



SDPA Fall Conference 2022

**Destigmatization on Mental Health:
Impact on Diverse Populations**

San Diego Mission Bay Resort – November 5, 2022

Course Descriptions

Averting the Potential for Pathologizing Normal Childhood Maturation Challenges (1.5 CE)

Enrico Gnoulati PhD

The training of mental health clinicians may predispose them to assign diagnoses to children when the behavior in question falls within the broad scope of normal. It can be exceedingly difficult to differentiate between transitory disturbing reactions to stressful life events; lags in socio-emotional maturation; struggles related to mismatches in where a child is at developmentally and the cognitive and behavioral expectations placed on him or her at school; the outcome of patterns of emotional reactivity in the parent-child relationship; the manifestation of difficult personality traits; a combination of all of these—and clear-cut evidence of a mental health diagnosis.

Remarkably high rates of ADHD might be due to how symptoms of this disorder mimic normal childhood narcissism. When assessing ADHD common-sense questions need to be asked: hyperactivity or overdramatic attention-seeking behavior? Failing to finish tasks or trouble persisting in the face of overconfident expectations? Disorganization or magical thinking? Forgetfulness or habitual under-preparation? Disproportionate numbers of African American children and adolescents are diagnosed with ADHD—one study showing rates of 14.5 percent, compared with 10 percent in the general population⁶—raising concerns that a medicalized approach takes the focus off socio-economic and educational disparities that contribute to ADHD phenomena.

When assessing high functioning autism spectrum disorder, particular rule outs need to be considered in order for an accurate diagnosis to be determined: Is this a child whose presentation is better explained by delayed, but not impaired, language development? Problematic, but not disordered, tantrumming and picky eating? The combination of incipient mental giftedness, introversion, and autonomy-seeking in boys? Or, the interplay of several, or all of these?

This presentation will address all these issues—in lecture form—and cover how clinicians meeting with parents can help them use non-pathologizing, developmentally normative ways of understanding and altering their children’s struggling behavior.

Learning Objectives

1. Explain the differences between ADHD and typical childhood narcissistic tendencies.
2. Differentiate between typical developmental challenges in early childhood, gender-specific traits, rates of maturational progress, and clear-cut indications of autism spectrum behavior.
3. Formulate concrete advice to offer during parenting interventions to assist caregivers with non-pathologizing, developmentally typical ways of understanding and altering their children’s struggling behavior.

Speaker Biosketch

Enrico Gnaulati Ph.D., received his doctoral degree in clinical psychology from Columbia University and is an Affiliate Professor of Psychology at Seattle University. He is a nationally recognized reformer of mental health practice and policy who has published numerous articles both in academic journals and popular magazines on matters related to child and adolescent assessment and psychotherapy. He is the author of several acclaimed books: *Staying with Playing: Emotion-Regulating Play Therapy with ADHD Children* (Aronson, 2008); *Back to Normal: Why Ordinary Childhood Behavior is Mistaken for ADHD, Bipolar Disorder, and Autism Spectrum Disorder* (Beacon Press, 2013) and *Saving Talk Therapy: How Health Insurers, Big Pharma, and Slanted Science are Ruining Good Mental Health Care* (Beacon Press, 2018). He is in private practice in Pasadena, CA.

Conflict of Interest

Dr. Gnaulati has no conflicts of interest.

Addressing the Mental Health Needs of the Asian American & Pacific Islander Community

Koko Nishi, PsyD

This presentation will provide an overview of demographic features of Asian American & Pacific Islander (AAPI) communities, which are pertinent in assessment and treatment planning. In addition, the presenter will explore the cultural influencing factors of the stigma surrounding mental health in the AAPI community, discuss the impact of major systemic stressors, history of marginalization, and recent surge in anti-Asian incidents on AAPI mental health. This training combines clinical research on multicultural competence, social policy, clinical experience, discussion questions and historical frameworks to improve clinicians' ability to effectively and competently provide culturally affirming mental health services, not only with AAPI clients but with clients from other diverse backgrounds as well. This presentation is also designed to help mental health professionals take an introspective look at themselves and explore how their own values and worldviews can impact the work they do with diverse clients and populations. The presenter will discuss pertinent population demographics, the role of culture in influencing the view on mental illness, barriers to help-seeking, clinical concerns as well as recommendations and concrete tools for providing culturally responsive mental health services.

Learning Objectives

1. Identify at least two ways in which structural racism and related racial trauma has impacted the Asian American Pacific Islander community.
2. Identify at least three issues/barriers which need to be considered to provide culturally responsive treatment with Asian American Pacific Islander individuals.
3. Identify at least two strategies that mental health providers can implement to provide more culturally-competent care to their Asian American Pacific Islander clients.

Speaker Biosketch

Dr. Koko Nishi is a California-licensed, tenured clinical psychologist specializing in providing culturally-responsive counseling to clients with diverse identities at San Diego State University's Counseling & Psychological Services. Koko received her MA in Psychology in Education at Teachers College Columbia University and earned her doctorate in Clinical Psychology from the George Washington University. She is the co-founder of the (AAPI)phany workshop series, a program that addresses the intersection of Asian American Pacific Islander (AAPI) identity and mental health at SDSU. She was selected as an Asian American Psychological Association Leadership Fellow and serves on the

Changing Tides Mental Health Advisory Board through the Little Tokyo Services Center. As a third generation Japanese Chinese American, Koko is passionate about working with diverse and underserved populations, as well as creating programs that raise awareness and promote resources to help reduce mental health stigma, particularly within the AAPI community.

Conflict of Interest

Dr. Nishi has no conflicts of interest.

Why Is Growing Old So Unappealing and What Don't We Understand About the Aging Experience

Ken Dellefield Ph.D. RN CNS

Aging stereotypes are typically negative and are based on fear and ignorance. Gerophobia is frequently minimized or denied as it serves to protect us from identifying with aging. Issues prominent in the aging experience such as powerlessness, loss, decline, and death are frightening. Yet, it is in the facing of these issues that the doors to freedom, peace, clarity of purpose, wisdom and acceptance are found.

Demographic and research findings will be presented to generate a more accurate picture of the diversity in the aging population around the world and the impact of such things as race, culture, gender, sexual orientation, SES status, etc. on the aging experience. Research provides ample evidence of the enormous impact of negative expectations of being old on mental and physical health, disability, age of death, quality of life, self-acceptance, and many more important outcomes.

There appears to be a transformation period for many older adults in which they turn inward and discover the freedom of letting go of old ideas, redefining who they are, clarifying what is important in life, and challenging the ego-based need for protection, security, predictability, and control. This path of spiritual awaking is often described as "optimum aging" in which the challenges of aging are met with wisdom and compassion. There are, of course, many obstacles to finding this inner path. One of the great satisfactions of Geropsychologist is to be a guide for helping older adults find this path.

Unfortunately, very few psychologists choose this specialty. Finally, participants will be asked to reflect on their own thoughts, feelings and attitudes about their own aging and their views on aging in general.

Learning Objectives

1. Describe what is meant by Optimum Aging and the specialized knowledge and skills used by Geropsychologist to help older adults age well.
2. Identify your thoughts, feelings, and attitudes about your own aging and doing therapy with older adults.
3. Explore how fear and negative views of aging impact physical and mental health, longevity, quality of life, self-acceptance, and the low number of psychologist working with older adults, etc.

Speaker Biosketch

Dr. Dellefield is a clinical psychologist and retired geriatric clinical nurse specialist. He received the 2017 Distinguished Contribution to Psychology Award by SDPA and was the inaugural Chairperson of the Older Adult Mental Health System of Care Advisory Council, SD County MH, 2006-2008. He has given over 100 invited presentations to local, state, and national meetings of health professionals and has published 10 articles and book chapters in refereed journals. He has been an adjunct instructor at Alliant International University, University of San Diego and UCSD, and a clinical supervisor at two county contracted out-patient programs and at a short-term crisis residential treatment center. He has designed, opened, and managed two acute inpatient geriatric psychiatric units, designed, and implemented rehabilitation psychology services in a sub-acute hospital-based rehabilitation center, opened and managed a PHP and IOP for seniors and opened one of the first units in the US that was

within a skilled nursing facility that treated psychiatric and behavioral disorders. Finally, Dr. Dellefield has maintained a large private practice for seniors and their families as well as provided program development and consultation in retirement communities.

Conflict of Interest

Dr. Dellefield has no conflicts of interest.

Shame, Stigma, and the Therapy Relationship (2 CE)

Bruce S. Liese, PhD

People with mental illnesses and addictive disorders are stigmatized by the public, and potentially by professionals who provide their mental health and substance use services. Such social stigma typically leads to self-stigma, which often manifests as shame and a reluctance to seek help and support for psychological problems.

When stigmatized individuals do seek psychological care, there may be additional factors that make it difficult for them to fully engage in therapy. As just a few examples, they may be mandated to treatment (e.g., by family or the judicial system), they may be pressured by peers or employers to make immediate changes, or they may fear that open, honest self-disclosure will result in punishing consequences. They will most certainly lack confidence in their ability to change.

Therapists and other service providers can effectively address client shame and stigma by understanding these dynamics and skillfully addressing them in session. Fortunately, researchers have identified effective strategies for addressing stigma. In this workshop we present some of these strategies and provide workshop participants an opportunity to share their own strategies for addressing stigma.

Over the course of two hours, we engage participants in lectures, discussion, role-playing, and a structured activity to heighten self-awareness regarding their potential for stigmatizing clients. During this activity and over the course of the entire workshop, participants are encouraged to consider potentially stigmatizing thoughts and feelings that may be activated while working with widely diverse individuals from typically stigmatized groups.

Learning Objectives

1. Describe the potential impact of stigma and shame on people with psychological problems
2. Explain how client shame might manifest (cognitively, behaviorally, and emotionally) during psychotherapy
3. Describe an evidence-based strategy for addressing client shame and stigma in therapy

Speaker Biosketch

Bruce S. Liese, PhD, ABPP is Professor of Family Medicine and Psychiatry at the University of Kansas (KU) Medical Center and Clinical Director at the Cofrin Logan Center for Addiction Research and Treatment at KU. He has taught more than 100 courses and workshops on addictive behaviors, psychotherapy, and evidence-based practice, and supervised hundreds of psychotherapy trainees. Dr. Liese has more than 75 publications and he has co-authored three texts on addictions. His most recent text, *Cognitive-Behavioral Therapy of Addictive Disorders*, was just published with co-author Dr. Aaron T. Beck in 2022. Dr. Liese received a President's Citation for his work in Division 50 of the American Psychological Association (APA). He received the Distinguished Career Contributions to Education and Training award from Division 50 and an APA Presidential Citation for his community service in 2018. In addition to his scholarly activities, Dr. Liese continues to see approximately 25 patients weekly.

Conflict of interest disclosure:

Dr. Liese has no conflicts of interest.

SDPA Awards

Local Hero, Media Award, & Legislative Award

From Ethical Uncertainty to Clarity: Understanding Today's Ethical Struggles and Dilemmas for Clinicians (1.5 CE)

David Jaffe, PhD, Debra M. Halliday, PsyD, Lindsey Hogan, PhD, Phil Cisneros-Seibel, PhD, David Leatherberry, JD

The practice of ethical psychotherapy can be intimidating, challenging, and confusing. Clinicians may find themselves feeling isolated, ashamed, or uncertain in the face of having to making decisions that have the potential for having deep, long-term ethical repercussions.

This course seeks to provide practicing clinicians with guidelines on how to manage ethical concerns based on the standards of the profession. Participants will learn about the differences between the ethical standards and ethical principles. Research will be reviewed to help participants identify obstacles to seeking ethics consultation such as trust, conflict of interest, shame, fear, and embarrassment. Attendees will learn about common ethical concerns facing other SDPA members based on results obtained from the SDPA 2022 "Ethical Practice Survey" and the ethics committees on call consultations. These questions will be pertinent to psychologists providing direct patient care, providers in solo or group practice, unlicensed providers and those working in community-based settings. Research on dual relationships will be discussed to assist participants working in small, marginalized communities, and smaller communities where they are also members. An ethical decision-making tree tool will be demonstrated to help guide clinicians in resolving complex ethical dilemmas in clinical practice.

Learning Objectives

1. Clarify the differences between the ethical standards and ethical principals in psychology.
2. Identify and discuss obstacles that impede psychologists from consulting about ethical concerns.
3. Discuss current ethical dilemmas facing psychologists as indicated from the SDPA 2022 "Ethical Practice Survey" results and on call consultations.
4. Discuss dual relationship concerns providing services in small and underrepresented communities.
5. Demonstrate the use of the SDPA ethical decision-making tree in response to complex ethical dilemmas.

Conflict of interest

There is no conflict of interest.

Speaker Biosketch

David Jaffe, Ph.D.

Dr. Jaffe has owned and operated a private clinical practice in San Diego since 2018. He has a passion for and specializes in men's mental health. He has been an active member of the SDPA Ethics and Standards Committee since 2019 and is the current committee chair. Dr. Jaffe worked with underserved and indigent groups for most of his career in community mental health, foster care, correctional, and psychiatric inpatient settings. He previously designed and implemented mental health programs,

managed large scale outpatient mental health clinics, and supervised licensed and unlicensed therapists and case managers. Dr. Jaffe possesses expertise in psychological testing and forensic psychological evaluations. A former college hockey player and motorcycle road racer, Dr. Jaffe now spends his free time, mountain biking, playing with his black lab, attending live music events, and following his favorite hockey team, the New York Rangers.

Debra Halliday, Psy.D.

Dr. Halliday is the CEO and Chief Psychologist of the Halliday Center for Psychotherapy and Wellness, Inc. located in Encinitas, California. She currently serves on the SDPA Ethics and Standards Committee and has previously served on the board of the SDPA. Her personal clinical practice specializes in working with a diverse group of adolescents through seniors struggling with mood disorders, women's issues, anxiety disorders, PTSD, bipolar disorder, and borderline personality disorder. She works with couples, groups, supervises associates, and provides professional consultation. She considers her theoretical orientation "integrative" using a combination of CBT, DBT, MI, ACT, Jungian and psychodynamic psychotherapies. She is an active advocate in supporting women's rights, and the BIPOC, and LGBTQ+ communities.

Lindsey Hogan, Ph.D.

Dr. Hogan is a licensed clinical psychologist and neuropsychologist. She has supervised graduate students in clinical neuropsychological assessment and served as teaching assistant in the areas of ethics, statistics, experimental psychology, and psychotherapy. She is in independent practice in San Diego and provides neuropsychological evaluations of children, adolescents, and young adults.

Phil Cisneros-Seibel, Ph.D.

Dr. Cisneros-Seibel has served on the SDPA Ethics and Standards Committee since 2019. He is currently employed in private practice at Hillcrest Psychological Associates in San Diego and his specialties include treating anxiety, depression, relationship issues, and trauma in the adult population. He works in the treatment modalities of CBT, DBT, ACT, CPT, and Motivational Interviewing. He has experience working with individuals from diverse social and cultural backgrounds and has a commitment toward supporting the LGBTQ+ community. Dr. Cisneros-Seibel earned his Ph.D. in Counseling Psychology at Kent State University in Ohio and has worked in a variety of settings including private practice, community mental health, and a forensic psychiatric inpatient setting. While living in Ohio he served as a training director for the Ohio Psychology Internship Program and was a faculty member of the Psychiatry Department of Northeastern Ohio Medical University.

David Leatherberry, J.D.

David Leatherberry represents solo and small group health care practices, providing business, regulatory and licensing support. He has been counsel for the San Diego Psychological Association since approximately 2007, and regularly advises SDPA members and CPA "platinum" members on legal and ethical issues affecting their practice. He defends providers before all licensing boards, and advises practices on numerous compliance issues including privacy, anti-kickback, false claims, employment, and practice formation and transition. He is a past chair of the Health Law Committee for the California Lawyers Association, Business Law Section. He is a past instructor in Law and Ethics for psychologists, MFTs and counselors, and is a frequent panelist at the annual conference of the California Psychological Association.