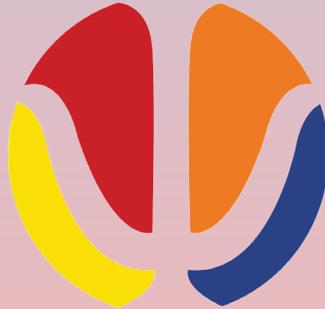




2019 AzPA ANNUAL CONVENTION SESSION BROCHURE



GREATER THAN THE SUM OF OUR PARTS:
INTEGRATING RESEARCH & PRACTICE

OCTOBER 31 – NOVEMBER 2, 2019
HYATT REGENCY PHOENIX | PHOENIX, ARIZONA

2019 CONVENTION COMMITTEE

Committee Chair:

Michelle Melton, PsyD

Committee Members:

Leo Caraballo, PsyD, ABPP, Jared Chamberlain, PhD, Melissa Flint, PsyD, Daniel Schulte, PhD, Neil Stafford, PsyD

KCA Representatives:

Coral Votroubek, Executive Director Jessica Painter, Coordinator Daphne Stokes, Administrator

HOTEL INFORMATION



The 2019 Annual Convention will take place at the [Hyatt Regency Phoenix](#) in Phoenix, Arizona. Hotel Accommodations are available Wednesday, October 30 - Friday, November 1 for \$185 per night plus applicable taxes until October 9, 2019, based on availability.

Book online at <https://www.hyatt.com/en-US/group-booking/PHXRP/G-SYC1>. Hotel availability is VERY LIMITED. Please book early to guarantee your room!

HYATT REGENCY PHOENIX • 122 NORTH SECOND STREET • PHOENIX, AZ 85004 • (602) 252-1234



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2019 ANNUAL CONVENTION

SESSION DESCRIPTIONS AND LEARNING OBJECTIVES

Visit www.AzPA.org for up-to-date program and speaker information.

[Click here to view all speaker bios](#)



THURSDAY, OCTOBER 31

Registration Begins at 8:30 a.m.

Pre-Convention Program 9:00 a.m. – 4:00 p.m. (includes 1 hour lunch break)

6 CE Credits are available for attendance at either Thursday session

Session I: Effective supervision practices: A trick or a treat?

Michael Redivo, PhD, Ruchi Bhargava, PhD, Sylvia Cohen, PhD, Andy Hogg, PhD, ABPP, Lisa Merrin, PhD, Cindy Olvey, PsyD, Alison Reuter, PhD, ABPdN, Daniel Schulte, PhD

In the spirit of Halloween, this 6 hour workshop is designed to address some of the scary and tough dynamics within supervision. The training offers a blend of process and pragmatics within the supervision of mental health professionals. We will cover 6 topic areas, including: 1) management of generational differences between you and your supervisee; 2) update of current supervision requirements for pre-doctoral and post-doctoral students; 3) administrative supervision; 4) challenging and growing your supervisees; 5) going out of your comfort zone; and 6) dealing with insecurities in supervision (supervisor and supervisee).

Each topic area will include a didactic component, as well as the use of live role play examples as the basis for discussing the application of concepts addressed in the didactic section. The role plays will demonstrate supervision reflecting challenging situations related to the topic areas, while incorporating active involvement of the audience in problem solving. The role plays will be followed by a question and answer period to help facilitate more learning, and providing the opportunity for addressing other specific situations faced by workshop participants.

Learning Objectives

- 1) Identify how generational issues impact supervision and how to use such differences to enhance the process
- 2) Identify how administrative supervision is different from clinical supervision and 3 ways to manage challenging administrative supervisory issues
- 3) Identify 2 ways of assessing and supporting supervisees to challenge themselves to grow and expand skill level
- 4) Demonstrate 3 ways to recognize and manage insecurities as a supervisor and use this to help strengthen the supervisory process
- 5) Describe updates on supervisory requirements for pre-doctoral and post-doctoral trainees

Session II: The coaching workshop

Rick Day, PsyD, PhD, MBA, ABPP, John Blattner, PhD

This workshop is for clinicians who are interested in developing skills beyond their current training and practice, shifting into or expanding professional activities in coaching. For some, this may mean a complete shift, others may prefer a blended practice. We will address both. We look forward to providing an approach to support your journey of this path as you begin or continue your development in coaching.

Learning Objectives

- 1) Discuss the similarities and differences between psychotherapy and coaching as well as describe common coaching dilemmas and derailment risks
- 2) Identify the frameworks and core competencies clinicians have that can serve as important aspects in the foundation for coaching work
- 3) Analyze different frameworks, methods and tools that are commonly used in coaching
- 4) Discuss common dilemmas, boundary challenges, and ethical considerations in coaching
- 5) Develop a framework to anchor and extend experience (skills and perspectives) in coaching

6:00 – 7:00 p.m. • Annual Business Meeting

FRIDAY, NOVEMBER 1

7:00 – 8:00 a.m. • Breakfast and Sunrise Yoga Session

8:00 – 8:30 a.m. • Welcome and Introductions

8:30 – 10:00 a.m. • Morning Keynote • 1.5 CE

Morning Keynote: Building a disability-friendly practice: Reflections on utilizing research to create a niche private practice

Megan Carlos, PhD

This presentation sets out to accomplish two specific goals. First, it seeks to frame how research, widely-defined, can be utilized to inform the development of clinical practice with a specific population, namely individuals with disabilities. Multiple examples of how utilizing literature review and conducting small-scale qualitative studies are tools to better understand the clinical needs of a specific population will be provided. Second, this presentation seeks to present information on how to best serve the treatment needs of individuals with disabilities. This presentation will draw from research within psychology, disability studies, sociology, and medicine to illustrate how there are multiple ways to define disability, to describe common experiences of individuals with disabilities, and to describe components of culturally-competent treatment of individuals with disabilities in psychotherapy. Findings of small-scale qualitative studies about the needs of clients with specific disabilities will also be referenced.

Learning Objectives

- 1) Distinguish between at least 2 models of disability and articulate the relevance of these models to clinical practice
- 2) Describe 2 interpersonal experiences of individuals with disabilities, and how these experiences influence treatment relationships
- 3) Summarize 3 ways in which research can be utilized as tools to improve the cultural competency of your practice

10:00 – 11:00 a.m. • Sponsor Break and Poster Session • *This break is sponsored by Crisis Response Network* 

10:15 – 10:50 a.m. • Red House Medical Billing Presentation

Jeff Hillam

11:00 a.m. – 12:30 p.m. • Breakout Session I • 1.5 CE

Session I A: Transgender 101: Basics of affirmative care

lore m. dickey, PhD

This session will provide participants with basic knowledge about transgender and gender nonconforming people. The session will also include a focus on the practice of affirmative care. Affirmative care is defined as culturally competent care that centers the work on the client and their needs. Providers who practice affirmative care address the ways that institutional barriers and intersecting identities impact a transgender person. In addition to providing information about clinical practice, the presentation will be informed by ethical considerations including autonomy, confidentiality, and multiple relationships. Providers who are new to working with transgender and gender nonconforming people will find this session to be informative and a general basis for understanding the unique needs of the community. There is no one-size-fits-all approach to work with trans people. Although this session is not intended to be in-depth to more advanced clinical concerns, plenty of time will be left to allow for questions.

Learning Objectives

- 1) Describe at least 3 different trans identities
- 2) Identify at least 2 ways that their language and actions can be harmful to their trans clients
- 3) Produce a statement that describes the concept of affirmative practice to their work with trans clients

Session I B: Is clinical virtual reality ready for primetime?

Albert "Skip" Rizzo, PhD

Virtual Reality (VR). This use of VR simulation technology has produced encouraging results when applied to address cognitive, psychological, motor, and functional impairments across a wide range of clinical health conditions. This presentation addresses the question, "Is Clinical VR Ready for Primetime?" After a brief description of the various forms of VR technology, this presentation will discuss the trajectory of Clinical VR over the last 20 years and summarize the basic assets that VR offers for creating clinical applications. The discussion then addresses the question of readiness in terms of the theoretical basis for Clinical VR assets, the research to date, the pragmatic factors regarding availability, usability, and costs of Clinical VR content/systems. This will be presented in the context of descriptions and video examples of applications addressing Anxiety Disorders, PTSD, Addiction, Depression, PTSD, Pain Management, Stroke, TBI, ADHD, Autism, and Virtual Human applications

for clinical training and patient facing healthcare support. Ethical issues for the safe use of VR with clinical populations will then be detailed. While there is still much research needed to advance the science in this area, this presentation will make the case that Clinical VR applications are in fact “ready for primetime”. Moreover, if the science continues to bear out value, VR apps will soon become indispensable items in the toolbox of healthcare researchers and practitioners.

Learning Objectives

- 1) Describe the applications where virtual reality has been used in the study, assessment, treatment and rehabilitation of cognitive, psychological, motor processes
- 2) Explain and describe how recent advances in the creation of virtual humans can be used in clinical applications for training healthcare providers and for various patient-facing applications
- 3) Explain and describe the ethical and professional considerations for the safe and effective use of VR in clinical practice

Session I C: Demonstrating competent diversity practice through ABPP training and certification

Michael Tansy, PhD, NCC, NCSP, ABPP, Lisa Fischer, PhD, ABPP, Joel C. Frost, EdD, ABPP, Jessie Garcia, PhD, ABPP

The members of this symposium will discuss the history and current state of ABPP’s efforts to increase its membership and leadership from among psychologists of diverse backgrounds, to infuse diversity into ABPP’s culture, to promote rigorous examination of ABPP candidates regarding its foundational competency of diversity, and to highlight how specific individuals of diverse backgrounds experienced their ABPP board certification process, including how their examination teams addressed their aspect(s) of diversity.

Learning Objectives

- 1) Describe and identify the necessary elements required to foster greater inclusion of individuals of diverse backgrounds into professional organizations
- 2) Describe and discuss the history of ABPP’s efforts to increase its membership and leadership from among psychologists of diverse backgrounds, and the active role that an organization’s members can play in facilitating a more successful outcome
- 3) Describe how individuals of diverse backgrounds experience their ABPP board certification process, including how their examination teams addressed their aspect(s) of diversity
- 4) Describe the process of ABPP board certification and be able to apply this understanding to their choice to become board certified
- 5) Describe ABPP’s efforts to infuse diversity into ABPP’s culture, its unique challenges in this effort and its successes
- 6) Describe ABPP’s efforts to promote rigorous examination of ABPP candidates regarding its foundational competency of diversity

This session is sponsored by ABPP 

Session I D: The illusion of safety: Practical methods for maintaining safety as a mental health practitioner

John Delatorre, PsyD, Joel Dvoskin, PhD, ABPP, Stephanie Vitanza, PhD

This presentation will review the ways in which mental health practitioners are susceptible to violent acts. There will be a discussion on the difference between risk and threat assessments and why the latter is much more valuable for clinicians who want to be safe. Finally, organizational, physical plan, and communication (including verbal de-escalation) will be presented in order to make the workplace safer.

Learning Objectives

- 1) Describe risk factors that increase the likelihood to engage in violence
- 2) Describe verbal de-escalation techniques
- 3) Identify the dangers of using “profiles” when making determinations about safety

12:30 – 1:30 p.m. • Networking Lunch

1:30 – 1:45 p.m. • Sponsor Break

1:45 – 3:15 p.m. • Breakout Session II • 1.5 CE

Session II A: Transgender 201: Case examples in clinical work

lore m. dickey, PhD

This session will include exploration of case examples when working with transgender clients. Cases will include exploring co-occurring mental health concerns, workplace issues, developing self-advocacy skills, and collaboration with other professionals. Time will be available for providers to bring their own cases for consultation. The approach to treatment will be affirmative practice which is defined as: “counseling that is culturally relevant and responsive to TGNC clients and their

multiple social identities, addresses the influence of social inequities on the lives of TGNC clients, enhances TGNC client resilience and coping, advocates to reduce systemic barriers to TGNC mental and physical health, and leverages TGNC client strengths” (Singh & dickey, 2017, p.4).

Learning Objectives

- 1) Describe 1 approach to working with four different cases
- 2) Apply 1 ethical decision making model to a clinical practice case example
- 3) Articulate 2 ways that intersection identities further disadvantage the lives of transgender clients

Session II B: Therapeutic approaches to exercise addiction

LeAnne Tolley, MSK, CIAYT, ERYT

This presentation is designed to help clinicians recognize the difference between healthy exercise and exercise addiction, as well as identify the beneficial/detrimental impact that exercise may have on the mental/physical health recovery journey. Additionally, this presentation will offer therapeutic approaches that clinicians may utilize to process and promote a balanced approach to activity for health and wellness.

Learning Objectives

- 1) Define exercise addiction
- 2) Recognize signs and symptoms of exercise addiction in the mental health population
- 3) Identify at least 2 therapeutic approaches to exercise in the mental health population

This session is sponsored by Center for Change 

Session II C: Elevating and expanding your expertise as a sex therapist!

Janice Brundage, PhD

As freedom of expression impacts our sexual identities and practice, there is a growing need for education and training in the field of sexuality. Psychologists often are challenged by the complexities of clients that may present themselves in their agencies, organization and practice. Graduate programs frequently focus on one or two areas of investigations. This narrow methodology is very limiting. An innovative approach is viewing sex therapy from a comprehensive and holistic approach. Guidelines have been developed defining adequate training for therapists who would like to gain proficiency in this specialty. Important elements of a comprehensive program should include: reproductive anatomy, physiology, sexual dysfunction, attitude, value evaluation and gender identity and orientation training. This session will examine areas of knowledge important in developing expertise in sex therapy. The discussion incorporates credentialing requirements to meet these objectives. Included in the session will be a Power Point presentation from Dr. Rosalyn Dischiavo about exciting opportunities for training.

Learning Objectives

- 1) Identify 4 components of adequate training in sex therapy
- 2) Utilize a national certification opportunity in sex therapy thru the American Association of Sexuality Educators, Counselors and Therapists (ASSECT)
- 3) Describe education and training requirements for ASSECT Sex Therapy Certification

Session II D: Behavioral health in specialty care: Services for bariatric surgery candidates

John B. Martin, PhD, David G. Dubner, PhD

This presentation will review the types of psychological services that can be integrated into a bariatric surgery program, factors involved in providing those services, and outcomes observed with those services. The presentation will conclude with a discussion of how to combine the psychological evaluation and ancillary services into an integrated program.

Learning Objectives

- 1) Describe 3 common psychological contraindications for bariatric surgery candidates
- 2) List 3 ancillary services psychologists can offer to bariatric surgery candidates
- 3) Identify at least 2 roles psychologists may have in offering those services

3:15 – 3:30 p.m. • Sponsor Break

3:30 – 5:00 p.m. • Afternoon Keynote • 1.5 CE

Afternoon Keynote: How acceptance and commitment therapy liberates evidence-based practice

Steven C. Hayes, PhD

Evidence-based therapy is moving from the context free straight-jacket of “protocols for syndromes” to the vital new era process-based therapy (PBT), in which the needs and strengths of the individual client, their cultural background, the analytic and practical skills of the practitioner, and the uplifting role of the relationship between them can become central in both science and practice. This presentation will examine this change and the reasons for it and will link the key features of PBT to Acceptance and Commitment Therapy and its underlying psychological flexibility model. ACT is perhaps the best known and best developed PBT model but by seeing the link between known processes of change and a multi-dimensional, multi-level evolutionary account, ACT and the psychological flexibility model is revealed to be part of a larger superset of processes and methods. It is time for practitioners to demand more of evidence-based models; these changes show how and why that is possible.

Learning Objectives

- 1) Describe how process-based therapy changes the model underlying evidence-based therapy
- 2) Link known processes of change to a multi-dimensional, multi-level evolutionary account
- 3) Describe the 6 key psychological flexibility processes that undergird Acceptance and Commitment Therapy

5:00 – 5:15 p.m. • Sponsor Break

5:15 – 6:15 p.m. • Legislative Update/APA Address

Speaker TBD

6:15 – 6:45 p.m. • Presentation of Awards

6:45 – 8:00 p.m. • Awards Reception

SATURDAY, NOVEMBER 2

7:00 – 8:00 a.m. • Breakfast and Sunrise Yoga Session

8:00 – 9:30 a.m. • Morning Keynote • 1.5 CE

Morning Keynote: Disarming microaggressions: Microintervention strategies for targets, allies and bystanders

Derald Wing Sue, PhD

Given the immense harm inflicted on individuals and groups of color via prejudice and discrimination, it becomes imperative for our nation to begin the process of disrupting, dismantling, and disarming the constant onslaught of microaggressions. A review of response to racism suggests that microaggression reactions/interventions may be primarily (a) to remain a passive, retreat, or give up, (b) to strike back or hurt the aggressor, (c) to stop, diminish, deflect, or put an end to the harmful act, (d) to educate the perpetrator, (e) to validate and support the targets, (f) to act as an ally, (g) to seek social support, (h) to seek outside authority or institutional intervention, or (h) to achieve any combination of these objectives.

This keynote address will present a conceptual framework that (a) emphasizes the harmful impact of microaggressions on persons of color (b) includes a distinction between individual microaggressions that arise interpersonally and macroaggressions that arise on a systemic level, (c) acknowledges the importance of self-care in coping used by persons of color, (d) emphasizes the importance of diminishing and neutralizing not only harmful micro but macroaggressions as well, (e) suggests intervention strategies that can be used by targets, White allies and bystanders to disrupt racism, (f) examines the need to immunize and arm people of color and white allies in the resistance they are likely to encounter when exercising anti-racist actions, and (g) relate these interventions to the goals of social justice.

Learning Objectives

- 1) Define the term “microintervention”
- 2) Distinguish between microaggressions and macroaggressions
- 3) List 2 reasons for inaction and silence in the face of a biased statement or action
- 4) Discuss 2 examples of the psychological benefits that accrue to those who engage in anti-bias actions
- 5) Provide at least 2 examples of the major goals of microintervention strategies

9:30 – 10:00 a.m. • Sponsor Break

Session III A: The impact of childhood experiences on wellness in the LGBTQ community**Marcus Earle, PhD, LMFT, CSAT, S-PSB, Rick Isenberg, MD, LAC**

The LGBTQ community has been found to be at substantially higher risk for victimization, homelessness, suicide, substance use, STIs, and a host of other mental health and medical issues. Large population studies have identified risk factors, largely adverse experiences in childhood, that predispose this population to poor outcomes. Studies have also identified resilience factors that mitigate these risks and promote wellness and life satisfaction. It is out of the complex interaction between childhood adversity and resilience factors that self-worth, personal identity, and life satisfaction emerge.

This talk will examine the impact of childhood experiences on the development of self-worth, attachment style, and emotional and medical well-being in the LGBTQ community. Through review of recent literature, we will look at childhood adversity and connect the dots between the hardships that LGBTQ youth face in our society (bullying, bashing, rejection, physical/sexual abuse) and the low self-esteem and sense of unworthiness that may lead to addiction, compulsivity, homelessness, depression, and suicide. We will also look at the type of supportive childhood experiences that promote resilience, self-acceptance, and good mental health. We will examine how the various experience of adversity and support combine and manifest in the development of identity, relationship satisfaction, and wellness.

Learning Objectives

- 1) Describe 5 ways that the role of adverse childhood experiences (ACEs) impact the development of personality, self-esteem, and mental illness
- 2) Identify 5 resiliency factors that lead to positive self-worth, stable attachment, and emotional resilience in the LGBTQ community
- 3) Describe 4 ways that adverse childhood experiences (ACEs) and resiliency factors affect the development of self-worth, sexual identity, sexual expression, and relationship satisfaction in gender and sexual minorities

Session III B: Companionship the mourning soul: A mindfulness-based bereavement care model**Melissa Flint, PsyD, CT, CCTP**

As clinicians, we are often taken back by the enormity of suffering brought into our offices by grieving clients. This is particularly true when dealing with traumatic grief, including the death of children. This presentation will explore a companionship model with an emphasis on the conscious and intentional approaching of grief. We, as clinicians, have often not been trained to experientially approach suffering, to help our clients do the same, nor how to utilize self-care/awareness to combat traumatic stress in our work. In this training you will learn about the ATTEND Model and understand the concept of Companionship as it relates to mindfully working with those who are bereaved. Utilizing nearly 2 decades of experience with the traumatically bereaved, Dr. Flint will share research, insight, and practice application to help us work more effectively with those whose pain is so great.

Learning Objectives

- 1) Identify 6 parts of the ATTEND Mindfulness-based bereavement care model
- 2) Define the concept of companionship the traumatically bereaved
- 3) Identify 2 ways to incorporate mindfulness based bereavement care techniques into work with clients
- 4) Identify how the ATTEND model identified cultural diversity through the "Nuance" concept of this model

Session III C: Be connected: Preventing veteran suicide through a community-driven upstream approach**Thomas Winkel, MA, LPC, NCC, R. Blake Chaffee, PhD, ABPP**

The national suicide rate for veterans is 1.5 times the rate of the general population (U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention, 2018). In an Arizona statewide needs assessment, 41% of veterans reported experiencing suicidal ideations and 1 in 3 veterans and family members were unaware of at least one number to call for help in a time of crisis (Arizona Coalition for Military Families, 2018). The interpersonal theory of suicide suggests that suicidal ideations begin with feelings of thwarted belongingness, perceived burdensomeness, and hopelessness, and is supported by veteran-specific research. New efforts to prevent suicide focus on reducing social isolation and promoting a model of connectedness, but rigorous evaluations of suicide prevention programs for veteran populations are rare. Arizona is leading the nation in developing the first statewide collective impact initiative to prevent veteran suicide through a public/private partnership model including state entities, the VA, and other key stakeholders. Established in 2017, the Be Connected program includes a 24/7 support line, an online and in-person resource navigation, and training for service members, veterans, family members, providers and helpers. The Be Connected upstream intervention model focuses on providing resources across all social determinants of health before an individual reaches the point of a mental health crisis.

Learning Objectives

- 1) Define and discuss a community-based upstream approach to preventing suicide among service members, veterans, and family members

- 2) Describe the unique social and systemic considerations when addressing the needs of service members, veterans, and military family populations
- 3) Practice using the Be Connected program tools that foster connectivity to support and resources

Session III D: Game on: Leveling up a psychologist's knowledge about online gaming

Shelly Marsh, PsyD

This training will (1) explore how research is informing psychologists to understand the online gaming culture, (2) explain the immersive neurological and social impacts players experience, and (3) detail the benefits and detriments of online gaming in the lives of clients and their loved ones. This training aims to depict a holistic, research-focused and therapeutically informed approach to gaming culture and its effects, both positive and negative.

Over the past decade gaming has challenged behavioral health practitioners to question how this recreational activity can be a behavioral health crisis or a benefit in the lives of clients and their social circles. As a result, more precise research has emerged to guide practitioners to improve prevention and treatment strategies, while maximizing the benefits of the gaming experience.

Online gaming is a \$100B/year industry engaging 100 million simultaneous people worldwide in any given hour, with the US having the 2nd largest share. Gaming is a recreational, social, educational and sometimes financially rewarding experience in the lives of gamers. Gaming crosses all ages, socio-economic levels, ethnicities and sexual orientations. In 2018 WHO added gaming disorder to the addictive disorders section to the ICD-11 and in 2013 the APA recognized internet gaming disorder as a condition for further research in the DSM-5.

Learning Objectives

- 1) Identify 5 aspects of online gaming culture; a multi-billion dollar international recreational, educational, and immersive experience
- 2) Learn how research is informing psychologists to be more effective in identifying 5 gaming benefits and 5 gaming detriments (physiological and behavioral)
- 3) Define 3 treatment approaches that are in practice and/or research informed

11:30 – 11:45 a.m. • Sponsor Break

11:45 a.m – 1:15 p.m. • Breakout Session IV • 1.5 CE

Session IV A: Promoting resilience and equity for LGBTQ youth of color

Veenod Chulani, MD, MSED, FSAHM, CEDS

LGBTQ people share membership in a group with historically marginalized social status relative to the cultural norms of exclusive heterosexuality and conformity to traditional gender roles and expectations. Additionally, their experiences are influenced by their other intersecting identities, including race/ethnicity. Existing literature on racial/ethnic minority LGBTQ populations describe challenges and disparities across multiple dimensions. These disparities must be interpreted in the context of chronic minority stress and structural, enacted, and internalized stigma.

Medical and mental health professionals working with racial/ethnic minority LGBTQ youth have the opportunity to create affirming environments, explore the influence of their membership in stigmatized groups, and address modifiable risk and protective factors across their social ecologies to promote resiliency, positive development and health equity for the population. This workshop examines sexual and racial/ethnic identity development as individual, concurrent, and intersecting processes and describes the impact of sexual stigma and racism on racial/ethnic minority LGBTQ populations. The workshop also describes affirmative, trauma-informed, culturally humble, and strength-based approaches in caring for the population while emphasizing interprofessional collaboration. The session will draw upon the experience of Phoenix Children's Hospital's Gender Management Service and Homeless Youth Outreach Program and will include a combination of didactic presentation and large group discussion.

Learning Objectives

- 1) Discuss sexual and racial/ethnic identity development as individual, concurrent, and intersecting processes
- 2) Define 3 aspects of racial/ethnic and sexual stigma
- 3) Describe at least 2 disparities affecting the racial/ethnic minority LGBTQ populations
- 4) Describe affirmative, interprofessional collaborative, trauma-informed, and strength-based clinical approaches in caring for LGBTQ youth

Session IV B: Culture-Centered inclusive leadership for and by women

Patricia Arredondo, EdD, NCC, Jean Lau Chin, EdD, ABPP, Y. Evie Garcia, PhD, Liza Cohen Hita, PhD, Andrea Romero, PhD

The terms diversity, equity, and inclusion (DEI) are pervasive drivers for change in universities, hospitals, and other workplaces that strive to value the access, representation, and success of historically underrepresented individuals and groups such as women. Research (Arredondo, 1996; Arredondo, 2019; Trimble & Chin, 2018) indicates that fulfilling DEI goals requires transformational, culture-centered leadership, and inclusive, integrative models. The models and practices are examples of applied psychology.

The workplace as a gendered context in heteropatriarchy-structured organizations (Ely & Kimmel, 2018) where women have to walk the “borderlands” will be examined with examples of structural barriers (unconscious biases, presumed incompetence) and assets (empathy and empowerment) for inclusion. Also discussed is resonant leadership (Goleman, Boyatzis & McKee, 2002; Arredondo, 2019), grounded in LatCrit Theory, critical hope and healing (Chavez-Dueñas and Adames, 2019). This is a theoretical framework with practical application for women’s “ways” of listening, empathy and caring.

The symposia will be led by women leaders who strive to promote inclusive diversity practices with and for women of all dimensions of identity and developmental stages of their career and in different work settings—educational, mental health, and the private sector. Examples of their inclusive leadership practices include mentorship, coaching, and teamwork.

Learning Objectives

- 1) Specify 2-3 concepts that represent barriers to professional women’s advancement
- 2) Identify 2-3 examples of inclusive leadership
- 3) Identify 2-3 leadership concepts that apply to women’s ways of leading
- 4) Identify 2-3 cultural strengths women draw upon in leading

Session IV C: Who’s on first: Current issues in third party service situations

Faren Akins, JD, PhD, Andy Hogg, PhD, ABPP, Jeni McCutcheon, PsyD, MSCP, ABPP

This program examines third party situations involving: 1) assessments (i.e., pre-employment screening, fitness-for-work evaluations, disability eligibility assessments, etc.); 2) intervention services (i.e., employer-offered wellness programs, court-ordered treatments, employer-required DV, sensitivity, or substance use counseling, etc.); and 3) management of requests for records made by someone other than a patient or evaluatee.

• *This program is designed to meet criteria for Ethics credit, however, final determination is made by the ABPE.* •

Learning Objectives

- 1) Identify 3 challenges of providing services in third party service situations
- 2) Identify and manage ethical and legal duties to multiple parties in third party service situations
- 3) Articulate the ethical controversies about ownership of records when there are multiple clients

Session IV D: Using telehealth for PTSD treatment and TBI Evaluations with veterans

Mary Lu Bushnell, PsyD, ABPP-CN, Courtney E. Baker, PsyD

Telehealth is a rapidly growing treatment modality. It has been shown to increase access to high quality health care services by using information and telecommunication technologies to provide health care services when the patient and practitioner are separated by geographical distance. The VA system currently has the largest telehealth program and is continuing to expand. Specifically, telehealth is growing in the areas of PTSD treatment and traumatic brain injury evaluations, among other areas of mental health care, within the VA. Studies have shown that providing PTSD treatment via telehealth is a viable treatment option for veterans who cannot easily access care because of geographic distance and may serve to reduce the negative impacts from stigma. Additionally, considerable development has occurred in the areas of telerehabilitation and telehealth for patients with TBI and research has shown that a majority of patients with TBI can engage with distant providers successfully. This presentation aims to share how telehealth is successfully being utilized at the Phoenix VA in order to treat and assess Veterans with both PTSD and TBI.

Learning Objectives

- 1) Describe ways in which telehealth is being used in different ways to treat Veterans
- 2) State at least 3 advantages of using telehealth for conducting assessments and interventions via telehealth
- 3) List some of the obstacles to utilizing telehealth and strategies for overcoming these challenges

1:15 – 2:00 p.m. • Networking Lunch

2:00 – 2:15 p.m. • Sponsor Break

Session V A: Trans: The movie**Iore m. dickey, PhD**

This 90-minute documentary follows several trans people across their transition and other life experiences. The film does an excellent job of describing the types of challenges faced by transgender people. The discussion after the movie will allow for participants to explore their reactions to the movie and the types of common assumptions that are made when working with trans people. The discussion leader will have several questions ready for exploration from the participants. Topics covered in the movie including parenting, coming out, readiness for surgery, and suicide. The filmmaker (Mark Schoen) weaves the stories of trans people together in such a way that the stories are captivating and informative.

Learning Objectives

- 1) Describe 2 kinds of challenges faced when engaging in family planning
- 2) List 3 challenges faced by trans people
- 3) Describe at least 2 ways one can support a trans client in preparation for surgery

Session V B: National issues and trends in professional psychology**Cindy Olvey, PsyD, Deborah C. Baker, JD, Janet Orwig, MBA, CAE, Michael Tansy, PhD, NCC, NCSP, ABPP**

External changes impacting professional psychology are occurring at a rapid pace in technology and health care delivery. Changes initiated within the profession are also occurring as evidenced by an increased focus on the competence of health service psychologists. This program will focus on three areas occurring at the national level that are affecting professional psychology now and into the future. Research guiding each area will also be discussed.

- The American Board of Professional Psychology (ABPP) is reinventing the specialty board certification process to include Maintenance of Certification in an effort to demonstrate and ensure ongoing competence of professional psychologists in specialty areas.
- In response to the increased demand for electronic delivery of psychological services, the Association of State and Provincial Psychology Boards (ASPPB) developed the Psychology Interjurisdictional Compact (PSYPACT). To date, nine states—including Arizona—have adopted the PSYPACT and implementation has recently begun. Arizona psychologists will soon have the opportunity to expand their practices to cross state lines electronically or temporarily in person.
- The American Psychological Association (APA) is currently pursuing accreditation of Master's level programs in psychology in response, in part, to marketplace and workforce factors in meeting the increased demand for mental health services as well as keeping pace with the shift toward integrated care.

Learning Objectives

- 1) Describe the process by which a psychologist demonstrates competence through board certification
- 2) Identify and describe 3 ways PSYPACT benefits consumers and psychologists
- 3) Identify 3 ways the development of an evidence-based scope of practice in psychology for individuals trained at the master's level will impact services provided to the public and health service psychology broadly

Session V C: Eighteen candles: Transitioning into the adult mental health system**Jennifer Weller, PhD, Gwen Levitt, DO, Brian Theut**

At the stroke of midnight when an adolescent turns 18, he is suddenly considered an "adult." Mental health services must transition from the child/adolescent system of care to the adult system. Although chronologically "adults" in the eyes of the law, many 18-year-olds lack the capacity to make informed decisions about their mental and medical health, education, and vocational needs. Parents and caregivers of adolescents with severe mental illness, neurodevelopmental disorders, or youth in the custody of the Department of Child Services must plan ahead to guide these individuals through the complicated system of mental health care. Enrolling in necessary services as an adult occurs on a voluntary basis. Many adolescents require guardianship to ensure that their needs are fully met. Psychologists and other mental health providers can assist these patients, families, and caregivers in understanding and navigating the maze of services. Dr. Weller, Dr. Levitt, and Mr. Theut will discuss the nuances of this transition from mental health and legal perspectives.

Learning Objectives

- 1) Explain how the guardianship process works in Arizona
- 2) Identify future needs of impaired individuals with mental health care, insurance, education, vocation, and finances
- 3) Understand available social services for young adults in Arizona

Session V D: Utilizing the therapeutic relationship during collaborative divorce: Attorneys as friends not foes

Jennifer Moshier, Heidi Quinlan, Kristine Reich

This program address the harmful psychological effects of traditional, litigated divorces and the beneficial aspects of reducing conflict in divorcing couples and families. Collaborative Process aims to reduce conflict and increase cooperation among divorcing couples, improving the chances of raising children with reduced conflict and greater cooperation, consistency and confidence.

Learning Objectives

- 1) Describe the collaborative process to therapeutic clients
- 2) Identify the family's conflict style and contain conflict
- 3) Navigate therapeutic relationships as a divorce is filed
- 4) Explain preliminary legal options to patients and clients

3:45 – 4:00 p.m. • Sponsor Break

4:00 – 5:30 p.m. • Afternoon Keynote • 1.5 CE

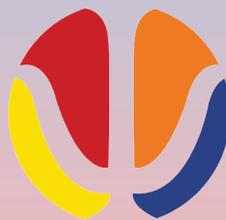
Afternoon Keynote: Racial trauma and the promise of psychedelic psychotherapies

Monnica Williams, PhD, ABPP

Past and recent research suggests that psychedelic drugs can be effective for many mental health conditions when utilized in conjunction with psychotherapy. For example, MDMA-assisted psychotherapy has been studied as a means of helping people overcome posttraumatic stress disorder (PTSD), believed to work by reducing fear of traumatic memories and increasing feelings of trust and compassion towards others, without inhibiting access to difficult emotions. However, research studies of psychedelic psychotherapies have largely excluded people of color, leaving important questions unaddressed for these populations. Dr. Williams will discuss the ethnic minority trauma experience, including racial trauma, and how psychedelic therapies may help or hinder healing for people of color. Also discussed are next steps in ensuring that access to culturally-informed care is prioritized as MDMA and other psychedelics move into late phase trials and expanded access, including the importance of culturally-informed approaches and training focused on therapy providers of color.

Learning Objectives

- 1) Describe the key components of psychedelic psychotherapy
- 2) Describe and identify sources of racial trauma
- 3) Describe 3 ways people of color are underrepresented in the implementation of psychedelic psychotherapy



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