

2009 Continuing Education Sessions at SWPA Convention (April 2-4)

SWPA 2009 will have 8 Continuing Education Sessions, all of which have been granted APA approval through the Missouri Psychological Association (MOPA). MOPA is approved by the American Psychological Association to offer continuing education for psychologists. MOPA maintains responsibility for the the continuing education portion of the SWPA program.

All Continuing Education (CE) Workshops will be in the Yellow Rose Room. The tentative schedule is give below, along with descriptions of each session.

THURSDAY – April 2

CE1 Ethical Principles and Beyond: Introduction to a Novel Model of Ethical Reasoning (8:30 – 11:30)

Michael Walker, Ph.D. and Gary F. Ford, Ph.D.

Psychology, along with other professions, has well-defined ethical principles and a detailed code of professional conduct. Professional ethical guidelines have generally been developed from classical Western philosophical theories of ethical obligation, focusing particularly on Utilitarianism and Kantian Formalism. Despite the well-organized principles guiding professional conduct, contradictions between ethical principles continue to create difficult ethical dilemmas faced by professionals. For example, a dilemma frequently encountered by rural psychologists concerns the ethical duties to avoid dual relationships, on the one hand, and to ensure that clients have access to services, on the other. Traditional philosophical models offer limited structure for reasoning through ethical dilemmas commonly faced by professionals. While licensing boards and training programs emphasize the importance of discipline-specific ethical principles and codes of conduct, little attention is given to the process of ethical reasoning. Ford's contextualist model, presented in *Ethical Reasoning for Mental Health Professionals*, (Ford, 2006) has two major advantages over traditional models of ethical reasoning. First, the model assists in differentiating contexts involving multiple or competing ethical considerations from those that are less ethically complex. Second,

the model provides an organized set of steps professionals can use to resolve complex ethical issues in a rational manner. The model is designed to apply to ethical issues that might arise in any area of psychological practice (e.g., teaching, research, consultation). The model does not result in absolute answers to ethical problems; rather, it provides a framework that will enable professionals to arrive at an informed, rationally-based decision regarding what to do in a specific set of circumstances.

This workshop will review current APA ethical principles in the context of Utilitarianism and Kantian Formalism, noting potential conflicts created from the combined use of these two (often conflicting) philosophical models of ethical obligation. Ford's contextualist model for ethical decision making will be introduced and several case examples will be discussed in relation to the model. Workshop participants will have the opportunity to develop a better understanding of the conflicts inherent in psychology's ethical code and to learn how to apply Ford's eight-step contextualist model of ethical reasoning in resolving practical ethical conflicts in a rational manner. The workshop will satisfy three hours of ethics continuing education requirements for psychologists.

CE2 Parenting, Stress, Coping, and Communication: What Works for Families in Therapy? (12:30 – 2:30)

Cyndra A. Pilkington, Ph.D., LPC, NCC

The stress and anxiety of life events, divorce, death in families, financial issues, losing one's job, interactions with the legal system among many other types of problems can be overwhelming to all members of a family. The issues created by the changes in the family's life-style and within the family structure may seem without solution.

This workshop which is based on the train the trainer format will offer practical solutions to many of the problems faced by families in today's world. This workshop will focus on both the needs of the child and their interactions with their parents. The goal is to assist practitioners to empower parents in continuing their roles as parents in a healthy and positive manner.

Goals and Objectives: [Based on CBT – Cognitive Behavioral Therapy Principles]

1. Stress / anxiety reduction for the family and each individual member
2. Child developmental stages and the impact of family crisis
3. Communication Skills – [both with children, siblings, and parents]
4. Parenting Techniques – [Time out, Power of Choice, Anger Management, Teachable Moments]

CE3 TPA Sponsored: Ethics, Self-care, Dealing with Licensure Boards and Managing Risk (3:00 – 5:00)

Brian Stagner, Ph.D.

This is a basic program that is aimed primarily at early career psychologists and at licensed practitioners. Program will cover the relationship between self-care and risk management: most ethical transgressions occur during or following periods of personal impairment when a psychologist's judgment may be impaired. Principles of self care and risk management will be linked to concrete procedures. The last section will provide guidelines for responding to inquiries from licensure boards and the court system.

Dr. Brian Stagner is Clinical Associate Professor in Psychology at Texas A&M University. He is also the director of Associates for Applied Psychology, a multispecialty group practice in College Station, TX. He is a former chair of the Texas State Board of Examiners of Psychologists and he is the president-elect of the Texas Psychological Association.

FRIDAY – April 3

CE4 Army Center for Enhanced Performance (ACEP): Guiding Injured Soldiers to Successful Rehabilitation (8:30 – 9:30)

Todd Ryska, Ph.D., LPC

Since 1993 the Center for Enhanced Performance, founded by the United States Military at West Point, has employed innovative techniques and strategies to develop the mental strength and optimal performance of its future officers. This exciting program has been adopted by the United States Army at-large to enhance the personal strength and professional excellence of Soldiers, their families, and the Army community.

A current challenge for the U.S. Army Medical Corps is to ensure that injured Soldiers deal effectively with their injuries and eventually return to duty or transition to a productive and meaningful life beyond their Army careers. In this context, ACEP provides assistance to Warrior-in-Transition Units (WTUs) as a member of the Army Comprehensive Transition Care team which is comprised of a variety of health-care professionals including psychiatrists, psychologists, social workers, occupational and physical therapists, nurse case managers, and Army personnel. ACEP performance enhancement specialists take an educational approach in providing mental skills training to injured Soldiers which augments the services they receive from other team members. Through ACEP training, injured Soldiers learn to effectively manage the challenges of their rehabilitation process, develop powerful self-identities, and consider new possibilities of an active and meaningful life following their military career.

Based on cutting-edge performance psychology research, the ACEP Performance Education Model is comprised of a set of integrated skills which together provide Soldiers the mental preparation and strength to achieve excellence in life. ACEP training provides injured Soldiers the opportunity to learn, practice, and master the mental and emotional skills required for successful transition from injury to military duty or civilian life. Five mental skills provide the foundation of the ACEP Model. Building Confidence involves learning to think and react in deliberate and effective ways in order to create the energy and optimism required to trust oneself in times of adversity. Goal Setting entails creating and utilizing a systematic approach to plan, advance, and persevere through challenges. Attention Control involves the ability to determine relevant task cues and develop and maintain a proper focus despite distractions. Energy Management addresses those skills required to efficiently mobilize physical and mental energy as well as restore energy effectively under pressure. Integrating Imagery refers to multi-

sensory mental rehearsal which serves to program the mind and body to perform automatically and successfully when under pressure. Each of these five ACEP lessons work together to help Soldiers achieve the mental strength required to make an optimal transition from injury to a meaningful and productive life.

The purpose of the workshop is to 1) describe the performance-related obstacles which challenge injured Soldiers as they navigate through the rehabilitation process, 2) explain how these challenges are addressed through the content, purpose, and training of ACEP skills, and 3) provide participants an opportunity to experience selected ACEP learning experiences.

CE5 Mastering the Mental Status Examination (10:00 – 11:30)

Larry S. Dilks, Ph.D.

The mental status examination is a process of rapidly gathering information in a semi structured interview format which facilitates diagnosis and treatment planning. There is not one mental status format, but many, each with a different area of emphasis and goals to be achieved. In this two hour workshop participants will be introduced to the fundamental components of the mental status to include assessment of alertness, attention, receptive and expressive language, memory, motor, perceptual-motor and, finally, executive functions. Emphasis will be distributed between assessment of neuropsychological aspects and functional aspects in a client's presentation. Identification and management of malingering will conclude the discussion.

Case studies will be presented so participants can observe the appearance of a pathological mental status and see how the examination procedure can be supplemented with a variety of brief psychological instruments such as clock drawings, Mini Mental State Examination and the Montreal Cognitive Assessment.

CE6 Diversity and Clinical Work: A Skill Set for Growth (1:00 – 3:00)

Jeff Lawley, Ph.D. and Stefanie Boswell, Ph.D.

Competence in clinical work with diverse clients is an ongoing challenge for psychologists. Many psychologists are aware of the traditional knowledge, skills, and awareness model of multicultural competence and are active in their attempts to develop in these three areas. Information related to knowledge of specific cultural groups is readily available, either through the literature or interpersonal interaction. The same is true for specific skills used in cross-cultural therapy, which can be developed through supervision and practice. However, awareness of how the self affects one's clinical work can be more difficult to grasp.

Self-Awareness in multicultural practice involves a self-assessment of one's beliefs and the way in which these beliefs come out in therapy. Psychologists bring more into the room than expertise and a theoretical orientation; they also bring along their own cultural identity and even a specific definition for cultural identity. In order to improve multicultural practice, psychologists should be prepared to work within the broadest possible definition of diversity. However, it can be hard to address growth in an area whose definition can remain nebulous.

This workshop is an attempt to address this difficulty. It will consist of a selection of group activities that are aimed at improving awareness of how the psychologist's own culture and background may affect their clinical work. One exercise will be a group discussion that will help aid psychologists in framing a broader definition of cultural identity. It will also aid in helping to create a framework for discussing culture in therapy, which can be an uncomfortable interaction at times. Additional exercises will aid in helping the attendees take inventory of their individual efforts to increase their level of multicultural competence and to identify useful avenues for growth. Diagnostic considerations related to culture will be addressed via a group case study. Finally, a framework for simple, ongoing projects that can greatly improve multicultural practice will be covered.

SATURDAY – April 4

CE7 Ethical Practice = Multicultural Practice:
Knowledge/Awareness/Skills for Mental Health Professionals (8:00 – 11:00)

Sally Stabb, Ph.D., Jenelle Christine Fitch, Luke Belsky, Martha Bergen, Amanda Dickson, Keidy Ding, Shelley Long, Julie Ann O'Donnell, Wendy Christine Peterson, Stacey Smith

This CE Workshop will present experiential exercises designed to promote the integration of multiculturalism as essential for ethical practice (Ridley, 1985). Three 45-minute segments of didactic information (15 minutes each), followed by a related “hands-on” activity (30 minutes each) would cover each of the primary areas identified for multicultural competence: knowledge, awareness, and skills (Sue & Torino, 2005). The experiential activities will occur in small break-out groups, each facilitated by one or two graduate students and overseen by the lead presenters.

In segment 1 (Knowledge), relevant aspirational multicultural and practice guidelines for work with racial-ethnic diversity, sexual orientation, gender, acculturation/immigration, and class issues (APA, 1990, 1991, 2000a, 2000b, 2003, 2007, 2008a, 2008b) will be briefly reviewed. Then Houser, Wilczenski, and Ham's (2006) Heuristic Model for ethical decision making will be presented in detail. This model explicitly integrates cultural issues and represents the dynamic processes involved in ethical decision making. For the experiential component of this segment, participants will address vignettes involving ethical dilemmas and multiculturalism in order to apply Houser et al.'s model.

In segment 2 (Awareness), didactic material will be presented on the ethical mandate for cultural self-awareness (Stuart, 2004). Topics related to self-awareness include recognizing aspects of one's own identity and the privilege or oppression related to those aspects, as well as biases and resistances learned via family of origin and the broader socio-cultural environment. The experiential exercise for this segment involves using a worksheet grid to examine variations in multiple identities of self and others.

In segment 3 (Skills), Takushi and Uomoto's (2001) model for conducting a diversity-sensitive clinical interview will be detailed. Additional literature that addresses specific skills involved in

"having the conversation" with clients about cultural differences between therapist and client will also be included. The experiential aspect of this segment will be an intake interview role play, with graduate students serving in the role of mock clients, and participants in therapist and observer roles. Interviews will be processed from all three perspectives (client, therapist, and observer).

CE8 TPA Sponsored: A Role-Based Quantitative Approach to Thematic Apperceptive Techniques (12:00 - 2:00)

Sharon Jenkins, Ph.D.

To evaluate patients' problems in light of their social roles, this TAT scoring approach integrates research on person-situation interaction with practical validity generalization specific to clients' life circumstances. Many clinicians use picture-story techniques to sample clients' responses to stimuli that represent specific social role relationships. However, no widely used scoring systems have provided empirical data supporting such use. This workshop teaches two quantitative systems scored from manuals that are published, along with research summaries, in the Handbook of clinical scoring systems for thematic apperceptive techniques (Erlbaum/Taylor & Francis).

Thomas's Affective Scale identifies role relationships among story characters and scores each between -2 and +2 according to the relationship's affective valence. The differential between scores for spousal relationships and other relationships (especially parental) distinguishes happily married couples from those less happily married. Feffer's Decentering System scores interactions between characters on a 9-point scale from undifferentiated through sequential to simultaneous interaction (internalization) at increasing levels of complexity. High scorers are better at differentiating characters and perspectives in Feffer's Role-Taking Task; violence perpetrators score lower than other outpatients. Treatment planning recommendations and the scientific rationale for generalization to clients' life circumstances are discussed.