Nicaragua (in academic partnership with Texila American University). He is an International Public Health Specialist with more than twelve years of experience in humanitarian affairs associated with Maternal, New born and Child Health (MNCH), Research, Project Monitoring and Evaluation, Health System Strengthening, Quality Assurance and Capacity Building, with teaching/mentoring experience for public health students, staff and volunteers. He worked for Doctors with Africa – CUAMM Lake state, South Sudan as Technical Project Manager where he was responsible for providing leadership and overall guidance in project planning, implementation and monitoring/evaluation including direct technical support; (training and mentoring) to staff, towards achieving effective participatory and sustainable implementation, of primary and secondary health care system at all levels. He presently works Health Support Organization – THESO as Country Program Director, South Sudan.

Dr. Nebiyu has been involved in many public health field works and operational researches. He has research publications on various medical and public health issues to his credit. He is known for commitment to excellence that is evident through all aspects of his work. He is innovative, demonstrates respect for others, passionate about his work and has a strong sense of accountability. His contributions have helped dramatically improve the reproductive health, child health, Expanded Program on Immunization (EPI), surveillance, prevention and treatment of Communicable and Non-Communicable Diseases (NCDs), health promotion, nutrition therapy program (as funded by USAID, HPF, WFP, UNICEF, Japan Platform and Italian Cooperation funds) including evaluation system in South Sudan.



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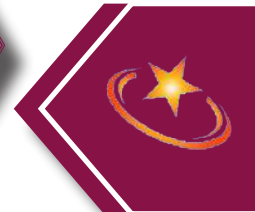
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## Virtual Empowerment In Remote Patient Monitoring (RPM)



**REGINALD SAMUEL**

FlowMed Inc., UAE

### INTRODUCTION:

Even though the virtualization (digitalization) of healthcare began in the early 1960s when Electronic Health Records (EHR) were introduced, <sup>1</sup>the Healthcare industry remains one of the least digitized compared others<sup>2</sup>. Almost 90% of the medical record sharing is still conducted via Fax<sup>3</sup>. The technology proliferation made its way to healthcare brick and mortar to manage treatment, whereas prevention and early detection has not been addressed. The adaptation of technology in primary care has been slow due to the complexity of clinical workflows and the failure of technology providers to embrace the clinical need of the healthcare professionals. Although COVID-19<sup>4</sup> has triggered a move to digital transformation, most solutions have focused on video conferencing between patients and the physicians. Whereas the need for accurately exchanging and managing medical data is the crucial element for prevention, early detection and treatment of diseases.

### Virtual Empowerment in RPM:

Since medical data sharing and management is pivotal to providing patient centric care, utilization of technology is vital. The solution should address the following attributes:

1. Encrypted and patient confidentiality protected.
2. Easy to use by patients and HCPs.
3. Minimal manual intervention by patients.
4. Eliminate duplication of clinical documentation and the reduction of HCP's workload.
5. Mimic the existing clinical workflow.
6. Minimal technology infrastructure requirement

from users. 7. Interoperability with other clinical solutions. 8. Scalable to manage larger population.

### CONCLUSIONS:

Healthcare institutions' requirements are unique and need solutions tailored to their specific pain points. Therefore, the solution should be flexible and adaptable to the needs of each institution. They also need to thoroughly identify the requirements and plan a strategy. Virtualization should manifest within the organization as it is not a product, rather a solution that is implemented according to a plan. Even with a proper strategy in place, the healthcare institution should be ready to modify or change their strategy during their journey as technology is dynamic and it can change anytime.

### REFERENCES:

1. [https://www.academia.edu/1117269/Evolution\\_of\\_a\\_hospital\\_information\\_system?source=swp\\_share](https://www.academia.edu/1117269/Evolution_of_a_hospital_information_system?source=swp_share)
2. <https://www.ubs.com/content/dam/assets/wma/us/shared/documents/healthtech-iti-update.pdf>
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4. <https://www.forbes.com/sites/blakemorgan/2020/04/05/is-covid-19-forcing-your-digital-transformation-12-steps-to-move-faster/?sh=79c1930a617b>

### BIOGRAPHY:

Reginald Samuel (Co-founder at FlowMED INC) have over 2 decades of experience in digital health, healthcare automation, medical devices and pharmaceutical industry in India, Middle East, Africa and Australia having designed, sold and implemented custom made solution in healthcare. Developed over a decade of consistent relationship with C level in GGC region.



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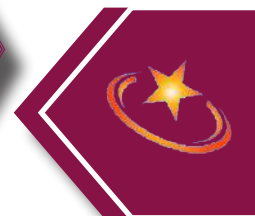
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## Co-Morbidities And Co-Occurrences Among Neurodevelopmental Disorders: Research And Clinical Evidences



**RAMAA S**

*Regional Institute of Education, NCERT, India*

### **INTRODUCTION:**

Different Neurodevelopmental Disorders (DSM-V), especially Autism Spectrum Disorders (ASD), Specific Learning Disabilities (SLD), and ADHD have been investigated to identify their Comorbidities and Co-Occurrences by various concerned Professionals. The Diagnostic and Statistical Manual of Mental Disorders (4th Edition) was prohibiting the co-diagnosis of attention-deficit/hyperactivity disorder (ADHD) and an autism spectrum disorder (ASD). But recent studies indicate that co-occurrence of ADHD and autistic symptoms are common and clinically significant.

### **AIM:**

To ascertain the evidence about the Nature and Prevalence of Comorbidities and Co-Occurrences among Neurodevelopmental Disorders.

### **MATERIALS AND METHODS:**

A thorough review of the research studies /clinical observations on ASD, SLD, and ADHD have been done to realize the aim of the study. The data obtained from Primary and Secondary Sources were mainly analysed qualitatively and also through meta-analysis.

### **RESULTS:**

Many children and adolescents with neurodevelopmental disorders have more than one of these conditions. A considerable percentage of children have both ADHD and a Learning Disability; the Prevalence of ASD & ADHD has been increasing during the last few decades. All three neurodevelopmental disorders have many Psychiatric disorders. Surveys of Educators and Pediatricians conducted by some investigators have reported a rise in the number of children and adolescents in classrooms as well as clinics with behavioral and learning disorders.

### **CONCLUSIONS:**

The observations made in the studies reviewed by the author clearly indicate the existence of a real alarming situation to meet the medical, psychological, and educational needs of these individuals in different settings. There is a need for a comprehensive assessment of children and adolescents with neurodevelopmental disorders involving a collaborative approach between psychiatrists, psychologists, and educators when providing service delivery.

### **KEYWORDS:**

Neurodevelopmental Disorders, Comorbidities, Co-Occurrences.

### **BIOGRAPHY:**

Dr. Ramaa S, Professor of Special Education has been working in NCERT for the last 35 years. Her Doctoral Research was on Dyslexia and Post-Doctoral Research at the University of Manchester, the UK was on Autism Spectrum Disorders. She is a trained Counselor and Psychotherapist. She has conducted many Individual/Collaborative/Consultative Projects on SLD/ ADHD/ ASD/ Conduct Disorders. Author of Books/ Research Articles on Neurodevelopmental Disorders; contributed Chapters to two International Hand Books on Mathematical Disabilities. Presented Papers at Conferences in different Countries. Active Member of many Professional Bodies; Guided 12 Doctoral Students in the area of Special Education / Psychology.





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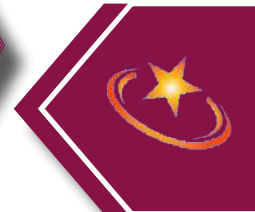
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## Prevalence of Acute and Moderate Malnutrition Among Fewer Than Five Children In Three Counties Of Western Lakes State, South Sudan



### **ABEY LEGESSE TAYE**

*The Health Support Organization, South Sudan*

#### **ABSTRACT:**

The pervasiveness of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) of under five youngsters, in South Sudan is significantly high and is being irritated by different internal conflicts and food weakness desolating the country. The circumstance has drawn in the consideration of various international associations like World Food Program (WFP), United Nations Children Emergency Fund (UNICEF), and other global Nongovernmental Organizations (INGOs), for possible interventions. Notwithstanding, the accomplishment of the nourishment treatment program in decreasing the pervasiveness of SAM and MAM among under five youngsters, as carried out by these philanthropic associations is hinged on numerous components. A review associate examination was directed by gathering detailed information from District Health Data Software (DHIS) of SAM and MAM pervasiveness of under-five youngsters across three years; 2015, 2006 and 2007 for three provinces, and was broke down utilizing SPSS. Discoveries uncovered significant differences in SAM and MAM inside regions and among provinces across the three years. It was additionally uncovered that there was rising pervasiveness of SAM furthermore, MAM (helpless effect) among the counties as the sustenance treatment program advanced across the

three years in the three provinces. It was suggested, among others, that preparation also, re-preparing of wellbeing and sustenance laborers, timely availability of food supplements, guaranteeing food security, steadfast adherence to the guideline of neutrality and fairness on the piece of INGOs and government, and direct of pre and post mediation reviews for criticisms, may fill in as the panacea towards the present unsuitable state of the sustenance treatment program in the conflict torn Lakes State of South Sudan.

#### **KEYWORDS:**

Nutrition therapy, Prevalence, Malnutrition, SAM, MAM, and South Sudan.

#### **BIOGRAPHY:**

Abey Legesse Taye obtained his BSC- Public health Addis Ababa University and Unicaf University- MBA He is Public Health Specialist with more than Ten years of experience in humanitarian affairs associated with Maternal, New born and Child Health (MNCH), Research, Project Monitoring and Evaluation, Health System Strengthening, Quality Assurance and Capacity Building, with teaching/mentoring experience for public health students, staff and volunteers. He worked for MSF as Technical Project Manager where he was responsible for providing leadership and over- all guidance in project planning, implementation and monitoring/ evaluation including direct technical support; (training and mentoring) to staff, towards achieving effective participatory and sustainable implementation, of primary and secondary health care system at all levels. He presently works Health Support Organization – The health support Organization as Program Manager, South Sudan. Mr. Abey has been involved in many public health field works and operational researches. He has research publications on various medical and public health issues to his credit. He is known for commitment to excellence that is evident through all aspects of his work. He is innovative, demonstrates respect for others, passionate about his work and has a strong sense of accountability



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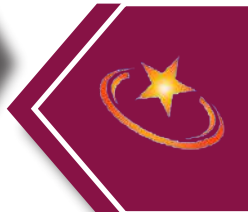
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## Configvr & Configrbot



### **RUDMEELA NEWSHEEN**

*ConfigRbot, USA*

#### **BIOGRAPHY:**

Rudmeela Newsheen and her team are on the cutting edge of their industry. She is an electrical engineer and hardware/software developer. She started ConfigVR (AR/VR Company) in 2016 with an eye on leveraging her experience for market share and growing the overall market. ConfigRbot is her second venture and explores the Robotics and AI market with the latest solutions. She is an inspiring woman tech entrepreneur and also Director of three other companies, Ranks ITT, Ranks Telecom Ltd, and Ranks Petroleum Ltd, (macro distributor for Shell Lubricant) in Bangladesh. She is a Bangladeshi American residing in San Jose, California. From an early age, Newsheen's

focus was on engineering and entrepreneurship; she holds Bachelor of Science degree in Electrical Engineering from San Jose State University and graduated summa cum laude for her Master of Science in Digital Communications and Multimedia. She has honed her technology and business skills for over 10 years in Silicon Valley, California. She launched ConfigRbot in the US and Bangladesh to take the Robotics industry to the next level. ConfigRbot also plans to have extended R&D and training program. Her goal is to promote business developments between the US and Bangladesh utilizing her global professional network. As founder and CEO, she oversees operation, finances, business development and client acquisition while her team focuses on product development. Her teams are based in the US, Europe, Australia and Bangladesh. She is also actively working with content acceleration and education industry. ConfigRbot also has robotics training center, consulting firm and builds customized robots. Alongside she is also involved in a media production company as head of the production. She is also working with different NGO's for skill development training for rural areas, underprivileged and handicapped youth in Bangladesh. She has also been honored as one of the 50 most inspiring Bangladeshi American in America.



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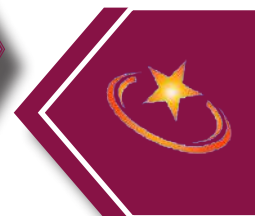
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## Comparison Of The Quality Of Life Of Women In The Third And Fourth Cycle Of Chemotherapeutic Treatment With Apparently Healthy Women



**VITOR MARQUES**

*Federal University of Goias, Brazil*

### **INTRODUCTION:**

The number of studies involving patients with breast cancer and physical activity has increased in recent years. However, it is still unclear the effects of quality of life during chemotherapy. To compare quality of life between women with breast cancer who are in the third to fourth cycle of chemotherapy treatment with apparently healthy women. Methods: This study is a cross-sectional study. The 37 women included in the study were divided into two groups: breast cancer treatment (TCM, n = 19) and apparently healthy (CNT, n = 18) and had  $52.2 \pm 13$ , 11 years and  $55.8 \pm 8.37$  years, respectively. Quality of life was evaluated using the SF-36 questionnaire. The final score can vary between 0 (worse general health) and 100 (better health status). The SF-36 questionnaire consists of 8 domains: General Health Status, Vitality, Pain, Emotional Aspects, Social Aspects, Mental Health, Functional Capacity and Physical Limitations. Data normality was verified by the Shapiro-Wilk test, and the data were compared between groups by Student's t test. For independent samples, the significance level adopted was  $p < 0.05$ . Cohen's d-effect size was calculated from the difference in quality of life between groups to examine the magnitude of the effect of breast cancer treatment on the investigated variables. The results show that women who were undergoing chemotherapy had worse levels of

quality of life in the Physical Limitations domains ( $p = 0.002$ ), Social Aspects ( $p = 0.003$ ), Emotional Aspects ( $p = 0.0003$ ). Results show that chemotherapy treatment negatively influences quality of life levels

### **KEYWORDS:**

Breast cancer; Psychobiological aspects; chemotherapy treatment; physical exercise.

### **BIOGRAPHY:**

Vitor Alves Marques is physical education by profession, is master in Health Science at the Federal University of Goias, and its dissertation is about the effects of chemotherapy treatment on muscle performance in women with breast cancer in the year 2018. He is member the Laboratory of Physiology of the Exercise and Nutrition and Healthy at the Federal University of Goias (LAFINS/UFG) and also is member the Laboratory of Analyzes of Human Movimento (LAM-OVH/UFG). He has approved abstract in ACSM's 66th Annual Meeting, with the theme muscle performance in women during chemotherapy treatment with breast cancer.



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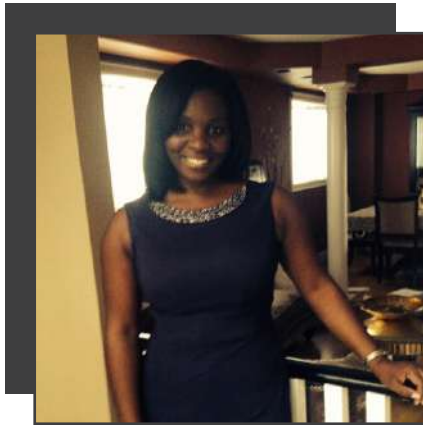
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## Nursing Informatics



### **SHERIDA CHAMBERS**

*William Osler Health System, Canada*

#### **BIOGRAPHY:**

An experienced and dedicated healthcare leader with over 26 years of nursing and healthcare leadership. I am driven by my passion for quality nursing and collaborative interprofessional practice, quality healthcare and quality patient care outcomes. I have extensive clinical and operational knowledge and experience; strong nursing education,

practice and collaborative interprofessional leadership, as well as in surgical services, medicine and in oncology programming. My critical and analytical approach to assessing current systems and processes enables me to identify gaps and solutions quite readily. My ability to engage, motivate and empower interprofessional teams to achieve program goals and excellence in patient care has led to my success as a leader

#### **ABSTRACT:**

Nurses with advanced leadership and management skills are needed to deliver expert care to patients. Nurse leaders and managers are highly skilled nursing professionals who strive to provide high-quality healthcare solutions. There are different leadership styles that nurses can adopt leaders and nurse managers, essential qualities and characteristics of nurses in leadership roles.



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## Development Of A Turn Key Neuroplastic Memory Enhancement Program



### **FRANCES J. MORRIS**

*Mind Your Memories, INC, USA*

#### **INTRODUCTION**

In 2013 the author developed the Morris Memory Enhancement Program after discovering the use of sensory stimulation (eg. Neurotics, Lawrence Katz, Ph.D., and Manning Rubin) would successfully improve dementia clients' memory. This model was subsequently improved based on the studies of Dr. Norman Doidge, "The Brain that Changes Itself" and "The Brain's Way of Healing". Further research led to more improvements in the MMEP. Clients included those living with Alzheimer's, Lewy Body, Front temporal, PCA Alzheimer's, and undifferentiated dementias. The weekly MMEP therapy records of new clients (n=55) were examined after being in MMEP one-on-one or group sessions for twelve weeks. It was found that 12% of clients had exhibited the return of short-term memory as early as week 4 of therapy; 95% of clients demonstrated a return of short-term memory by week 12.

#### **AIM:**

To develop a methodology allowing others, both geographically and numerically to replicate that of the MMEP developer. The program developed must totally support an individual MMEP program leader in any setting, whether assisted living activity director or home health staff in the home, whether rural or urban. It is essential that a well-developed, non-technical user manual accompany this product.

#### **MATERIAL AND METHODS:**

MMEP components developed were required to be portable, easily administered, and above all to retain the neuroplastic characteristics of the original MMEP program. Sensory

stimulations were combined without the loss of impact on memory enhancement. A total of twelve (12) exercises were developed for each of four stimulation areas resulting in a total of 48 free standing MMEP modules developed. These four areas consisted of combined sensory stimulations and were specially designed stimulations based on the latest neuroplastic research. Mixing and matching the twelve different exercises for each of the four sensory areas, the number of combinations for use each week provides enough variation to remain faithful to tenets of neuroplastic stimulation. An accompanying User Manual was developed that includes an explanation for certain behaviors the user might encounter, how to assist choice-making. A special section on communication is also included.

#### **RESULTS:**

The portable multi-use Morris Memory Enhancement Program proved to be a stand-alone Memory Enhancement program capable of improving the memory of individuals in rural and urban settings, at home with one-on-one administration by home care and home health staff as well as in assisted living and memory unit group programs.

#### **CONCLUSIONS:**

It is possible to replicate the activities and actions of a successful neuroplastic program in a manner such that the same program can be administered, deriving similar results as the original model.

#### **KEYWORDS:**

Dementia, Neuroplasticity, Sensory, Alzheimer's, Memory, Senses

#### **BIOGRAPHY:**

Dr. Frances J. Morris earned a Ph.D. from the University of Kentucky in 1982 following a MA in Health Care Education from Central Michigan University and an MPA from the University of Kentucky. She is currently CEO & President of Mind Your Memories, Inc., Lakeland, Florida, USA. Dr. Fran has been dubbed by her clients and their families "The Dementia Whisperer". She was very well received as Key Note Speaker for three International Dementia Cruises provided by Elite Vacations and Cruises in Scheduled to Key Note at the Alzheimer's & Dementia International Conference, October 2020, the conference has been rescheduled due to Covid-19. Both Dr. Morris and her specialized Alzheimer's Curriculum have been approved by the State of Florida for training Assisted Living Memory Care staff. Her work with Vitas Hospice in training CNAs on how to interact with dementia patients will continue after Covid-19 restrictions are lifted. She has been certified as a Dementia Practitioner by the National Council of Certified Dementia Practitioners



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## Mental Health In A Workplace



### **KAROLINA STRZELCZYK**

*Building effective global remote-first company cultures  
for business | Chief HR Officer | Psychologist | Coach |  
Trainer | Hogan, RMP Master, Poland*

#### **INTRODUCTION**

It is reported by WHO that more than 264 million people globally suffer from depression. These are only the statistics; what is the real scale of the problem? No one knows. Is a pandemic a good moment to take care of our mental health? Isolation, change of work style, remote education, insecurity, anxiety, depression, and loneliness, lack of understanding among relatives, loosening relations in families and work, and loss of a job are some of the challenges we face in our workplace. The pandemic times offer an opportunity to disenchant stereotypes and beliefs about psychological help. The non-constructive opinions commonly reported include:

- “crazy people” go to the psychologist
- you go to a psychologist when you can’t cope anymore, and it’s the last call
- It is a shame to say that you use psychological help
- It won’t help me.

We have many of these beliefs in our companies, homes, and society. Seeking psychological help is not a shame. Seeking help shows a lot of strength and courage to admit to ourselves that we need help and that we want to take care of ourselves. Being responsible for our lives is one of the greatest privileges we have, and at the same time, this privilege is often the most terrifying for us. This presentation aims to offer strategic approaches to

mental health in the workplace. It will show the benefits of implementing programs aimed at strengthening mental health across teams and individuals. It will emphasize its benefits for employees and businesses in building a competitive advantage in the market.

#### **AIM:**

Opportunities for better mental health in a workplace

#### **CONCLUSIONS:**

Organizations design mental health programs to support employees with their personal and work-related problems. The main goals of introducing the program in the companies are to: support mental and emotional well-being, strengthen work performance, and improve healthy habits and boost/keep healthy. Scientific researches show that healthy and fulfilled employees will be more productive and innovative in the work environment. It’s less probable that employee will be engaged at work if he/she experience difficulties that can’t be solved individually. An employee assistance program, if implemented professionally, can foster trust within the organization. By providing this benefit to the employees, the employer is showing care for their people.

#### **KEYWORDS:**

Mental health in a workplace, organizational psychology

#### **BIOGRAPHY:**

Karolina Strzelczyk, Ph.D., HR professional, psychologist, university lecturer, trainer, and business coach. She is a certified Reiss Profile Master. She is also a Hogan-certified professional. She conducts training for public and business sectors in developing coping strategies with stress resistance and burnout in the workplace. She is the Chief HR Officer in the global organization, where she is responsible for people strategy. She is transforming HR processes by leveraging both the new art and the science available, including the psychology of performance and data analytics to drive better decision making. Her goal is to anticipate workforce needs better, manage performance, and build an engagement culture within healthy organizations. In her daily work, she aims to shape an organization that’s flexible and fluid by ensuring the right people and culture strategy for the dynamically changing environment. Regularly interviewed and featured in over 20 publications in Europe, she is a recognized promoter of mental health in the workplace. She has over 14 years’ experience in organizational psychology and HR in global companies



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## Virtual Reality In Healthcare: The Future Is Now!



**LAURELINE COMTE  
LEGRAND**

*Immersive Learning Lab, France*

### **INTRODUCTION:**

In 2019 the French government asked for the generalization of E Health. In a country of tradition, involving the IT tool in healthcare in general is a big challenge. At the same time, France has set up more specialized training courses for nurses, allowing them to extend their knowledge and skills. The world of healthcare in France is therefore at a key point in its history. I have been a nurse since 2011, I have always put the patient at the center of my practice. I always try to take care of them further. It was with this, that in state of mind, I began to take an interest in the virtual reality. It is an incredible tool that can have multiple functions both for the patient (analgesia, rehabilitation) and for the caregivers themselves (relaxation, training, etc.). During my speech, I suggest that we take an overview of the possibilities offered by virtual reality in the health sector. I'll walk you through the basics of this amazing tool and show you the use cases that are available to nurses today. I will also explain to you what virtual reality can bring to your nursing practice.

Furthermore, being a nurse means knowing how to be the keystone of patient care and thus knowing how to articulate the role of the various stakeholders. Also I will explain more general medical projects in virtual reality.

However, it's a new area that we are experimenting with. In France as everywhere else, many questions remain unanswered. I will discuss with you some of the ethical questions that arise. It is a field of endless possibilities that opens up in the health field. We will see the emergence of a new facet of the nursing profession. Knowledge of the different sectors of caregivers (nurses) a unique expertise which is useful to the virtual reality technician. By training us a little in this specific area, it will allow nurses to participate in the implementation of an incredible project combining VR and Health. In the second part of my speech, I will explain to you the key points of a good collaboration between technique and health. Strengths, weaknesses, we will come back to the basics of a VR health project and the role that we, nurses, can play in it. I suggest that you follow me to discover this new world that is opening up in health.

### **BIOGRAPHY:**

Laureline Comte Legrand, (as a nurse since 2011) I have had the chance to practice in a wide variety of healthcare settings. I have worked in surgery, oncology, school health, blood donation, geriatrics, end-of-life services, nursing coordination, and post-operative care room. At the same time, my natural curiosity has taken me, led me to train in supportive care (reflexology, Chinese medicine, massages, etc.). Passionate, I also became a trainer in these areas as well as in hospital hygiene.

In 2015 I got to know virtual reality as a game and it's a revelation. How can this incredible tool be used in health? In full professional development at that time, I set up my practice in supportive care and care training and began to promote virtual reality in care. 5 years later I became a full-time VR health consultant as Health Department Director for The Immersive Learning Lab. I know that this field will never cease to impress me. I nurse and much more!





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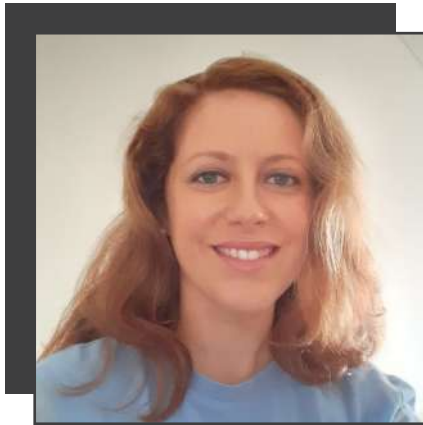
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## Ulysses Syndrome: Odyssey With Refugees– A Look Into Mental Health Of Refugees



**ABIGAIL RIBEIRO**

*Instituto de Ciências Biomédicas Abel Salazar, Oporto  
University, Portugal*

### **INTRODUCTION:**

Everyday, migrants and refugees try to reach the EU to seek protection and a better life. Some use legal ways, others risk their lives at the Mediterranean sea or by other routes. Refugees are people fleeing armed conflicts or persecution. They are recognised as such in their host country on the basis of a well-founded fear of persecution for reasons of race, religion, nationality, politics or membership of a particular social group. There were 25,9 million refugees worldwide at the end of 2018 according to UNHCR. In the same year, EU countries granted protection to almost 333,400 asylum seekers - people who claim to be refugees but haven't been recognised as such yet. This presentation focuses on the Syndrome of the Immigrant with Chronic and Multiple Stress, known as Ulysses Syndrome, described by Joseba Achotegui in 2002. This syndrome comprises an atypical depressive presentation with anxiety-related somatoform and dissociative symptomatology, and migratory grief.

### **MATERIALS AND METHODS:**

A search of electronic databases was undertaken, comprising the period from 2011 to 2021 and only systematic reviews concerning the mental health of refugees resettled in EU were included. Interviews with refugees resettled in the North of Portugal were conducted by key workers. The interviews were audio-recorded, transcribed, and analyzed following a qualitative content

analysis approach. The foci of interest were determined on the basis of the predefined interview guideline, and inductive subcategories were extracted from the transcripts.

### **RESULTS:**

War experiences and violence were the most frequently reported subjective perceptions of trauma. Frequently reported complaints included sleeping disturbance, cardiovascular symptoms, rumination, and pain. The following coping strategies were identified: activity, cognitive coping, social coping, religious coping, avoidance, and emotional coping. Refugees and asylum seekers have high mental health needs but underutilize services in European host countries.

### **CONCLUSIONS:**

Refugees and migrants may experience extremely intense stress levels, which exceed the ability of human beings to adapt and increase the difficulties in the elaboration of migratory grief. This would be the negative aspect that emigration entails, expressed in the Ulysses Syndrome. But immigration also has a positive aspect, as it constitutes a factor of enrichment and cultural diversity, an opportunity to get to know new cultures or the possibility of improving not only economically but also intellectually if conditions are favorable, as is the case of immigrants without Ulysses Syndrome. Health services and social educators must detect this syndrome since their intervention will prevent these people from ending up suffering from severe mental illness by not receiving adequate and timely health care. Refugees should be screened for somatization, depression, and posttraumatic stress disorder and should receive targeted interventions that consider and support individual coping resources. Underutilization of mental health services in EU may be explained by cultural-specific barriers which need to be tackled to increase treatment demand. Training health providers on cultural models of mental illness may facilitate appropriate identification, referral, and care.

### **BIOGRAPHY:**

Abigail Ribeiro is a Portuguese psychiatrist. She also works as Mental Health and Medical Psychology assistant at Instituto de Ciências Biomédicas Abel Salazar, Oporto University, Portugal. She recently started doing medical volunteering with refugees



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## Childhood Sexual Abuse: Thoughts On Prevention And Intervention



**VANESSA P CASKEY**

*Clinical Psychologist , USA*

### **BIOGRAPHY:**

Dr. Vanessa Caskey, Psy.D is a Clinical Psychologist in private practice in New York City. She specializes in sexual abuse among other traumas and conditions. She was recognized by Top Doctors as a Top Psychologist in New York City treating trauma in 2018. Her private practice serves diverse populations. She has worked in various settings including inner-city, community clinics, psychiatric hospitals and Children's Services (ACS). She won an award for excellence in her work for Children's Services where she first became exposed to, and developed interest in, sexual abuse and the effects of childhood maltreatment. She is published as a coauthor in a large scale epidemiological book chapter on Childhood Maltreatment and the Developmental Psychopathology of Personality disorders. In this conference, she will be presenting on prevention and intervention of sexual abuse.

### **ABSTRACT:**

Child sexual abuse involves activities that engages child in sexual acts by provoking or forcing. In general, people less than age of 16 faced consent to any sexual activities, especially with an adult, in their age. However if any child or teenager expresses sexual interest in an adult, it is always the responsibility of the adult to decline, regardless of the child's immature behavior or reactions. Examples of child sexual abuse include: Provoking in any sexual acts, such as kissing, fondling, or intercourse Any sort of exhibitionist behavior, exposing private parts Morphing sexual pictures or videos of a child Encouraging & Forcing children to engage in prostitution



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## Early Postoperative Death in Patients Undergoing Emergency High-Risk Surgery: Towards a Better Understanding of Patients for Whom Surgery may not be Beneficial.



**GEETA AGGARWAL**

Royal Surrey County Hospital, Surrey, UK

### **INTRODUCTION:**

Emergency laparotomy is an urgent major operation involving an incision to the abdomen to obtain access to the abdominal cavity. It is common, with patients undergoing non trauma nonvascular intra-abdominal surgery forming a specific subset of emergency general surgical patients. Mortality and morbidity are high for these patients with reports from the United States, United Kingdom and Denmark all suggesting a 30-day mortality rate of between 10-18% (ref). These mortality rates are much higher than for similar procedures undertaken electively; where an expected mortality rate of 1-4% would be expected. The timing, causes and quality of care for patients who die after emergency laparotomy has not been extensively reported. Most publications focus on deaths at 30 or 90-days but less has been described about the timing of death following emergency laparotomy. The aim of this study was to report deaths after emergency laparotomy to better understand the characteristics of patients who died in the early postoperative period. The arbitrary cut off of 72 hours was chosen as a critical period. Patient factors and care standards of those that died within 72 hours were examined and compared with patients who survived the immediate postoperative period.

### **MATERIALS AND METHODS:**

Analysis was carried out of a large database of patients undergoing emergency laparotomy in 28 hospitals in the South of England that participated in the Emergency Laparotomy Collaborative (ELC). Participation in ELC meant patients received six evidence-based care bundle components. There was a

baseline period before implementation of the care bundle of 15 months and then data over 18 months was collected prospectively during implementation. This was entered into the mandatory National Emergency Laparotomy Audit (NELA) between July 2014 and March 2017. All patients had a risk of death calculated prior to surgery using a validated tool such as P- POSSUM. This uses physiological and biochemistry markers as well as age and operative markers. The time of death (number of whole days between date of surgery and date of death) following surgery was recorded and plotted.

### **RESULTS:**

Analysis was carried out of a large database of patients undergoing emergency laparotomy in 28 hospitals in the South of England that participated in the Emergency Laparotomy Collaborative (ELC). Participation in ELC meant patients received six evidence-based care bundle components. There was a baseline period before implementation of the care bundle of 15 months and then data over 18 months was collected prospectively during implementation. This was entered into the mandatory National Emergency Laparotomy Audit (NELA) between July 2014 and March 2017. All patients had a risk of death calculated prior to surgery using a validated tool such as P- POSSUM. This uses physiological and biochemistry markers as well as age and operative markers. The time of death (number of whole days between date of surgery and date of death) following surgery was recorded and plotted.

### **CONCLUSION:**

For patients who died within three days of an emergency laparotomy the procedure could be considered non beneficial. We believe that attention should be turned to identifying patients where surgery may not be of benefit. The decisions of whether to operate or not are very difficult but the use of multidisciplinary teams are vital to better understand the wishes and expectations of patients

### **BIOGRAPHY:**

Geeta Aggarwal is a consultant anesthesiologist at the Royal Surrey County Hospital in Guildford, Surrey, UK. Her major interests are emergency, cancer and high risk surgery and quality improvement. She worked as a clinical research fellow on the Emergency Laparotomy Collaborative and works as a national advisor for ELC England and Emergency Laparotomy Cymru (Wales). She helped lead the work on sepsis at RSCH and Kent Surrey and Sussex. She is currently working towards a post-doctoral degree in improving outcomes for older patients undergoing emergency surgery.



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## How International Cross-Cultural Collaboration Improves Mental Health Delivery



### **AMY STODDARD AJAYI**

*UKeMED (Cambridge Medical Academy, Cambridge University), UK*

#### **INTRODUCTION:**

COVID-19 has affected every human being across the globe physically, mentally, socially and economically. We know that physical, social and economic decline leads to negative mental health outcomes, and there are deepening concerns about the mental health fallout from COVID-19 and the associated long-term consequences.

Now is the opportunity to take an internationally integrated approach to protecting the health and wellbeing of human beings, where we share learning and develop systems and solutions based on the strength of differing approaches apparent in societies and systems across the world. This not only enables us to move away from polarized perspectives, that leads to significant stress within national and international relationships, but also opens up the possibility of global exchange and cooperation, even solidarity that provides all round, open minded learning leading to the best clinical outcomes for all. This is especially important when addressing the mental health needs of multicultural societies.

Last year the Cambridge Medical Academy and a number of health institutions based in China worked together to explore the mental health impact of COVID-19 on health care staff in Chinese hospitals. We addressed ways in which clinical staff can be supported to build psychological resilience and awareness in order to cope better with the difficulty of dealing with the virus and prevent further mental health fallout. During this process we were able to explore cross cultural perspectives on dealing

with mental health problems arising as a result of dealing with COVID-19.

Following on from this process we would like to present clinical arguments for approaching mental health development from a global perspective. This talk will cover: an argument for establishing international knowledge exchange within every health institution globally and ways in which this can be done. In detail we will discuss, the learning we have taken from our collaboration with colleagues in China, wider learning from international mental health knowledge exchange and critical areas of development for global mental health.

#### **BIOGRAPHY:**

Amy Stoddard Ajayi is the Mental Health Lead for the Cambridge Medical Academy based at Cambridge University where she is responsible for writing and delivering the mental health training for a global network of over 800 doctors and nurses. She was initially trained as an Anthropologist and then studied for an MSc in Cognitive Behavioural Therapy under the internationally acclaimed Professor Windy Dryden. She has gone on to train in multiple psychological modalities and has been a Consultant advising on mental health service design to some of the largest NHS Trusts and Private Healthcare providers operating in the UK. Her research, which focused on equality of access to UK mental healthcare, has been published internationally. Alongside her clinical role as a Cognitive Behavioural Therapist at the Specialist Psychotherapy Service at East London Foundation Trust, Amy was the Strategic Development Lead for a Global Mental Health organization and later the Head of Service Design and Development for a National Social Care Provider.

Amy is a regular conference speaker and is a visiting lecturer for Southampton University where she teaches the MSc and PhD Psychology students in specialist subjects including Trauma and Migration and Cultural Adaptations to Cognitive Behavioural Therapy. She sits on the Steering Group for the UK Wessex Global Health Network where she is responsible for supporting the design of mental health services for refugees and asylum seeking people and is a Board member for a charity supporting people with disabilities in Sub-Saharan Africa.



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## Mindfulness Based Interventions For The Treatment Of Depression And Anxiety Symptoms



### **S. GABRIELA TORRES PLATAS**

*McGill University, Canada*

#### **INTRODUCTION:**

Mental illness affects people of all ages and it is often difficult to treat. In older adults, up to 60% of patients are unresponsive to pharmacotherapy, have adverse effects or ineffective. Given our aging population and increased pressures in the health system, there is an urgent need to find alternative therapies that are cost-effective, scalable and efficient. Approximately, 10-20% of older adults treated in primary care settings suffer from symptoms of depression and/or anxiety. Mindfulness-based interventions such as Mindfulness-Based Cognitive Therapy (MBCT) and other meditative practices offers a theoretical construct for the acute management of depressive and anxiety symptoms. In this presentation, we will review the scientific evidence for the use of these Mindfulness-Based practices for the treatment of mental health illnesses. Additionally, the presentation will cover the results of a recent randomized controlled trial of MBCT versus wait list control in seniors 65 years and older with depressive and anxiety symptoms conducted by our group. In this clinical trial, pre-post testing data on both arms were collected at baseline,

post- intervention to assess the symptoms of Depression (PHQ-9), Anxiety (GAD-7), Quality of life (Euro-Qol), mindfulness (CAMS-R), psychological mechanisms (DSQ-40), insomnia (Athens), adverse childhood events & Intervention acceptability. Additionally, samples of blood were collected to assess the levels of inflammation and hypothalamic-pituitary-adrenal (HPA) activity in each participant. Our results showed a significant decrease in depressive and anxiety symptoms, thus, suggesting that MBCT can be delivered and is effective for the management of late life depressive and anxiety symptoms.

#### **BIOGRAPHY:**

S. Gabriela Torres Platas finished her Ph.D. in Neuroscience at McGill University and she has an expertise in the inflammatory mechanisms that contribute to depression and suicide. She specialized in the interplay between glial cells and inflammatory mediators. Gabriela is currently interested in understanding the biological mechanisms that contribute to psychiatric disorders that are mediated by mind-body interventions such as mindfulness meditation. She currently holds a certification to deliver mindfulness-based group interventions from Sunnybrook Health Sciences Centre (Toronto). She is interested in promoting and encourages the prevention of mental health disorders through mind-body interventions. Dr. Torres-Platas has original publications in journals such as Molecular Psychiatry, holds scholarships and award from the government of Mexico and Canada and has been invited speaker in national and international conferences.



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## Shared Decision Making And Patient Team Partnership



### **JEANNETT MARTINEZ**

*New Mexico Spirit of Wellness LLC, USA*

#### **INTRODUCTION:**

What is my purpose? Primary Care/Family Practice gives the opportunity to bring lasting changes of overall wellbeing to each person who seeks my care by creating a patient team partnership and shared decision making. My job as a Nurse Practitioner in primary care is to improve the health of my patients and the health of our country. Economic relevance – Chronic illness is very expensive to us as a nation. According to the CDC “90% of the nation’s \$3.5 trillion in annual health care expenditure are for people with chronic and mental health conditions” (U.S. Department of Health & Human Services, 2020) Social relevance-Feeling “unwell” has many social, emotional repercussions. People experience depression, sexual dysfunction, weight gain, brain fog, anxiety and insomnia, which can lead to chronic illness when left untreated.

#### **MATERIALS & METHODS:**

Analyzing surveys from my patient panel as well as collect data of published patient-team partnership activities of self-management support, social need assessment, resource linkages, and patient input, to examine the relationships between patient-team partnership, practice characteristics and patient outcomes

#### **RESULTS:**

Results are based on analyzed data and surveys which show favorable outcomes for patient team partnerships and shared decision making.

#### **CONCLUSION:**

Chronic illness is a financial burden to the United States. Weight

gain, mental health illness, sexual dysfunction, chronic pain, chronic fatigue, poor diet, are all connected. Obesity, cardiovascular disease and diabetes present a heavy expense for the nation. “People with diagnosed diabetes incur average medical expenditures of \$16,752 per year, of which about \$9,601 is attributed to diabetes. On average, people with diagnosed diabetes have medical expenditures approximately 2.3 times higher than what expenditures would be in the absence of diabetes.” (American Diabetes Association, 2020) Research shows that medical practices that create partnerships with patients, by encouraging shared decision making, patient engagement and accessible resources to evidence-based guideline treatments are more effective in preventing and managing chronic illnesses (Hall et al., 2019) Findings show that creating a patient-team partnership has been effective in reducing the severity of chronic illness, mental health illness and improving their quality of life. The importance of Family practice is the ability to make key health changes to reduce the number of emergency room visits and reduce the nation’s burden of cost from chronic illness

#### **KEYWORDS:**

Chronic illness, shared decision making, primary care, patient-team partnership

#### **BIOGRAPHY:**

Jeannett Martinez born and raised in New Mexico, is graduate of South University, Masters of Science in Nursing, with honors and completed Bachelor degree in Nursing from Grand Canyon University. As a bilingual (Spanish) family nurse practitioner, she has worked in rural family medicine and urgent care before opening her own family practice and medical wellness clinic, New Mexico Spirit of Wellness LLC. Her inspiration to opening her own clinic has been her own health trials and tribulations. By the age of 38, she had already had 2 hip surgeries and completed her transition into menopause. Her determination to find optimal health with her physical road blocks inspired her journey to integrating medicine in to heal multiple aspects of a person’s life. In her clinic, Jeannett provides primary care, integrated medicine, medical wellness, pain management, hormone replacement, sexual health as well as gentle aesthetics. During the pandemic she joined the Medical Reserve Corps was deployed by the New Mexico Department of Health to help Navajo Nation in Gallup, NM in May, June and July 2020. She has worked at Presbyterian Healthcare Services in Albuquerque, NM as a RN from 2011 to 2018. Her nursing Career experiences include 7 years of combined experiences in med surge, emergency room medicine, and correctional medicine. Special thanks to all my friends and family who love and believe in me, especially my love of 19 years, Zachary Lopez.



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## Psychotherapy And Sundance: Common Interventions For First Responders And First Nations People.



### **JEFFREY HOSICK**

*Creative Management Solutions CMS, Canada*

#### **INTRODUCTION:**

This collaborative project was initiated and designed to serve two communities with elevated suicide occurrences, first responders and first nations. Suicide is an intensely personal process, sometimes described in phenomenological and psychodynamic terms. Where western psychology can focus on words, concepts, and beliefs, the first nation people hold a ceremony called Sundance, which is a four-day structured communal experience of moving through trauma to healing and integration. This presentation introduces a phenomenological and psychodynamic framework that would benefit both the first nations, first responders, and those supporting their recovery.

#### **AIM:**

To introduce a framework for healing trauma in four stages, with each stage focusing on a particular aspect of the process.

#### **MATERIAL AND METHODS:**

A preliminary study, conducted in the summers of 2017, 2018, 2019, and 2020, within a temporary community gathered for the Sundance in Sapegoat, Quebec. This preliminary study established rapport, collected and decoded qualitative experiences in light of the ongoing ritual, and developed research questions.

#### **RESULTS:**

There are four days of the ritual, not including preparation and post-integration. Each day has an intention, and the dancers and supporters mutually and individually experience this intention. The day pain, the day of suffering, the day of medicine and fellowship, and the day of healing and victory. Each day takes a member to face issues such as flashbacks, regrets, past transgressions, personal drama, manipulation, unresolved needs, compassion, communication, connections, success, disorientation, and integration. This framework is helpful to understand the difference between being injured and the coping mechanisms offered by many traditional therapies. It also helps to identify where therapeutic interventions miss their mark and therapists lose credibility and how to restore positive interventions.

#### **CONCLUSIONS:**

According to the results of this study, resources are being developed to open up therapeutic interventions and culturally aware therapists for both first responders and first nation people.

#### **KEYWORDS:**

Trauma, Suicide Prevention, Therapeutic Interventions, aboriginal people, first responders

#### **BIOGRAPHY:**

Jeffrey Hoosick, a veteran firefighter, fire department chaplain, psychotherapist, and professional speaker/trainer, holds a Ph.D. in Diversified Counselling and is currently completing a Ph.D. in Industrial and Organizational Psychology. He has authored many articles and published two e-Courses "Why Do I Keep Having These Haunting Flashbacks?" and "How Do I Manage All This Toxic Workplace Drama?" as practical guides for those wishing to be healed and for therapists who want a window on the world of trauma-based organizations.



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## Investment For Adequate Therapeutic Intervention In The Development In Mental Health



### **JOSE MARIA PLEITE LOPEZ**

*London Borough of Barking and Dagenham, UK.*

#### **INTRODUCTION:**

Mental health risk of youth who experience traumatic situations and associated factors such as child sexual abuse, emotional and physical abuse in childhood, predispose youth to commit crimes or drug abuse. Circumstances associated with the risk of children experiencing mental health problems include dysfunctional families, family structure with low socioeconomic status. From my professional experience I have identified groups of young people as particularly vulnerable to mental health problems. These groups were children with emotional and behavioral difficulties, who had suffered traumatic situations in their childhood, young people who disappeared from their homes and who committed crimes related to drug trafficking. There is a difficulty in diagnosing mental health problems, behavioral problems and refusing to receive adequate professional help. During my experience in the Netherlands with groups recognized as vulnerable, including young refugees and asylum seekers, I was able to identify that there was a clear impact on the emotional and cognitive development of young people, and the legal and integration process in another country increased the risk of suffering depression, anxiety and behavior problems.

#### **AIM:**

Investment for adequate therapeutic intervention in the development of better mental health.

#### **CONCLUSIONS:**

In recent years, the need to address mental health, support for vulnerable youth, has been expanding, which requires political and financial intervention, the professional adaptation of clinical therapies that can address trauma and its relationship with antisocial behaviors. Those young people in the transition age group of 16 to 25 are the most affected and where therapeutic resources are scarce, and where their needs are not covered within the context of mental health. Specific trauma therapy services are needed where the factors that impact youth mental health are understood. The services must guarantee therapeutic support groups to promote the responsibility of young people in their mental health and this accessibility must guarantee that those groups of most vulnerable young people feel free to use them when they need them.

#### **KEYWORDS:**

Mental health, psychology, therapy, trauma, antisocial behavior

#### **BIOGRAPHY:**

Mr. Jose Maria Pleite Lopez I am currently employed as a senior practitioner on Children's Care and Support, Family Support and Safeguarding Team in a local authority. Qualified to a master's degree family mediation and counseling. Experience of working with minorities, care plans and risk assessments. Master's Degree in Neuropsychological and multiple intelligences. University Camilo Jose Cela. Coordinate a homeless youth project in the Netherlands where I studied the social reality of migrant young and participated in the Dutch design week. Master's Degree in social Psychology and PDH program of the Doctorate in Psychology.





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## Conservative Medication Management And Counselling All Aspects Of Psychiatry With Special Interests In Bipolar Disorder, PTSD And Autism



**RANJAN GHOSH**

*Founder of Good karma, India*

### **BIOGRAPHY:**

Dr. Ranjan Ghosh is a skilled Adult and Pediatric Psychiatrist from the States. After graduating from Manipal Academy of Higher Education with his MBBS he left to train in UT Southwestern- Dallas. After completing his post graduate studies in Adult and Pediatric Psychiatry, he has been practicing for the last 15 years. He has returned to India permanently to live in Kolkata. He specializes in acute patients and helps adolescents and adults with their mental health disorders thus decreasing the suicide rates in that community. He is interested in doing that here in Kolkata. He is an expert in all aspects of psychiatry with special interests in Bipolar Disorder, PTSD and Autism. The aforementioned topics got him in as a contributing editor for the DSM-V which is considered as the bible of the profession. He loves engaging the patient in therapy himself and deals with fear of abandonment, panic disorders, anxiety, obsessions and depression. Due to this love he went to the Dallas Psychoanalytic Institute where he learned psychoanalysis. He is conservative in medication management and his excellent ability to explain complicated psychiatric disorders to the general public is his specialty.

### **ABSTRACT:**

Assessing and treating a patient's mental health conditions is a very complicated and often quite subjective process. Neuroscientific tools provide an accurate and objective measure to explain complicated psychiatric disorders. The psychological and sociocultural aspects of child and adolescent psychiatry of a patient's evaluation, therefore, play an especially helpful role in determining a patient's treatment needs. A key component to good clinical work is maintaining working hypotheses state of the art center that deals with all aspects of neurosciences, brain wellness, counselling and medication management



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## Psychological Intervention In Pain



### **CRISTINA CALDEIRA**

*Hospital de Santa Maria, Portugal*

#### **ABSTRACT:**

This presentation aims to show the work we developed, and, in particular, to describe the partnership between the psychologist and the hypnologist in my Service. In the psychotherapeutic intervention, it was chosen an integrative approach, which gathers data from Object relations theory. It's a model that's centered around the person, selecting the techniques that are more adequate for each patient, integrating procedures that come from different psychotherapeutic and other theoretical orientations, particularly, the experiential/emotional and interpersonal/relational. This clinical case takes into account this trans-disciplinary approach, and lasted for 18 months. The patient

is a 28 year old female, diagnosed with a rare syndrome at 23, with symptoms of cataracts, as consequence of excessive medication, and articular pain. Already in trans-disciplinary intervention, but during the practice of her favorite activity – dancing, she suffered a serious injury in the right knee. In this Service, she had a multidisciplinary intervention, which involved the attending physician, the psychologist, and the hypnologist. During this intervention, she managed to eliminate all the symptoms of the clinical diagnosis that had referenced her to the team. Fully recovered from her knee. 8 months pregnant, without drugs or suffering.

#### **BIOGRAPHY:**

Cristina Caldeira graduated in Dynamic Psychology, by the Faculty of Psychology, University of Lisbon, 98/2004, and was invited by full professor Manuel Matos to teach Practical classes on Dynamic Psychopathology, 2007/2009. Has also given the classes Psycho-logical Intervention in Pain Psychology Consultation Model of the Multidisciplinary Pain Unit, Master in Sciences of Pain, Faculty of Medicine, University of Lisbon, 2010, Selection of patients for spinal neuro stimulation From diagnosis to technique, 2017, and was a Lecturer at the course Nursing Intervention in Pain Assessment and Control, Hospital Santa Maria, 2012/2014, and Speaker at the 13th ASTOR Convention, University of Lisbon, 2015. Integrated the Psychiatry Service, Hospital Santa Maria, Lisbon, 2005/2008, when she moved to the Anaesthesiology Service, Chronic Pain Unit in the same hospital, where she has been since, apart from her private practice as psychoanalyst. In constant training, since the beginning of her career. Member of OPP, as Clinical and Health Psychologist, APA, and certified by EuroPsy.



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## Leadership Blind Spots – Learn Your Limitations, Consider The Impact & Gain Confidence



### **BARB GIRSON**

*Beyond Sales Tactics, USA*

#### **INTRODUCTION:**

Are you opening up conversations or shutting them down?

Where are the gaps between your intention and your impact?

How can you become more conversationally and emotionally intelligent? Join us and discover a common Leadership Blind Spot with how we think, talk, and feel. With this insight, learn to create conversations that foster trust, connection, caring, and candor in your business and personal relationships

#### **ABSTRACT:**

In today's fast-paced business climate, we often operate on autopilot. When our default responses kick in we are bound to miss important clues. There is little time to pause and reflect on our own behaviors and communication styles, let alone the impact they have on others. Self-awareness and self-regulation are vital leadership skills not only for your success but for the success of your team. During this highly interactive presentation we will discuss how you can transform your conversations by elevating the way you connect with others – be it a colleague, boss, peer, team member, or client. Participants will gain a practical, cutting-edge tool to use immediately.

#### **Attend and get tips to help you:**

1. Build trust and deepen connections using the latest development in neuroscience to self-regulate even in the most challenging situations.

2. Use a few simple questions to help see, hear and uncover Blind Spots.

3. Be aware of a different perspective to be more inclusive, empathetic, and open to influence during your meetings and conversations.

#### **KEYWORDS:**

Coaching areas of focus: Business, Leadership, Executive, Career, and Sales

#### **BIOGRAPHY:**

Barb Girson is president and CEO of Beyond Sales Tactics, LLC, a professional skill development company. She and her team help companies, teams, and entrepreneurs gain confidence, get into action, and grow by designing and delivering custom training and executive coaching programs (For organizations, teams, or individuals). Barb brings over 20 years of experience in speaking, coaching, business consulting, training, and facilitation. She earned the distinction of being one of the inaugural 250 Coaches worldwide Certified in Conversational Intelligence® (C-IQ) and is certified in Neuro zone which develop leaders and team for high-performance readiness. Barb uses skills mastered while building her first company, a multi-million dollar business, as well as, serving a decade in senior management national roles with corporate responsibility for up to \$40 million in revenue and leading up to 500 leaders and 20,000 consultants in North America. She has provided contract coaching and training services to company owners, senior executives, and professionals across numerous industries including service-oriented, technical environments (accounting, engineering, law, etc.), Fortune 50 and 100 companies, the insurance industry, and privately held organizations. Girson, an interactive, creative speaker and author, has been featured in USA Today, has appeared on CBS This Morning, Fox 28 News/Columbus, 880AM Radio; and has been quoted in numerous other national/regional/local publications. Barb Girson is a sought-after authority speaking on categories such as leadership, building trust, Conversational Intelligence, Communications, Disc behavioral styles, team building, change management, women in business, sales, and direct sales at workshops, leader retreats, and conventions. Barb is a Past President of the International Coach Federation (ICF)-Columbus Charter Chapter. She likes to travel and has had speaking/coaching projects in Australia and Southeast Asia. For fun, she enjoys cooking, dancing, yoga, and hanging out with her family. She is focused on inspiring you to reach your next level of greatness. She is focused on inspiring you to reach your next level of greatness



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## On The Construct Stability Of Gender Identity In Neuroscience



### **MAXIMILIANA JEWETT RIFKIN**

*Georgia State University, USA*

#### **BIOGRAPHY:**

My current research focuses on gender, and is informed by the psychology, neuroscience, sociology, anthropology, and philosophy of gender. My main research questions concern the relation between sex and gender, what gender is, whether gender is developmentally innate or acquired, and what causes gender development to vary. I am also interested in normative ethical and political questions related to gender and gender variance

#### **ABSTRACT:**

Mounting correlational evidence implicates the body-identification network as a mechanism for gender identity, but I argue that the construct of gender identity in neuroscience is not stable according to the criteria developed by Jacqueline Sullivan. Neuroscientists across labs do not agree on the terms defining the construct because each uses the same terms to invoke different sets of concepts. Two prominent neuroscientific labs in the literature on gender identity disagree on whether to theorize the etiology of gender identity as a consequence of brain sex dimorphism or sex neutral brain processes involved in body-identification. This construct instability undermines neuroscientist's ability to study gender identity as a universalized variable and impedes our understanding of what causes variation in gender identity development. I conclude neuroscientists should evaluate the use of reverse inference to implicate the body-identification network, and investigate the ways the body-identification network contributes to gender identity development across the lifespan.



***DAY 2***  
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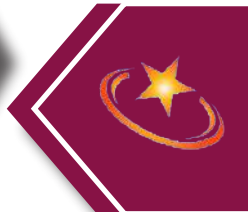


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## Challenges And Opportunities For Using And Regarding The Wound And Trauma As A Gift



### **CHRISTIANE K. WIRTZ**

*Psychology, Coaching, Mental Health and Mental Wealth,  
Author, Empowerment, Germany*

#### **INTRODUCTION:**

Psychosis is maybe the most stigmatized Phenomenon or Symptom in the Context of Mental Health. Psychiatry still struggles with cure and really understanding what is going on during these overwhelming journeys into yet undiscovered spheres of human and personal consciousness. Around 3 percent of Mankind experiences these Symptoms, in ICD-10 categories known as Schizophrenia, bipolar disorder or connected with some forms of depression. This means that it is not a "problem" associated with a few people that need to live in poor social conditions. It can and should be regarded as contributing to society

#### **AIM:**

Challenges and opportunities for using and regarding the wound and trauma as a gift

#### **CONCLUSION:**

Future approaches will emphasize the hidden gifts of these challenging Symptoms. This will be a first step towards healing these people and with them their families and surroundings, finally in a broad context healing especially Western societies (and some Eastern too). Psychosis and their connected gifts -

as high creativity, high empathy, and high (but sometimes chaotic) spirituality - should have a place in modern Diversity Management, side by side with other Mental Health Phenomenon (like people diagnosed as autistic) and their empowering concepts (like Neurodiversity: Steve Silberman / Judy Singer)

#### **KEYWORDS:**

Positive Psychology, Mental Health, Mental Wealth, Coaching, Psychosis

#### **BIOGRAPHY:**

Christiane K. Wirtz, is a Certified Systemic and Hip nontherapeutic Coach and Author, former Radio Journalist (Deutschland funk) and lives in Cologne, Germany. She studied History (M.A.) at the University of Mainz and in Haifa (Israel), lived in Luxemburg, and is the author of a Best-selling Memoir "Neben der Spur" (Spiegel-Bestseller) about a psychotic Episode from 2013- 2015. Through this, she lost her job, an owner-occupied flat, lots of money, and human connections. She wrote a second book on how to get out of the psychic crisis with journaling and self-coaching methods ("Das Katzenprinzip"). Her current book project deals with mental assumptions of society and medical mainstream about psychosis as well as the assumptions of people, who experienced psychosis about themselves.



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## Breaking Down Barriers: Encouraging Law Enforcement To Seek And Maintain Allied Health Treatment



### **GRANT EDWARDS** (*Commander-Retired*)

*Australian Federal Police / Aspect Group Psychology,  
Australia.*

#### **INTRODUCTION:**

Law Enforcement is arguably one of the most challenging and rewarding careers one can have. There are many positives: being able to help society and serve community and country; saving lives; and the satisfaction that comes from taking the worst criminals off the streets, ensuring they are brought to justice. However, it is also a tough and dangerous career choice. Officers routinely face 'life and death challenges, witness very distressing situations, and deal with the worst of humanity. The job induces a constant state of hyper vigilance, yet at the same time requires you to calmly take on the role of counselor, social worker, psychologist, medic, lawyer, teacher, or prison warden. What other profession authorizes you to take a person's liberty, or, at worst, execute deadly force, but then mandates that you assist the person who has just tried to harm or kill? What other career makes you question whether you'll get to go home to your loved ones after each shift? Law enforcement officers are succumbing to the accumulated stress of repeated exposure to the horrors of the job at an alarming rate. This constant source of stress increases risks in terms of their psychological and physical health, their family relationships, physical injuries, emotional trauma, and ambiguity about their roles in society. Shift work, overtime, and undercover work each add to the burden officers and their families face.

#### **AIM:**

To explain and discuss with allied health professionals, via my personal lived experience with PTSD, how best to encourage law enforcement to seek and maintain allied health treatment.

#### **MATERIALS AND METHODS:**

The Law enforcement culture dissuades help-seeking behavior due to stigma, distrust, skepticism, stoicism, self-reliance, controlled emotions, and the Kevlar superhero myth. As a cop there is an awful sense of having 'lost control' by needing to seek psychological help to fix the problem, therefore the only option does not. Research into police culture is lacking and specifically how it interacts, impacts, and influences the ability of police to report a mental health injury and seek treatment. Our societies are largely dependent upon the policing institution, the health, performance, productivity, engagement of its members, and critical decision-making skills. Left untreated, mental illness in policing considerably impacts these capacities and is costly to society. It is well known that mental illness is treatable and yet, without treatment, functioning, including occupational functioning can become impaired. Further, and perhaps most importantly, this potentially places the community at risk.

#### **RESULTS:**

This presentation will use a Cambridge University (2018) study of police in the United Kingdom to underpin why two-thirds of all respondents said they had a mental health issue directly resulting from police work. Yet almost all the survey's respondents – some 93% – said they would go to work as usual if suffering from psychological issues such as stress or depression. They would do so without seeking treatment due to the associated negative cultural influences.

#### **CONCLUSIONS:**

Law enforcement is a unique breed when it comes to allied health treatment. Engaging and treating them requires a different approach to ensure their cultural and occupational tendencies won't derail treatment.

#### **KEYWORDS:**

Law Enforcement, culture, help-seeking behavior

#### **BIOGRAPHY:**

In 2019 Grant retired from the Australian Federal Police after a 34-year career. He holds a master's degree in leadership, policy, and governance studies and a Bachelor of Arts majoring in Anthropology. Grant is a passionate advocate in the field of mental health, especially as it applies to Law Enforcement. His personal lived experience was shown on Australia's ABC's Australian Story in 2017 <https://www.abc.net.au/austory/the-strong-man-opener> Whilst working in Washington DC he hosted on behalf of the AFP two global mental health symposiums for police. He is currently an Ambassador for Solider On, World Mental Health Day, and Fortem Australia. Grant recently published his memoir titled "The Strongman





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## Pause-Rewind-Reset



**SHAILJA SARASWATI**

*Omnicom Media Group, India*

### **ABSTRACT:**

Did you ever wish you were stranded on an island with your favorite person? Maybe on a beach with an ample supply of fresh fruits, water, and essentials to last a month. In the current times, we are in, our wish is granted but in a twisted way. Yes, we are in isolation, maybe alone and not with our choice of people, maybe not in the best place or circumstances. That's how life is and will always be—uncertain and impermanent. We failed to acknowledge this truth, as our minds were busy running outwards for more pleasure, materialistic satisfaction, and new experiences. We forgot our true nature and disconnected from our inner core. While we were busy building a false sense of security and comfort and were immersed in consumerism, nature had other plans for us. We are witnessing one of the biggest pandemics in history. It has clamped us down and is peeling layers of our ego identifications. Slowly it is dissolving the divisions and boundaries created by us in the name

of religion, country, and socioeconomic background. Around eight billion of us are facing collective karma. Nature has stripped us down to where it all started— back in the womb — by pausing life so that we take corrective measures. A human baby takes nine months to come into this world by going through an intricate journey. This journey is in close supervision of divinity, the care of its mother, and surrounded by its family. What we are witnessing is like a 're-wombing' process, nature's way of housekeeping. It has forced us to rewind, to reset our approach towards relationships, profession, career, community work, and well-being. No doubt nature loves us and protects us, but all great changes are preceded by chaos. Nature is working on us to become change agents, to go through this intense transformation boot camp, to bring a change in the way we relate to ourselves, our relationships, and the environment. During these times, it is natural to go through different phases, from being in fear and denial, and then new learnings, and finally growth.

### **BIOGRAPHY:**

Shailja Saraswati, the author of this abstract, has 18 years of senior leadership experience in Digital, Media & Television industries across India, Singapore, and London, she is also a well-being trainer for mind and stress management workshops and has trained hundreds across countries. She has been part of the jury at Cannes Entertainment Festival 2016. Part of the advisory board member for Content Marketing Summit APAC 2017. Jury member of Women innovator 2020. Jury member Womanhood 2021 contest – I'm a woman. Network NGO



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## Dublin's Homelessness And Mental Health Services: A Qualitative Analysis Of Accessibility, Service Standards And Possible Improvements From The Perspectives Of Homeless Adults



### **ABHISWETA BHATTACHARJEE**

*Trinity College Dublin Master of Science alumni, Ireland*

#### **INTRODUCTION:**

Homelessness is a growing problem worldwide. Homelessness means more than not having a home to live in; it is characterized by accommodation transience, uncertainty, lack of safety and security, and 'contrasting spaces of connection and disconnection' (Robinson 2002, p. 33). There has been a growing attempt at evaluating mental health services available for the homeless population and consequently shedding light on other related services. It has been suggested that the inclusion of the experiences of the homeless themselves is important to carry out such evaluations.

AIM: This study makes use of the above suggestion and takes a qualitative approach for looking at the attitude of the homeless population of Dublin towards its homeless and mental health services with the help of 7 participants who currently are homeless.

#### **MATERIALS AND METHODS:**

50-60 minute interviews were arranged with 7 homeless adults in collaboration with Dublin Simon Community and the interviews were audio-recorded to be transcribed verbatim. The interviews were majorly participant-led and were analyzed via Thematic Data Analysis.

#### **RESULTS:**

Most of the 7 participants were largely critical of the mental health, housing, and social services available to the homeless population in Dublin. All three services were highlighted during the course of the interview because all are interlinked.

#### **CONCLUSIONS:**

The report concludes that there needs to be considerable improvement in the accessibility and management of most services related to homelessness, including mental health services and that previous ideations of improvement have somehow not been implemented to bring optimal services.

KEYWORDS: Homelessness; Thematic Data Analysis; Qualitative; Dublin's Homeless Services

#### **BIOGRAPHY:**

Abhisweta Bhattacharjee has completed her Master of Science in Applied Psychology from Trinity College Dublin in 2020. She is a graduate member of the American Psychological Association and considers herself new to research. She is currently working as a research assistant and project coordinator in the field of dementia, and additionally independently works on researches of her interest, which she owes to her curiosity. In the past, she has worked as an educational counselor in an Indian school and then as an Applied Behaviour Analysis Tutor for autistic children in Ireland.



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## Nurses Are At Increased Risk For Developing Alzheimer's Disease And Dementia



**CHARLOTTE JONES**

*At Your Service Education, LLC, USA*

### **INTRODUCTION:**

One of the biggest pandemics is happening and most people are unaware of it. Covid 19 was the least of the issues the medical community will be dealing with sooner rather than later. Many nurses (Medical Warriors) have fallen victim to Trauma and Stress Disorders, including Compassion Fatigue. The longer these health professionals are exposed to ongoing stress, the greater the impact will be. Short term effects: loss of job, loss of nursing license. Long term effects: anxiety, PTSD, depression, suicide, heart disease, cancer and Alzheimer's disease and Related Disorders (ADRD).

### **AIM:**

Increase awareness to those in the ADRD world. The last thing anyone, facilities included is to provide care to nurses. The fact that they would be suffering with ADRD, only makes it worse. Nurses are truly the worst patients. Without cognitive impairment, they are non-compliant and like to be in control the goal is to heal the nurses with multiple techniques with a primary focus on Mindset, to prevent them from reaching more than then Mild Cognitive Impairment.

### **MATERIAL AND METHODS:**

Lecture, Power Point and Discussion

### **KEYWORDS:**

Transformation, Transition, Mindset, Alzheimer's disease and Related Disorders, Trauma and Stress Disorders.

### **BIOGRAPHY:**

Charlotte Jones is on a mission to reduce the long-term effects of Trauma and Stress Disorders including Compassion Fatigue among nurses working the front lines. M.S Nursing Education University of South Florida BSN Nursing Stevenson University. Owned three Comfort Keepers franchises. Opened a school through the Florida Commission of Independent Education to train HHA's and CNA's. Approved CE provider for Nurses and CNA's through CE Broker. Certified Dementia Practitioner and Approved Trainer through the NCCDP. Approved trainer curriculum and presenter through Florida Department of Elder Affairs for AL's ADRD Level 1 and 2.



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## Communication In A Matrix: Getting Started, Finding The Best Path, And Achieving Great Results



**RHONDA L BOWEN**

*Bells Communication Across Cultures, GERMANY*

### **INTRODUCTION:**

Communication within (global) matrix organizations can cause difficulties, raise costs, and hinder providing quality solutions to clients. Taking a strategic, all-encompassing approach to improving communication can be key to creating a program that ensures all participant's clarity, ease of implementation, and enhanced results.

### **AIM:**

To facilitate the complex communication needs in a (global) matrix organization to encourage cooperation, reduce misunderstandings, and make the organization more efficient and effective in achieving its goals.

### **MATERIALS AND METHODS:**

A consultation was held to eliminate the difficulties which occurred when various silos in a global organization were lacking the communication skills to establish processes and procedures that ensured effective interactions both with clients and colleagues.

### **RESULTS:**

A co-created procedure for involving all the processes used in the various departments of the organization to come to a consensus on how to assure that everyone who contributed to major projects inside and outside the organization had clarity on the entire scope of the project and how it was to be implemented.

### **CONCLUSION:**

Using this procedure, it was easier for the various phases of the complex project to be planned, implemented, evaluated, and then passed on to the next group responsible for the following phase. This reduced the number of misunderstandings, the number of meetings and interactions necessary and improved the efficiency and effectiveness of the project, cutting time spent and costs incurred.

### **KEYWORDS:**

Strategic Management and Business Development, Communication across Cultures, (Global) Matrix Organizations

### **BIOGRAPHY:**

Rhonda L Bowen is a communication guide with over 30 years of experience in communicating across cultures, negotiation, facilitation, and support teams. As an American who has lived in Germany since 1983, she has worked with people from more than 70 countries. Her coaching practice established in 1988, has brought insights and support to thousands of BEST professionals (business, engineering, science, and technology). Rhonda L. Bowen offers a wide range of programs and services – from individual and team coaching to negotiation seminars and online and offline facilitation for corporations and organizations. Rhonda L. Bowen specializes in helping BEST professionals to become more effective and efficient in their communication across cultures. This saves time, resources, and effort and leads to better results and higher success in business and personal goals. Rhonda L. Bowen specializes in helping BEST professionals to become more effective and efficient in their communication across cultures. This saves time, resources, and effort and leads to better results and higher success in business and personal goals.



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## Special Needs Should Not Equate To 'Unemployable'



**PRIYA TANDON**

*Chainworks.com, USA*

### **INTRODUCTION:**

When I founded Axoneum, it was my concern for the future of my son, his classmates, individuals, and other parents who voiced "what will happen to my child once they graduate high school." There is a massive gap in the employment of 'special needs' individuals, and that being special needs should not equate to 'unemployable.'

### **AIM:**

To promote neurodiversity at the workplace by connecting inclusive employers with neuro-diverse talent.

### **MATERIALS AND METHODS:**

As a newly founded company, Axoneum strives for partnerships with school districts, colleges, and employers who would benefit from the collaboration as candidates and employers equally.

### **CONCLUSIONS:**

Here's how Axoneum is helping:

Axoneum is an exclusive repository of candidates with quickly shareable information wherein parts or the whole data can be shared with the employers as chosen by the candidates. Axoneum is an employment site for individuals wherein the employers can connect with potential candidates and vice-versa. We are currently talking to employers and adding them to the job site. Provides resources and recommendations to the individuals, thus, promoting self-advocacy. For employers, we train and educate them on supporting neuro divergent colleagues and developing an autism-friendly workplace. Axoneum provides Life Coaching services to special needs parents, individuals, caregivers to navigate and help with self-care, a relationship, or finding some balance in daily lives. Axoneum provides Yoga and meditation sessions for children, parents, and adults.

### **KEYWORDS:**

#autism #employment #inclusive #special needs employment

### **BIOGRAPHY:**

Priya Tandon Before founding Axoneum in April 2021, Priya Tandon has spent over a decade working at Deloitte in strategic management of global Talent products and services, including learning, analytics, content management, and many IT projects. Priya knows what truly drives relationships in business- it is how well you connect with the essence of people you are trying to benefit from and communicate your understanding back to them. Her last position was with Chain works a Block chain for your Enterprise Company as Head of Marketing and Operations. Axoneum is a repository, resource, and resume management system to connect neuro diverse talent to the workforce. She is passionate about supporting and promoting neuro divergent candidates and educating employers on developing an autism-friendly workplace. She is also a single mom to two high-spirited boys and two dogs, a writer, a certified yoga teacher, and a Life Coach. Her ten-year-old son on the Autism spectrum has taught her to live in the present and celebrate life at each step. Her 13-year-old has given her valuable lessons to grab the bull by the horns!



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## Autism Spectrum Disorder and Relationship, It with Electric Games for Children



### **ALI ABDUL-KADHIM**

*University of Wasit, College of Education for Humanistic  
Sciences, Department of Educational & Psychological  
Sciences, Iraq*

#### **INTRODUCTION:**

It has become necessary for educational and psychological research and studies to pay attention to the problems facing children, especially autism spectrum disorder because it has become one of the most common developmental disabilities, as well as the spread of the phenomenon of electronic games among children, so the current research deals with (autism spectrum disorder and its relationship to playing electronic games in children).

#### **AIM:**

Whether autism spectrum disorder has anything to do with exercise Electronic games or not? What is the nature and extent of that relationship, if any? The current research aims to know

#### **MATERIALS AND METHODS:**

The sample:

The researchers prepared a scale for the research to measure the basic research variable, which is an autism spectrum disorder, which amounted to (40) items, which were derived from the DSM-5 definition of autism disorder, then the researcher extracted most of the psychometric indicators, So the scale reached in its final form (32) items. The electronic games variable is measured by the time spent by the autistic child in practicing it, which was determined according to Zamfir standard with a time ranging from (1-4) hours or more.

RESULTS: The level of autism spectrum disorder in the sample does not differ from all autistic patients' communities. So, there is a high positive correlation between playing electronic games and the high level of autistic symptoms, In addition to there is a statistical indication at the level of (0.05) for females be that are more likely to show the severity of autism symptoms due to playing electronic games. So as there are statistically significant differences at the level of (0.05) between hours of electronic play and symptoms of the autism spectrum for groups aged (4, 5) years.

#### **CONCLUSIONS:**

That their relationship between Autism spectrum symptoms and extreme electric games play and whenever had been a higher requirement to electric games due that high in severity autistic symptoms, also the female more male in that effect to high requirement for electric games on high autistic symptoms.

#### **KEYWORDS:**

Autism spectrum disorder, Electric Games Plays.

#### **BIOGRAPHY:**

Prof & Dr.Ali Kadhim has completed his Ph.D. at the age of 40 years from the University of Baghdad, A. He is University Teacher to Mental Health in Dept. Psych & Education in Univ.Wasit and Member in Drug Addiction Rehabilitation Center in Wasit Univ. 2. Mustafa Hessony, Assist, Lecturer in Education Office in Wasit Province.



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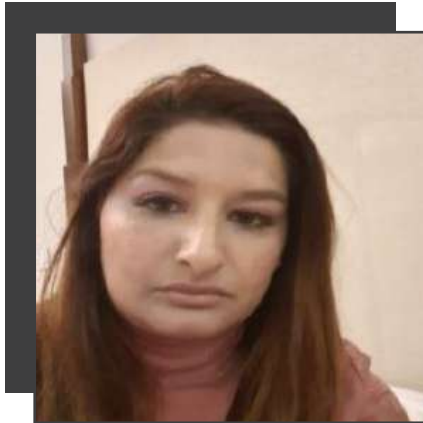
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## Play As A Teaching Strategy In A Special School For Autism Spectrum Disorder



### **SHAHEENA BODA**

*Speech-language therapist PhD Department of Inclusive  
Education, University of South Africa, UAE*

#### **INTRODUCTION:**

Play is a child-centered teaching strategy used for children with ASD internationally (Vlaamse Vereniging voor Ontwikkelingssamenwerking en technische Bijstand [VVOB], 2018:2). According to my best knowledge based on a literature search, there seems to be a dearth of studies on how teachers use it for these children in South Africa. Thus, this study explored how teachers use play as a teaching strategy for children with ASD in a special school in Gauteng Province of South Africa as the context for proposing strategies and a framework for enhancing its use. This special school provided a context for improving the utilization of play as a teaching strategy in children with ASD.

#### **AIM:**

This study sought to explore how teachers use play as a teaching strategy for children with ASD in a special school in Gauteng Province of South Africa as the context for proposing strategies and a framework for enhancing its use.

This study sought to:

1. Explore teachers' understanding of the role of play as a teaching strategy for children with ASD in a special school in Gauteng Province of South Africa.

2. Describe teachers' practices when using play as a teaching strategy for children with ASD in a special school in Gauteng Province of South Africa.

3. Describe teachers' experiences in using play as a teaching strategy for children with ASD in a special school in Gauteng Province of South Africa.

4. Propose strategies to enhance the use of play as a teaching strategy for children with ASD in a special school in Gauteng Province of South Africa.

5. Propose a framework for using play as a teaching strategy for children with ASD in a special school.

#### **MATERIALS AND METHODS:**

A social constructivist research paradigm underpinned this study. This study was entrenched in a qualitative research approach. This study was entrenched in a descriptive, qualitative single case study research design. I employed qualitative research methods to conduct a single in-depth case study on how teachers use play as a teaching strategy for children with ASD. Since I used the qualitative research approach and case study design, I employed multiple sources of data collection, inclusive of non-participant observation, document analysis, and face-to-face semi-structured individual interviews to collect data and generate evidence. In particular, I collected data from nine special education teachers on how they used to play as a teaching strategy in a special school for children with ASD. The population for this study was made up of special education teachers from a public special school for children with ASD in Gauteng Province of South Africa. A critical case sampling technique was employed to select the sample of nine teachers, all female, who participated in this study from the participating special school for children with ASD in Gauteng Province of South Africa. Teachers for children with ASD who participated in this study were purposively selected from a special school for these children. I employed thematic analysis to analyze the data because it allowed me to identify, analyze and interpret patterns and themes on how teachers used play as a teaching strategy in special schools for children with ASD. I utilized Braun and Clarke's (2006:92) six-step data analysis procedure, namely, familiarisation with the data, generation of initial codes, search for themes, reviewing themes, defining and naming themes, and producing a report. I utilized the Atlas. It 8 software to assist



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me in providing a more sophisticated and in-depth method of data analysis. The Atlas. it 8 software programs does not actually analyze the data but is a tool to assist in the process of qualitative data analysis by tagging, collating, and coding large amounts of data.

### **RESULT:**

This study revealed that teachers understand that play has a positive influence on the holistic development of children with ASD and regard play and learning as inseparable entities. It also emerged that teachers use various strategies, including autism-specific strategies, to teach through play. This study further found that teachers would like to use play as a teaching strategy but are restricted by individual and systematic factors. This study recommends that special education teachers require support in various areas in order for play to be used as an effective teaching strategy. This study serves as a springboard for future research on policy, practice, and scholarship on how play is a teaching strategy for children with ASD in special schools.

### **CONCLUSIONS:**

This study attempted to explore, describe and explain how teachers use play as a teaching strategy in a special school with children with ASD. The first research sub-question dealt with the value that teachers place on the play. The second research sub-question

and the third research sub-question dealt with the teachers' play practices and how teachers experience the use of play as a teaching strategy, respectively. Evidence of factors that hamper the practice of play as a teaching strategy and recommendations to enhance the use of play as a teaching strategy emerged. A framework for the use of play as a teaching strategy is also proposed. This study serves as a springboard for future research on policy, practice, and scholarship on how play is a teaching strategy for children with ASD in special schools.

### **KEYWORDS:**

Autism spectrum disorder (ASD), inclusive education, play, special schools, teaching strategy.

### **BIOGRAPHY:**

Shaheena Boda graduated as a Speech-language therapist and Audiology from the University Of Pretoria, South Africa. Shaheena worked for many years at Unica School for Children with Autism in Pretoria, South Africa. She completed a Masters in Augmentative and Alternative Communication (University of Pretoria). After working many years in the educational environment and being involved in the education of children with autism Shaheena pursued a Ph.D. in Inclusive Education (University of South Africa). Shaheena is currently residing in Abu Dhabi, United Arab Emirates.





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## How Traumatic Brain Injury Impacts Pediatric Learning and Behavior.



**ANN MARIE LEONARD ZABEL**

*Curry College, USA*

### **INTRODUCTION:**

Children and Youth living with Attention-Deficit/Hyperactivity Disorder who experience Traumatic Brain Injury, especially Second Impact and Post-Concussive Syndromes involving seizure activity, are attending school needing specialized adjustments to the learning process. Some of these children and youth transition back to school after an injury and will not fare well if educators and key school personnel, as well as parents, do not understand the ramifications of issues involving learning, memory, and behavior. How can schools understand the brain development of these students and intervene productively for producing positive inclusive school adjustment based on embracing learning via brain-based best practices? This presentation will discuss the inclusive learning and/or behavioral challenges these children and youth experience daily while they are in the process of healing medically and psycho-socially. A brief overview will encompass the impact of brain development on plasticity and neural repair. Coverage of neuroanatomical locations by injury to symptoms will be explored. Review of the top ten psycho-educational changes after a brain injury will be addressed. A neurobehavioral learning and memory profile coupled with evidenced based inclusive educational interventions and suggested recommendations will be presented along with an applied interactive case analysis.

### **KEYWORDS:**

Traumatic Brain Injury, plasticity, learning and memory, children & Youth

### **BIOGRAPHY:**

Dr. Leonard-Zabel is a full professor of Psychology and serves as the Psychology Department Coordinator at Curry College in Milton, Massachusetts. She owns and operates a private clinic specializing in School Psychology/School Neuropsychology and Clinical Forensic Examining, providing assessments, consultation, and training to schools, families, clinics, law firms, and courts locally, nationally, and internationally. She holds diplomat and fellow certificates/certifications in the fields of Neuropsychology, Forensic Counseling and Forensic Examining, Psychotherapy, Addictions, Cognitive-Behavioral Therapy, Clinical Anxiety, Disability Analysis, Brain Coaching, Tele practice and in Homeland Security. The American Psychological Association-Monitor recognized her in the Psychology Journal under the personality and achievement section. She was awarded the Lifetime Career Achievement Award from the American Board of Disability Analysts, of which a select few ever received this honor. Dr. Leonard Zabel is the recent Lifetime Achievement Award recipient in School Neuropsychology from the American Board of School Neuropsychology. She serves on the Learning Disabilities Worldwide Congress as one of the Board of Directors (LDW). She was the opening Keynote speaker for LDW in London, England. She also served as a Keynote Speaker for the International Conference on Neuroscience and Neurological Disorders in Barcelona, Spain and the World Summit on Psychiatry Disorders, and Mental Health and Wellness, in Philadelphia, USA. She will be serving as one of the Keynote speakers for the upcoming Global Conference on Addiction Medicine, Behavioral Health and Psychiatry. Dr. Leonard-Zabel recently received international awards acknowledging her keynote addresses encompassing school neuropsychological research on assessment approaches involving Autism Spectrum Disorders in Adolescents. Dr. Leonard-Zabel was awarded in December 2019 the title of "Global Goodwill Ambassador".



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## From Base Camp Everest To Re-Learning The Basics - My Story Of Burnout And How People And Organizations Can Pro-Actively Manage Early Warning Signs



**CAROLINE HUGHES**

*Global Executive. Mentor. Coach, Ireland*

### **INTRODUCTION:**

It is reported that there is a correlation between highly engaged employees and an increased risk of burnout. In her talk “From Base Camp Everest to re-learning the basics” Caroline shares her story of burnout and her year-long recovery. This presentation shows the reality of burnout, the physical, mental, and emotional routes to recovery, and the importance of managing conversations with family and employers while recovering and transitioning back to work. And suggests proactive steps which leaders at all levels can take to recognize the signs of stress and burnout.

### **AIM:**

To bring a real-life story of burnout into the room so that we can have real conversations about what it is and what it is not.

### **CONCLUSIONS:**

Burnout can be a truly transformative experience but is a tough route to travel! Promotion of “exhaustion culture” as a badge of honor leads to employees being anaesthetized to the effects of prolonged stress. Organizations can take preventative measures by including wellbeing questions in engagement surveys; training their managers to have

effective wellbeing conversations; and establishing a culture of compassion rather than competition.

**KEYWORDS:** Burnout; Mental Health; Recovery

### **BIOGRAPHY:**

Caroline Hughes, CEO of Conscious Leaders, [www.consciousleaders.ie](http://www.consciousleaders.ie) is a highly accomplished global talent and leadership executive, and advocate of leaders everywhere who live and work from a place of authenticity. Coach, Mentor, Consultant, Caroline has previously held global senior executive positions across a range of sectors including Global Director of Leadership Development in CRH plc, and Head of Change in Central Bank of Ireland during the Irish Economic Bailout. She believes that leadership development is an inside-out job and that focusing on behaviors without in-depth exploration into mindset and values, will only lead to short-term outcomes. The real work takes place when we dig deep to answer the question “Why should anyone be led by you?” and particularly relevant when leading remote teams. While recovering from burnout, she realized that attending to physical health was not enough for sustainable vitality. She immersed herself in the teachings of Deepak Chopra, Tony Robbins, Brandon Bays, Michael Neill, and brings all these insights together to bring an integrated approach to leadership development and wellbeing as key levers to build trust in organizations. Using increased personal awareness as the foundation to a sustainable career; she coaches and consults on talent strategy and designs leadership programs that bring the client’s unique culture and values to life in a way that enables better personal and business outcomes. Having held senior positions in male-dominated environments, she is a strong advocate of women in business and track record in delivering an “I before D” approach to diversity. In other words, inclusive behaviors must be embedded at all levels for diversity to truly become a business reality. She is well versed in organizational behavior, and how to navigate the needs of various stakeholders so that they can coalesce on desired outcomes. A dynamic woman with infinite curiosity, she brings her unique insights from her most challenging hikes from all over the world - Kilimanjaro, Base Camp Everest, Annapurna Circuit (Himalaya), Ausangate (Peru) to help clients think differently about how they show up and inspire others.



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## Promoting Happiness in Autistic Individuals



**DAVID CRISP**

*Autism, Education, Health & Social Care, UK*

### **INTRODUCTION:**

The traditional approach to autism is predominantly concerned with focusing on a person's challenges, rather than building upon the person's strengths. Programs and services focus mainly on eliminating or reducing inappropriate behaviors, rather than developing practices concentrating on improving the person's self-esteem and feelings of happiness. It is therefore not surprising that so many autistic individuals suffer from depression, and considerably more experience anxiety and poor self-worth. As a late-diagnosed autistic adult, I battled with clinical depression for many years prior to my autism diagnosis, at the age of 42; as I was unaware of the reasons for my difficulties with social communication and social interaction. Despite this, over the years, I was able to develop my own coping strategies. Many autistic adults, however, are unable to lead happy and fulfilled lives without professional support. This presentation aims to open discussion about the benefits to autistic persons of developing programs that promote happiness and wellbeing. It is mainly from a personal perspective through sharing my personal experiences, reinforced by anecdotal evidence.

### **AIM:**

To stimulate discussion and provide the audience with an opportunity to consider autistic individuals from a different perspective, beyond behavior management, to supporting these individuals to live happier, more fulfilling, lives.

### **CONCLUSION:**

Undoubtedly, we could all benefit by having happier lives. For some autistic adults, this has been considered secondary to behavior management, leading to a lower quality of life and a feeling of self-worth.

### **KEYWORDS:**

Autism, mental health, clinical psychology, advocacy

### **BIOGRAPHY:**

David Crisp is a CPD accredited autism speaker and trainer, with 13 years of experience in health and social care. Predominantly in the field of autism. Formerly he was a student nurse and civil servant. In 2007, David was diagnosed with Asperger Syndrome, a form of autism, at the age of 42 years. Subsequently, his children were both diagnosed as autistic, amongst other disabilities. In 2015, David became a certified autism needs assessor with The National Autistic Society, and the following year, he became a qualified trainer and speaker, sharing his personal and professional experiences of autism. In 2020, as a result of COVID, and increasing home caring responsibilities, David became a self-employed speaker and trainer; trading as Wired4autis. David has a lifetime's experience of caring for various members of the family, starting from a very young age, providing him with a unique experience as a son, parent, career, support worker, trainer, speaker, and advocate. David lives in the UK with his wife, 2 grown-up children, 3 dogs, and a cat.



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## Positive Psychology and Resilience



**SANGEETHA KANDAN**

*Stanford Healthcare, USA*

### **INTRODUCTION:**

This is meant to examine the reciprocal translation between resilience research and the practice of positive psychology. Resilience is defined as the ability to bounce back from adversity, frustration, and misfortune.

### **AIM:**

To introduce the resilience framework, its key concepts, and core models.

### **MATERIALS AND METHODS:**

The literature suggests a number of variables that characterize resilience and thriving. These variables include positive self-esteem, hardiness, strong coping skills, a sense of coherence, self-efficacy, optimism, strong social resources, adaptability, risk-taking, low fear of failure, determination, perseverance, and a high tolerance of uncertainty (Bonanno, 2004; Carver, 1998). Today, we will discuss many of these topics and what can be learned for brighter futures.

### **RESULTS:**

The results conclude that there are many variables that can contribute to feelings of resilience and good health in positive psychology.

### **CONCLUSIONS:**

The literature demonstrated that there was a direct relationship between the leader's stresses and their ability to maintain resilience in the face of prolonged contact with adversity.

### **KEYWORDS:**

Positive self-esteem, hardiness, strong coping skills, a sense of coherence, self-efficacy, optimism, strong social resources, adaptability, risk-taking, low fear of failure, determination, perseverance

### **BIOGRAPHY:**

Dr. Sangeetha Kandan is a Physician Assistant and specializes in the field of ME/CFS (Chronic Fatigue Syndrome) at Stanford Healthcare. She inspires her patients to stay positive and works with them through their limitations. She recently completed her Doctorate in Medical Science and looks forward to achieving an MBA this year.



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## The Copper Revolution



**ASHLEY ASBERRY**

*City Hospital at White Rock, USA*

She realized that nurses are stronger than ever before but they are also more vulnerable because of new threats like pandemic germs and drug resistant ones as well as increased workplace violence against them. A strong nurse makes a strong world! So she created Stronger Nurse - an innovative holistic brand that puts nurses first while delivering products that promote health and safety throughout the entire hospital environment.

### **BIOGRAPHY:**

As a travel nurse with 13 years' experience in acute care settings, Ashley Asberry has seen the best and worst of what the healthcare industry has to offer. She is on a mission to change everything you thought was true about nursing forever. Ashley saw first-hand how nurses were being overworked, underpaid and not valued for their expertise or creativity.



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## Early Intensive Behavioural Intervention in Nigerian Children with Autism: A Meta-Analysis



**ERHABOR GODWIN**

University of Abuja, AAA, Nigeria

### **INTRODUCTION:**

The rising prevalence of autism spectrum disorders (ASD) increases the need for evidence-based behavioral treatments to lessen symptoms' impact on children's functioning. At present, there are no curative or psychopharmacological therapies to treat all symptoms of the disorders effectively. Early intensive behavioral intervention (EIBI) is a treatment based on the principles of applied behavior analysis.

### **AIM:**

To systematically review the evidence for the effectiveness of EIBI in increasing functional behaviors and skills, improving intelligence and communication skills for young children with ASD.

### **MATERIALS AND METHODS:**

The study covered studies that enrolled participants with ASD or at risk for ASD under 8 years of age. Only studies that examine behavioral interventions, educational or naturalistic, were included in this analysis;

pharmacological or dietary treatments were not included. The study design was limited to group comparison studies (randomized control trials or quasi-experimental designs). A total of 1592 participants (at pretest) were included in the 29 selected studies.

### **RESULTS**

The result revealed that children in early interventions showed significantly greater improvements in social communication measures compared to children in control groups. The results also indicated that there was a significant amount of heterogeneity between the studies ( $Q = 49.83$ ,  $p = 0.007$ ,  $I^2 = 43.8\%$ ,  $\tau^2 = 0.065$ ).

### **CONCLUSIONS:**

In conclusion, the meta-analysis indicates that social communication is a characteristic of children with ASD that can be improved by early intervention. The most significant effect sizes were observed for studies that had an average age of participants of 3.81 years. Although the most prominent effects were observed when clinicians delivered the intervention, the outcomes of interventions implemented by parents were also significant.

### **KEYWORDS:**

1. Autism, 2. Behavioral intervention, 3. Meta-analysis

### **BIOGRAPHY:**

Godwin Erhabor has a Masters' in Mental Health Psychology from the prestigious University of Abuja, Nigeria. Also has a professional career in Cognitive Behavioral Therapy (CBT) from the International Training Center for Applied Behavioral Therapy in Nigeria. He also has first-hand feed experience with kids living with Autism, a member of some national and international (CBT) Associates over the years. He has wealth of experience as a Researcher, Mental Health Coach, and Cognitive Behavioral Therapy for Kpankpando Foundation for persons with disabilities in FCT Abuja, Nigeria.



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## Wholeness Is The Key For Mental Health A Complete Wellbeing.



### **IRENE G. RICOTTA**

*Dzogchen, Counseling, Mental Peace, Life & Executive  
Coach, Author, Italy*

#### **INTRODUCTION:**

The presentation examines case studies of women in need of leaving their religious or cultural communities, some Muslims and some from southern Italy, where cultural patterns still have a huge impact on the daily life of individuals. Many clients reached a point of dissatisfaction, confusion, a sense of loss, and even certain anxiety and anguish that strongly impacted their relationships. They found themselves living a life, within a context, whether social or religious, internal or external, which did not allow them to express their full self. In other words, they could not embody their “wholeness” or manifest their “truth”. Their journey was an exploration of those limiting beliefs as well as an attempt to facilitate their ability to extricate themselves from said beliefs. This was achieved by questioning their acquired values (from society, family, religion, partners/spouses)) and finding their own “wholeness” and “truth”, resulting in an enormous improvement both in physical as well as mental well-being. All this, while taking full responsibility for their own limiting beliefs and values as well as recognizing the responsibilities of others. This presentation aims to offer a deeper understanding of how the relationship between the counselor and the client is a fundamental

part of unconscious work. Also, the way in which the counselor or the coach views the client crucially impacts the outcome. It is about living as “wholeness” and, viewing the other person as a “Complete Human Being”, brings about incredible results in terms of quality of life. In other words, self-realization is comprised of total wellbeing, based on both physical and mental health.

#### **AIM:**

The objective of this presentation is to prove, through various case studies, how embodying our own “wholeness and truth” can result in increased physical as well as mental well-being.

#### **CONCLUSIONS:**

This journey of creating true intimacy with the “wholeness” of a human being is capable of elevating their presence, their self-awareness, and their personal truth so as to reach such a point that, not only do they change their thinking and behavioral patterns for what has been discussed or explored during the sessions, but it also has a whole impact on every aspect of their human experience. In other words, they achieve complete mental well-being that has marked repercussions on their physical health as a whole.

#### **KEYWORDS:**

Spirituality, Women, Mental health, Philosophy, Religion, Identity Changing

#### **BIOGRAPHY:**

Irene Giovanna Ricotta, a Licensed Professional Counselor in Italy, was graduate of Istituto Cortivo in Padua. She is an Heart Math LLC, ECCC-ICF, Neuro Zone Licensed Practitioner, NLP Practitioner Licensed with Attilio and Cristina Piazza, she is also Meditation Trainer and Rebirth Breathing Practitioner. She is GTCI-EMCC Certification in Progress and an experienced Cross Cultures Consultant as well as she is going to complete her second degree in Modern Literature. She gave Lectures at Padua University in Semiotics and Philosophy of Language because of her affiliation with the Glossemathic Circle of Padua since 1999 and her knowledge in Islamic Religion and Sharia<sup>ah</sup> Law studied with Prof. Abdurrahman Bukil and Saaid Al-Askar. Since 2019 she became affiliated with the Olivier Soumah Mis, “Cross Culuterer Consultant Network” based in Mexico City.



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## A Journey In Dementia Care



**VAL FELL**

*Self Directed Volunteer, Australia*

system of private residential facilities and home care provision. The Act has been amended many times and as a result of a recent Royal Commission into Aged Care a new Act based on a framework of Human Rights and person-centered care is being developed.

### **BIOGRAPHY:**

Val Fell Studied mathematics and mathematical statistics at University of Sydney (1946-49) taught secondary level mathematics (1950-52) At Moss Vale (NSW): worked and studied in London (1953-54) became Member of Association of Incorporated Statisticians (UK). Married in Sydney in 1955 but continued to work as statistician for many years until retired in 1984. Volunteered in the community in education, and Eisteddfod until my husband was finally diagnosed with dementia in 2006. Completed short courses in dementia care between 2006 and 2013 and since then 2 online courses with University of Tasmania. I am currently enrolled as part-time student in the Bachelor of Dementia Care at UTAS. At present I am involved with the 3 organizations mentioned above in policy development, research and raising awareness of dementia in the community and facilitating a support group of 20 careers

### **INTRODUCTION:**

As a 92 year old still volunteering in the field of dementia, I have seen many changes in the manner in which dementia care is provided in Australia and indeed around the world.

### **AIM:**

To describe the changes that I have witnessed from the period prior to the 1997 Aged Care Act until the present time. A new ACT is currently being developed.

### **ABSTRACT:**

My journey began with observations of the effect a diagnosis of dementia had on family members in the late 1960's and 1990's. It has passed through various stages of being a career for my husband, who lived with dementia from the early part of this century, until 2013. Since then, I have facilitated a support group for careers of people with dementia and am familiar with current methods of the delivery of Home Care and Residential Aged Care. With the introduction of the Aged Care Act in 1997 the model of care changed from being a hospital model to a





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## Relationship Styles: A systems approach



### **TLOU H. MAROKANE**

*Udo-Psyc & Dr George Mukhari Academic Hospital,  
South Africa*

#### **INTRODUCTION:**

Relationships are created through a process that involves people who continually define and organize their association along with expectations, offers, and demands. Through negotiation, rules are formed and these rules help distinguish the system from others. Each system is unique and can be characterized by interactional patterns that over time can be considered to be relationship styles. Relationship styles can be “effective” and/or “ineffective” for a system. This viewpoint from the social way of viewing people as being “right” or “wrong”. This presentation will present three relationship styles and indicate the importance of understanding how individuals become stuck in relationships. The presentation intends to give clinicians and those interested in human interactions insight into inter-personal ways of viewing relationships beyond individualistic lenses.

#### **AIM:**

Indicate the importance of understanding relationship styles.

#### **CONCLUSIONS:**

Relationship challenges are mainly not about the individual but dynamics within relationship styles.

#### **KEYWORDS:**

clinical psychology, couples' therapy, counseling psychology

#### **BIOGRAPHY:**

Tlou H. Marokane is a Licensed Clinical Psychologist in South Africa, Pretoria. He completed his M.A. in Clinical Psychology from the University of South Africa. He acts as a Director and co-founder of Udu-Psyc (consultation and training) and the Serendipity Institution of Health and Wellness. You served in the South African Military Health Service, an arm of service of the South African National Defense Force, and he was ranked, Captain. His other experiences include working at two psychiatric hospitals in the Gauteng province of South Africa. He is currently working full-time at Dr. George Mukhari Academic Hospital and part-time in Private Practice. Tlou has also provided training on the topics of family systems concepts, threat assessment, and management



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## Alzheimer Nije Nasljedan, Alzheimer Nije Demencija, Alzheimer Je Zaštita Organizma



**NADA MARIĆ**

*Osijek, Hrvatska, Croatia*

### **INTRODUCTION:**

Povijest AB., nije se promijenila od Aloysius "Alois" Alzheimer. Ovo istraživanje pokazalo je točan uzrok nastanka A., te dokaz da su A., i AB., različite stvari. AB., je nus produkt postojanja Alzheimer u organizmu najmanje 5.godina,

### **GOAL:**

Objaviti istraživanje Globalno, da bude dostupno oboljelima od AB., te doktorima Obiteljske medicine, koji mogu AB., držati pod kontrolom i spriječiti faze propadanja mozga.

### **MATERIALS AND METHODS:**

Ovaj istraživački rad izrađen je samostalno na osnovi praćenja jedne osobe, bitan naglasak, koju je Nada Marić poznavala. Metode istraživanja su: promatranje, davanje preparata, slikanje i snimanje oboljelog od AB., u obitelji, kod doktora, te uspoređivanje materijala s

drugim istraživačima AB.

### **RESULTS:**

Opis jednog događaja, dalo je točan uvid kada se Alzheimer uključio, a potvrda dijagnoze uvid kada se A., pretvorio u AB., Preparati koji su korišteni, dokazali su da je moguće „opraviti“ oštećen mozak.

### **CONCLUSIONS:**

Misli putuju brže od brzine svjetlosti (hipoteza Nade Marić), glavni su uzrok za nastanak Alzheimer, koji je zaštita organizma 5.godina, onda prelazi u AB., oboljeli ne poznaje svoje najmilije jer ima vizualni poremećaj. Moguće je raditi prevenciju nastanka A., te prevenciju nastanka AB., a potpuni oporavak od AB., je držanje bolesti pod kontrolom ili operacija mozga.

### **KEYWORDS:**

A-Alzheimer, AB-Alzheimerova bolest

### **BIOGRAPHY:**

Nada Marić je završila medicinsku školu Rud'er Bošković 1986. godine u Osijeku. U struci radi preko 30.godina. Provela je istraživanje A., i AB., prateći jednu mušku osobu od 2005.do 2017. godine na području RH., tako je nastala inovacija: Alzheimer nije nasljedan, Alzheimer nije demencija, Alzheimer je zaštita organizma. Predsjednica je Udruge Nada-Alzheimer.



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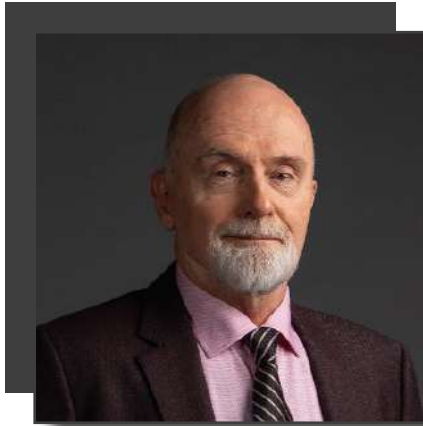
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## The Neurophysiological Cause of Autism



**DAVID ROWLAND**

*Independent Researcher, Canada*

### **BIOGRAPHY:**

David Rowland is the autistic neuroscientist who has discovered the neurophysiological cause of autism and has also developed a litmus test for diagnosing autism. David's articles have been published in the Journal of Neurology, Psychiatry and Brain Research, in the Journal of Neurology and Neurophysiology, and in Current Topics in Medicine and Medical Research.

### **ABSTRACT:**

The current overly broad definition of autism has launched an epidemic of false diagnoses. Autism is neither neurodevelopmental nor a disorder. It is simply an inherent neurophysiological difference in how the brain processes information. We who are autistic live in a specialized inner world that is entirely intellectual, free from emotional and social distractions. We observe the world in scholarly detail, but without any emotional attachment to what we see. All 50 documented traits of autism have a single neurophysiological cause that can readily be diagnosed with a simple litmus test.



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## A Hybrid Solution For Extracting Information From Unstructured Data Using Optical Character Recognition (OCR) With Natural Language Processing (NLP).



**BIBHU DASH**

*University of the Cumberlands, Williamsburg*

### ABSTRACT:

Enterprises are producing a lot of data as part of their day-to-day operations. These data are getting stored either their legacy platforms or in any cloud storages. But the maximum volume of these data stored in cloud are unstructured and a lot of hidden information are kept inside those. Our objective is here to read those unstructured data elements like pdf or text files, audio, or video files to extract meaning out of that what can be used for the enterprises. Utilizing the cloud-based big data platforms, we are using spark engines to read these unstructured data to securely store and transform them to structured format which will be our inputs to the natural language processing (NLP).

### INTRODUCTION:

According to a recent Deloitte study, the COVID-19 pandemic continues to place a huge strain on the global service sector. For operational efficiencies, extracting the right information at the right time is very critical for any type of organization. In the age of social media and digital world, enterprises are producing more unstructured data in every minute than the structured data. The unstructured data is digitalized and using optical character recognition (OCR) process using spark engines. The big challenge in OCR approach is the accuracy of reading the scanned and handwritten documents in which text may be skewed, obscured or illegible [1]. Optical character recognition (OCR) can help achieve the online retrieval of the printed material such as medical documents, forms, or applications for retrieving valuable information that was available in the printed documents [2]. Though the OCR technology has improved in last couple of years, the accuracy of OCR can vary based on factors such as the amount of noise, quality of the original document or the font used [3]. Once, the text format is retrieved, we will pass those

through a NLP model to extract the meaning out of those documents. Here, we will mainly run our focus on the PDF files and perform our research with different formats like scanned pdf, handwritten pdf and formatted pdf documents etc. In this work, we proposed a post OCR NLP model to read the outputs of the OCR engine. The rest of the paper is organized with review of the related work, methods, and our findings in the conclusion section with final remarks.

### RELATED WORK:

The problem of reading unstructured data from PDF and text files and error detection along with correction has been studied since over years by many researchers. Since that time, many language studies have been done to best use of these OCR and NLP models. Magdy et al. [4] used a noisy channel model for the correction of errors in a scanned Arabic book and Arabic newswire articles which reduced the word error rate approximately by 44% and 46% respectively. Similarly, D'hondt et al. [5] used recurrent neural networks on French foetopathological reports which had 73% accuracy upon testing. Bassil et al. [6] use N-grams for low-quality English and French documents where the error rate was reduced from 21.2% to 4.2% and 14.2% to 3.5% respectively. In the current technological world, social media giants like Twitter and Wikipedia corpus which had promising improvement in the accuracy with appropriate settings like word lengths and type of the lexicon used this method to find the nearest match to the incorrect word or neural text embeddings [7].

### MATERIALS AND METHODS:

Here in this method will provide inputs in the format of pdf and text files of different formats. Then we will pass this to the OCR engine (running on Spark engines on Data bricks platform). Once the documents are converted to text, it will be passed on to NLP model. Figure 1 presents the steps to implement the above proposed approach.



FIGURE 1

Overview of the proposed framework for the OCR and NLP Model

Inputs: To this model we will provide inputs in the form of PDF and text files.

OCR Engine: In this framework we are using the open-source



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Spark OCR packages powered by Spark's powerful engine to support and recognize more than 100 languages. Post Processing: In this step we will do our quality check and accuracy check from the OCR engines.

**NLP Model:** The NLP model is getting the data from the OCR outputs and will be used to study the structured data stream or string produced as part of OCR for meaning extraction.

**Information Extraction:** The last step is going to be used for finding quality information from the framework and will be utilized for enterprise feedback and process improvements.

#### EVALUATION & ERRORS:

In this section, we will discuss the evaluation methodologies used and how many types of OCR errors can be addressed to make our data quality good. Datasets are very critical to this framework and it is used from the insurance documents available in my enterprise. We took some claim reports and property pictorial images to perform our study. The datasets are big and also real time to check the accuracy percentages. Carrasco et al. [8] present the following metrics that we used in this work. Word error rate (WER) which is calculated as  $WER = (iw + sw + dw)/nw$  where  $nw$  is the number of words in the ground truth text,  $iw$  is the number of words inserted,  $sw$  is the number of words substituted,  $dw$  is the number of words deleted to get the original ground truth values. We used Carrasco prescribed method for our quality determination and output of the OCR engine. Carrasco et al. [8] also highlighted the 3 errors can be possible in this OCR approach and here, we are discussing these three types of OCR errors:

Misspelled characters (substitutions);

Lost or missing text (deletions);

Spurious symbols (insertions).

Here, we gave focus on all three errors more important during quality process and calculated the average insertion, average deletion, and average substitution errors in our method.

#### CONCLUSIONS:

We found it is a novel approach to study unstructured documents using OCR engine and NLP model for entity extraction. We found that the data quality and accuracy has been improved more than 42% compare to the previous non-OCR models. This document is part of our document processing pipeline and automatic information extraction. It helps us to classify different document types to determine crucial information needed for the enterprise. In the future, I believe, appending the insurance vocabulary to this spell-checking engine/pipeline can improve the quality of our framework significantly and will continue our research on that. This piece of research is highly appreciable by my peers and it has direct positive impact to my organization.

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#### BIOGRAPHY:

Bibhu Dash is a PhD scholar at the University of the Cumberland, KY and working as a Data & Analytics Architect at a fortune 100 Insurance company. Mr. Dash is having a bachelor's as well as master's degree in Electronics and Communication engineering and holds an MBA from Illinois State University, Normal IL on Finance and Analytics. Mr. Dash is having more than 15 years of industry experience in data transfers, data governance, cloud computing, analytics, and machine learning. Currently, Mr. Dash is working on a call center analytics project, where he is building a framework to study real time data streaming and speech analytics using NLP.



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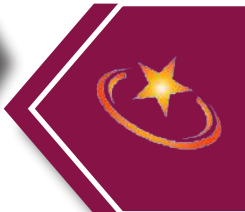


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## The Effects Of Memorization Of Seven Different Four- Character Idioms And Dance Upon Cognitive Function



**KAZUE SAWAMI<sup>a</sup>**

*Mitsuo Kimura<sup>a</sup>, Tetsuro Kitamura<sup>a</sup>, Masahiko Kawaguchi<sup>a</sup>, Mihoko Furusumi<sup>a</sup>, Chizuko Suishu<sup>b</sup>,*

*Naoko Morisaki, Sonomi Hattori<sup>c</sup>*

<sup>a</sup>Nara Medical University, <sup>b</sup>Shubun University

<sup>c</sup>Wakayama Medical University, Japan

### INTRODUCTION:

As we continue to see increasingly aging populations worldwide, and rapidly multiplying numbers of patients dealing with dementia, demand continues to build for techniques to fend off the syndrome. However, the rampant spread of COVID-19 on a global scale has seen the elderly, in particular, forced to restrict their movement outside of the home. And there is now a pressing need for new countermeasures against dementia that are suited to the needs of this new way of life. The measures outlined below were developed and tested to this end.

### MATERIAL AND METHODS:

DVDs were distributed to the elderly, who watched them at home, and performed the following brain training exercises each day.

- Subjects exchange greetings with a robot
- Subjects memorize seven different four-character idioms (yojijukugo) [1]
- Subjects are asked to recall what they ate for breakfast the previous day
- Subjects perform a ten minute dance routine while seated
- Subjects are asked to recall the seven idioms they memorized in step two
- Subjects are asked to recall what they ate for dinner the previous day

\*1) A four-character idioms express the meaning of things in four

characters. It has been used in Japan since ancient times.

The DVD follows the above composition, and measures the synergistic effects of memory tasks and aerobic exercise via dance upon cognitive function. At the one-month mark, a before and after comparison was carried out.

### Evaluation criteria

Matsui-style ten-word memory test: 40 immediate recall questions, 10 delayed recall Yamaguchi-style code conversion test: 75 questions where words are changed into symbols Word recall test: Memory task based on animal names. Self-assessment of the subject's performance in the memory tasks  
Additional Comments

### RESULTS:

DVDs were distributed to 41 individuals, and 33 of these individuals underwent the before and after test. The mean age of test subjects was 78.6, 5.3 and 6 of the test subjects were male, while 27 were female. Each test saw a rise in the subjects' average scores, with the immediate recall questions seeing a significant increase from 30.1 to 33.9, and the conversion test rising from 50.4 to 53.3 ( $p < 0.05$ ). The subjects' scores in the word recall test and delayed recall questions also rose slightly, with the former seeing an increase from 12.4 to 13.2, and the latter from 7.7 to 8.0. In the self-evaluations submitted at the one-month mark, many subjects remarked that they were able to recall more idioms than they expected, and even when subjects were alone in the house, answering the DVD led to an increase in the subjects' speech.

### CONCLUSIONS:

The rampant spread of COVID-19 has led to the elderly, in particular, restricting their movement outside of the home, but by performing brain training exercises at home which require them to speak aloud, the subjects began to speak more, and together with continued exercise, a meaningful increase in their cognitive function was observed. Four-character idioms are something that older generations tend to specialize at, and using something already familiar to the subjects made it easier for them to memorize and therefore advantageous.

### BIOGRAPHY:

Kazue Sawami of the presenter of this research is a professor at Nara Medical University. Her Ph.D. acquisition is a health science, and the recent study is the prevention of dementia in elderly people. Research currently being developed is the intervention by artificial intelligence, and support for the elderly in a new lifestyle. Results of their research group can be viewed at the following address.



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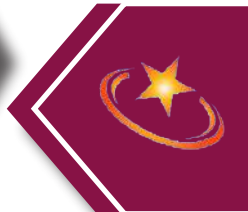


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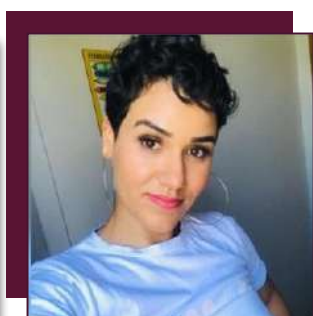
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## Effects Of Chemotherapy Treatment On Psychobiological Profile Of Women With Breast Cancer



**NAIANY PEREIRA, VITOR MARQUES**

*Rafael Moraes, Rafael Alves, Fabíola Mamede, Weder*

*Silva, Wanderson Santos, Carlos Vieira*

*University of Goias, Faculty of Physical Education  
and Dance, Brazil*

of anxiety and trace state, each has 20 statements in which the subjects must describe how they feel. Significance level was set a-priori at  $P < 0.05$ . Additionally, to examine the magnitude effect of chemotherapy treatment, Cohen's d effect size was calculated from the difference between group scores divided by the pooled standard deviation<sup>20</sup>. The obtained d values were used to define the chemotherapy treatment effect as trivial ( $d < 0.2$ ), small ( $0.2 \leq d < 0.5$ ), medium ( $0.5 \leq d < 0.8$ ) and large ( $d \geq 0.8$ ).

### **RESULTS:**

There was no difference in the levels of fatigue and anxiety between the groups ( $p > 0.05$ ). Behavior fatigue ( $p = 0.08$ ,  $ES = 0.56$ ), Affective fatigue ( $p = 0.18$ ,  $ES = 0.44$ ), Sensory fatigue ( $p = 0.09$ ,  $ES = 0.55$ ), Cognitive fatigue ( $p = 0.34$ ,  $ES = 0.31$ ), General fatigue ( $p = 0.09$ ,  $ES = 0.56$ ), Anxiety state ( $p = 0.08$ ,  $ES = 0.56$ ), Anxiety trait ( $p = 0.92$ ,  $ES = 0.03$ ).

### **CONCLUSION:**

Chemotherapy treatment can moderately affect fatigue and anxiety in women with breast cancer.

### **INTRODUCTION:**

Breast cancer is among the main types of cancer in the world. One of the treatment alternatives is chemotherapy, which in turn can cause antagonistic effects related to behavior, reflecting anxiety and fatigue.

### **OBJECTIVE:**

To evaluate the effects of chemotherapy treatment on psychobiological profile in women with breast cancer.

### **METHODS:**

37 women participated in the study, divided into two groups, 19 undergoing chemotherapy for breast cancer and 18 apparently healthy. All volunteers answered questions from the questionnaire related to Piper fatigue scale, composed of 22 items subdivided into four distinct subjective dimensions, affective, sensory, cognitive and behavioral. Anxiety was assessed using the IDATE anxiety scale, an instrument that consists of two separate self-report scales: state





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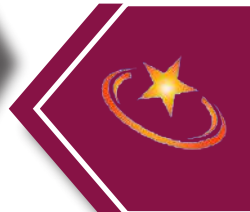
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## Versatility Of The Gold Nanoparticle



**MARJAN ASSEFI**

University of North Carolina at Greensboro, USA

### **BIOGRAPHY:**

Dr. Marjan Assefi has completed her PhD at the age of 31 years from USA and Second Doctorate is going to finish in one year. She has so many publications.

### **Abstract:**

Gold is a noble metal, and it is commonly used because of its resistance to oxidation and electrical, magnetic, and physical properties. Forming gold into nanoparticles allows researchers to use gold in areas that are too small for bulk gold to reach and brings with it new capabilities. Gold nanoparticles have been utilized for centuries by artists due to the vibrant colors produced by their interaction with visible light. Gold nanoparticles, exhibit good chemical stability, and they can be surface functionalized with almost every type of electron-donating molecule including biomolecules. Gold nanoparticles are undoubtedly very versatile. Gold nanoparticles have played an important and severe role in medicine since ancient times. Also, gold nanoparticle is the most suitable for drug delivery applications. Drug delivery using gold nanoparticles, in combination with their intrinsic capability for photo thermal therapy, should be explored in the future.

## UPCOMING CONFERENCES

Women in Leadership &  
**Women in Networking Summit and Expo**  
September 09-10, 2021 | Tokyo, Japan  
<https://www.iconconferences.org/conference/womencongress>

Global Forum on  
**Nanotechnology & Advanced Materials**  
September 09-10, 2021 | Tokyo, Japan  
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Future Healthcare &  
**Technologies Summit**  
November 15-16, 2021 | Dubai, UAE  
<https://www.iconconferences.org/conference/healthcare>

Future Trends in  
**Mental Health & Positive Psychology**  
March 10-11, 2022 | Paris, France  
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**Artificial Intelligence (AI) in Healthcare**  
March 10-11, 2022 | Paris, France  
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Advanced Nursing &  
**Healthcare Expo**  
March 10-11, 2022 | Paris, France  
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Global Congress on  
**Drug Design and Adverse Drug Reaction**  
May 19-20, 2022 | Toronto, Canada:  
<https://www.iconconferences.org/conference/drugdesign>

Advanced Nursing &  
**Primary Healthcare Conference**  
June 27-28, 2022 | Marrakech, Morocco  
<https://www.iconconferences.org/conference/primaryhealthcare>

Advances in Women Health &  
**Reproductive System**  
August 25-26, 2022 | Frankfurt, Germany  
<https://www.iconconferences.org/conference/reproductivesystem>

World Congress & Expo on  
**Mental Health, Sleep Disorder and Stress management Conference**  
September 15-16, 2022 | Sydney, Australia:  
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Advancements in Gynecology  
**Midwifery and Maternal Health**  
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Annual Summit on  
**Pharmacology & Toxicology**  
October 24-25, 2022 | Chicago, USA  
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**Public Health & Healthcare Management**  
October 24-25, 2022 | Chicago, USA  
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Advances in Healthcare Technology and  
**Hospital Management**  
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**Healthcare IT, Nursing and Patient Safety Conference**  
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**Artificial Intelligence, Robotics & IOT**  
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International summit on  
**women wellbeing & fashion psychology expo**  
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**women brain and health**  
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<https://www.starconferences.org/conference/GWBWHF>

Global Women Health &  
**Empowerment (H.E.R) Congress**  
November 11-12, 2021 | Barcelona, Spain  
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Premier World Congress on  
**Gynaecology, Midwifery and Women Empowerment**  
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**Digital and Telemedicine expo**  
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Women's RISE  
**(Real Inspiration and Sustaining Empowerment) Conference**  
Feb 14-15,2022 | UAE, Dubai  
<https://www.starconferences.org/conference/starrise22du>

**WOMEN WISE 2022**  
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**International Women (S.H.E)**  
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**Emotional Intelligence and Leadership Summit**  
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Premier Annual Summit on  
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The world is a book and those who do not travel read only one page

