

The California Psychologist



Fall 2017 ■ Volume 50 ■ Number Four

BEYOND BORDERS:

The Psychology of Immigration in California

2018 CPA Elections
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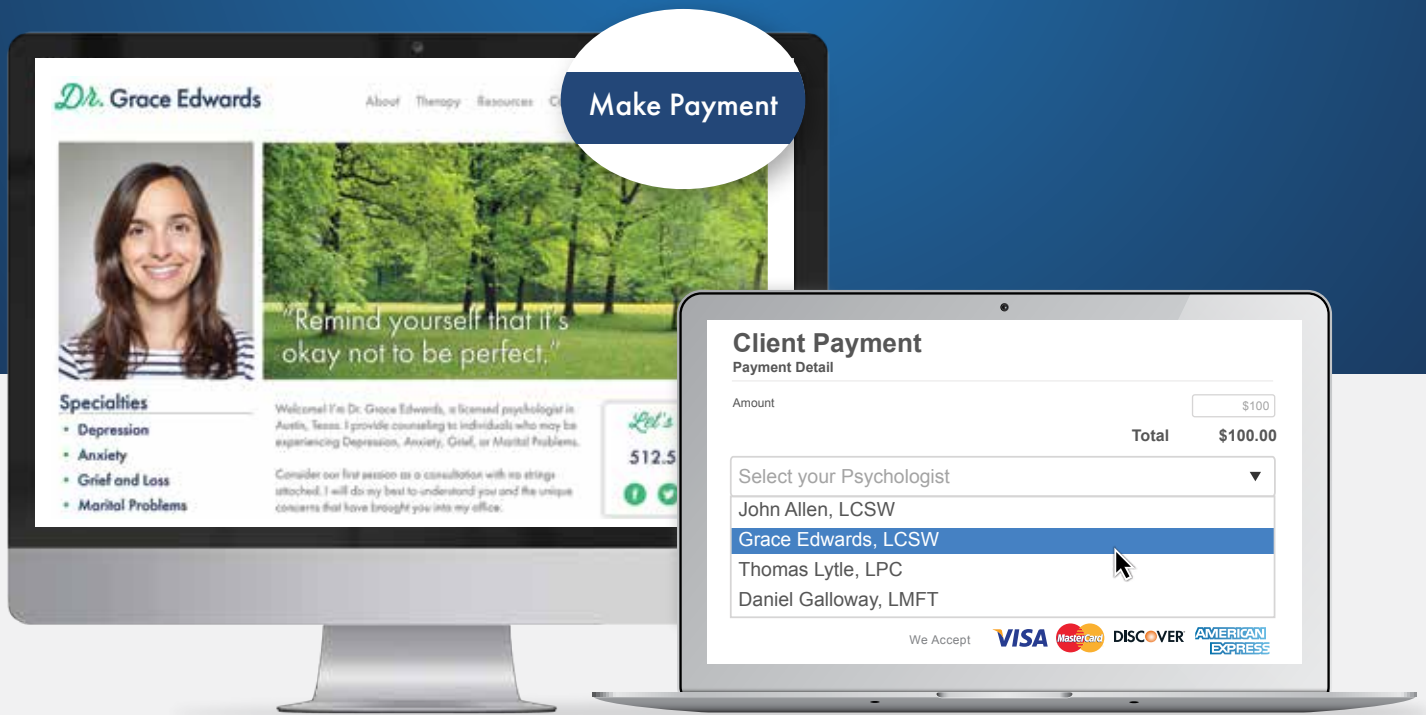
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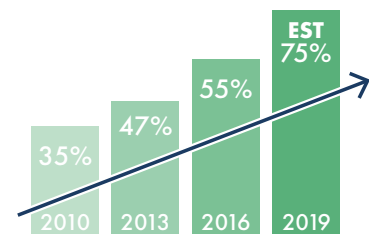


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Editor

Valerie B. Jordan, PhD, editor@cpapsych.org

Managing Editor

Patricia VanWoerkom

Designer

Debbie Pate-Newberry, Communications by Design

Advertising Manager

Diana Granger

Editorial Review Board

Carol Falender, PhD

Mary Harb Sheets, PhD

Kilanne Kimball, PhD

Judi Larson, PhD

Jo Linder-Crow, PhD

Jeff Tirengel, PsyD, MPH

The California Psychological Association

1231 I Street, Ste. 204

Sacramento, CA 95814

Tel 916-286-7979 ■ Fax 916-286-7971

www.cpapsych.org

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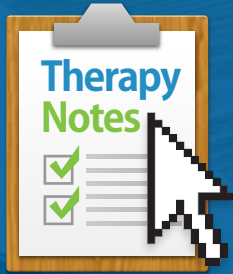
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Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

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Coming to America: Immigration Affects us All

Valerie B. Jordan, PhD

The current immigration situation probably reminds many of us about our own immigration history. Like many Americans, my family's immigration story begins with my maternal and paternal grandparents who had the courage to leave their country of origin in central Europe at the start of the 20th century during the wave of immigrants who came to America for economic, religious and political reasons. The story of their journey and courage was told to me many times by my first-generation parents with much gratitude for the safety and opportunity they found in New York City. I have recently learned through my genealogy research that along with my grandparents and their siblings came my maternal great-grandmother, as well as my paternal great- and great-great grandmothers. Growing up in NYC, the Statue of Liberty and Emma Lazarus' poem was an intentional focal point and reminder to me of the many freedoms my not-so-distant ancestors experienced in their new homeland. For this I am deeply grateful and increasingly moved by their story, and reminded that these opportunities are dearly valued.

This issue is devoted to a range of psychological issues facing Californians in general and psychology in particular. The first article by Dr. Germán Cadenas describes some specific data concerning immigrants in California as well as the reactivation of CPA's Immigration Task Force. The next article by Dr. Anatasia Kim and Dr. Daniela Kantorová addresses the issue of training current and future psychologists in the specific mental health issues that many immigrants face. They describe one program (the Wright Institute Sanctuary Project) that might inspire other doctoral programs to adapt their curricula to address some of these clinical issues. The third article by Dr. Diana Peña, Elizabeth Hernandez and Dr. M. Esmerelda Zamudio discusses the specific needs and barriers faced by undocumented college students attending California educational institutions, and ways in which these institutions might enhance their 'institutional responsiveness.' Next, Erika Portillo, Esq. describes some examples of psychological evaluations that psychologists can provide for undocumented immigrants.

Finally, in addition to CPA's efforts on behalf of immigration issues in California, I encourage readers to visit the wealth of resources concerning psychology and immigration advocacy and policy located at APA's Public Interest directorate (<http://www.apa.org/about/gr/issues/minority/immigration-related-initiatives.aspx>). ■

FROM THE EDITOR



Valerie B. Jordan, PhD

(editor@cpapsych.org) is Emerita Professor of Psychology at the University of La Verne from which she retired after 30 years of graduate teaching, program administration and clinical supervision. She has served on the CPA Ethics Committee and the CAPIC Board of Directors, and this year is a Visiting Professor at the University of San Francisco's PsyD Clinical Psychology Program.

We Heard Your Feedback!

We have broadened the theme of the 2018 convention, and we have extended the deadline for proposals!



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Immigrants in California: Protecting and Serving the Vulnerable

Douglas C. Haldeman, PhD



Douglas C. Haldeman, PhD

(doughaldeman@aol.com) is Professor and Chair of the Doctoral Program in Clinical Psychology at John F. Kennedy University

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I grew up in an extended family household of immigrants in the 1950's. Then, as now, "mainstream" Americans seemed to be of two minds regarding those who had recently arrived from other countries with diverse languages and cultural traditions. On the one hand, Americans valued the United States as a land of equal opportunity, symbolized by the Statue of Liberty's welcoming words and posture in New York harbor. On the other hand, in day-to-day practice, immigrants were often viewed with suspicion for their seemingly odd customs and traditions, derision for their lack of facility with English, and outright hostility. I can still recall the stress and anxiety in our home that resulted from longer-term residents' maltreatment of "foreigners." Try to fit in, I was instructed. Don't speak our language outside the house. Don't invite your friends over unless you are "sure" of them.

The palpable stress I felt as a child of a white, middle class European family can only be exacerbated in today's environment in which immigrants are routinely targeted – politically, institutionally and interpersonally – on the basis of race/ethnicity, SES and non-Christian religious affiliation. Immigration, therefore, often provokes mental health issues related to fears of safety, economic well-being and family security. As such, understanding immigration is among psychologists' responsibilities in caring for the public welfare.

Given our recent national conversations, it's easy to dismiss this issue as political. But let's look at the statistics: California is home to over 10 million foreign-born persons, 2.6 million of whom are undocumented (Public Policy Institute of California, 2017). Overall, this constitutes 27% of our state's population. If we are to serve the public, we need to demonstrate competency in working with immigrant populations and access appropriate community resources.

Does this sound like a tall order? As a Presidential initiative, I reconvened the Immigration Task Force, about which you will hear more in this issue. Their charge is two-fold: (1) to develop a compendium of immigration-related resources for psychologists, and (2) to provide recommendations for best practices in working with these populations. Under the leadership of Dr. German Cadenas of UC Berkeley, they have hit the ground running. We look forward to the work products of this important group.

In the meantime, I ask us to remember our duty to serve the public. Unless you identify as Native American, all of us have roots elsewhere. Let's treat our immigrant brethren the way you wish your own family had been treated when it came here. ■

A special thanks to our
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Happy New Year

Jo Linder-Crow, PhD

"THIS is why I'm a CPA member!"

"If CPA had a rating system, I would give you 5 stars!"

"You really helped me – great customer service."

We love hearing this kind of comment from our members! These came from members who called for a practice consultation, a question about navigating the procedures of the Board of Psychology, and a question about how to access their member profile on the website. The CPA staff is here every day, answering questions and doing our best to do more of what our members love, and need.

We are also gearing up for the new CPA membership year! Why do we start so early? Because we are building the resources that allow us to provide this kind of service to you, our members! To be honest, we have faced some financial challenges over the past several years. We have had fewer new members each year, and we also have a growing number of members who qualify for life membership (due to their loyalty over the years to CPA) and therefore pay a reduced amount for dues. We offer deep discounts to new members, early career psychologists, and to students, because we believe in the value that CPA brings to those groups and we want to encourage their involvement.

However, there is no other way to say it except that lower membership equals fewer dollars to support operations. We have reduced our staff at CPA to accommodate these changes in membership and revenue, but I am confident that unless you knew that you might not have realized it because we are committed to the high level of member service you want, and that we like to deliver.

Now it's your opportunity to help CPA by (1) renewing your membership and (2) doing it early (and online). Why? Early renewals give us an early indicator of how we are doing in meeting our membership goals. (And helps your CEO sleep better at night.) Additionally, online renewals save us money because the more people that renew online the fewer hard copy invoices we must mail. Every little bit counts.

There is one more thing you can do. Recruit a member. Teach your colleagues about the value of CPA, to you and to the profession. Challenges to your practice and to the values we all share are everywhere, so we need your help to maintain a strong association. I promise you that we will continue to use that strength to support you, and the work you care about, every step of the way! ■

FROM THE CEO



Jo Linder-Crow, PhD

(jlindercrow@cpapsych.org) is the Chief Executive Officer of the California Psychological Association. You can follow her on Twitter at <http://twitter.com/jlccpa>. You can "like" CPA on Facebook at www.facebook.com/cpapsych, and join the CPA Linked-In group at www.linkedin.com.

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Please Vote to Elect Your CPA Board Members

CPA's Nominations, Elections, and Awards Committee is pleased to present candidates for the positions of President-Elect, Treasurer-Elect and two Directors at Large on CPA's Board of Directors. The President-Elect will serve in 2018 as President-Elect, in 2019 as President and in 2020 as Past President. The Treasurer-Elect will serve in 2018 as Treasurer-Elect and in 2019 and 2020 as Treasurer. The Directors at Large will serve a three-year term from 2018 - 2020.

All voting members of CPA will receive an electronic ballot via e-mail on September 29, 2017. Voting will be open during the month of October please watch for your e-ballot, and cast your vote!

The Board of Directors, whose members are elected by CPA members, makes policy decisions for CPA and has the primary responsibility for the legislative and advocacy activities of the Association. Your vote is your voice in setting the direction for CPA, so please take the opportunity to select our governance leaders.

Read the candidate statements, watch for your e-mail ballot, and **cast your vote by midnight, October 31, 2017.**

Jorge Wong, PhD

2017 Chair, Nominations, Elections, and Awards Committee

PRESIDENT-ELECT

Daniel Rockers, PhD

TREASURER-ELECT

Carrie Getz, PsyD

DIRECTORS AT LARGE

Vote for 2

(Listed Alphabetically)

Cheryl Bowers, PhD

Alette Coble-Temple, PsyD

Gabrielle Jones, PhD

Tracy Marsh, PhD

Tara Pir, PhD

Eric Samuels, PsyD

Marne Trevisano, EdD, PhD



Daniel Rockers, PhD

Candidate for President-Elect

Hello, I'm Daniel Rockers, running for CPA President-Elect 2018. I am running because I believe in CPA, and the services it provides for psychologist members throughout the state of California. I also believe that we can make our state psychological association even better by focusing on the following seven items:

1. **Establish a far-sighted precedent.** Develop a leadership ladder with an extended time horizon. We should be right now looking for and starting the process of who will be leaders in CPA in 10 years.
2. **Build a coalition** with other organizations. Strength in numbers is the game, and CPA should be a coalition leader. Build a coalition with a purpose; we should be leading a coalition to help deal with the community problem of homelessness or prescription privileges. The reason we should do this is that building working relationships takes time.
3. **Offer chapters development help.** CPA should provide direction and blueprints in how to grow chapters.

4. **Provide outlines for social gatherings** at the convention to build esprit de corp.
5. **Anticipate future psychology careers.** High school and undergraduate students should learn of opportunities in the future which lie at interdisciplinary crossroads. Psychology and technology will produce very interesting things, as will the intersection of psychology and biotechnology, or psychology and genetics. Help students — and our profession — by providing them information and getting them excited.
6. **Reward community leadership by psychologists.** Develop psychologists into leaders so they can and will enter community leadership positions. Provide rewards and incentives for psychologists to become leaders. Make it known that CPA values community involvement.
7. **Start thinking outside of the box.** For example, create the equivalent of "Summit Series," or TED talks at the state level. Let's create some activities that go beyond the normal thinking bounds.

Vote for Daniel Rockers, PhD for CPA President-Elect and you will be voting for innovation and change in CPA. ■



Carrie Getz, PsyD

Candidate for Treasurer-Elect

I am an ECP, licensed since August 2011, with a wide variety of work experience - primarily with underserved populations. I strive to be a strong advocate for mental health treatment and the many roles that psychologists can serve in. I have served in leadership roles as part of several interdisciplinary treatment teams in healthcare settings. My background includes training and working in various settings across the continuum of care, including Kaiser Permanente, UC Davis, county outpatient services, mandated drug treatment programs, crisis residential settings, inpatient psychiatric facilities, and other private and community-based behavioral health organizations. More recently, in January 2017, I joined a group private practice in Sacramento.

I have a long history of community and organizational involvement. I am currently serving, for the fourth consecutive year, on the board of directors for the Sacramento Valley Psychological Association (SVPA). This year, I am the SVPA LAN representative and co-chair of our newsletter. During the previous 3 years on the board, I served as Secretary and was actively involved in the 2016 Fall Conference Committee and the Speed Mentoring Committee. I was also the community outreach co-chair in 2015, chapter liaison to CPA in 2015, and SVPA & Health Professions High Schools collaborative PSA project/training in 2015 and 2016.

I am currently a member of the CPA Finance Committee. I have become more actively involved with CPA over the past few years and am interested in taking on a larger role in leadership. I am honored to be considered for the position of Treasurer-elect and hope to receive your vote. ■



Cheryl Bowers, PhD

Candidate for Director at Large

I am running for a second term as Director at Large because my work is not yet done. I will continue to use my years of experience, both as a chapter board member for nine years and a Government Affairs representative for the Monterey Bay Chapter for six years, to fight for the rights of psychologists and our clients. This is a critical time for psychologists – we are facing the very real possibility of substantial cuts to mental health care services for the most vulnerable in California, including children and the disabled. Many of us are working directly or indirectly with people facing life-changing immigration challenges. The CPA board needs members able to speak candidly and without fear and willing to work hard to represent psychologists and correct injustices when they occur. I have proven abilities in collaborative leadership. I was a member of the work group that wrote the CPA guidance document for psychologists following passage of the End of Life Options Act of 2016. I also worked with others on the CPA Board to produce op-ed pieces that made clear CPA's position that psychologists should never be involved in torture.

I serve as a liaison between the Chapters and Divisions and the Board of Directors. My primary goal is to provide all CPA leaders with a living document that can consolidate vital information about leadership tasks and roles. This should make

the leadership role clearer and more effective while reducing redundancy of effort. I saw a need and responded with action.

For eighteen years I have worked in private practice as a pediatric/adult neuropsychologist. I believe pediatric psychology deserves recognition as a growing workforce in psychology.

My CPA goals:

1. Work with elected officials and the public at large to protect mental health services.
2. Keep CPA and the practice of psychology relevant.
3. Promote diversity of membership.
4. Remain fiscally responsible. ■



We Need
Your Voice
In This Election

*Watch for your e-ballot
on Friday, September 29th
and vote!*



Alette Coble-Temple, PsyD

Candidate for Director at Large

As a Director at Large for CPA, it will be my goal to strengthen the bridge between science and practice for the continued development of multicultural research, policies and other initiatives in practice, clinical training and education for professional psychology. Inclusivity, social justice, and advocacy drive my approach both as a professor at John F. Kennedy University and as a practicing consulting clinical psychologist for the California Department of State Hospitals. As a professional woman with cerebral palsy, my foundational values are built around cultivating leadership skills, breaking down barriers, and strengthening community collaborations. The mission of CPA is to support and promote science and practice in serving the mental health needs of all Californians. In service of this mission, psychology needs to empower our members to embrace multicultural perspectives and engage in dialogue that fosters

learning and provides a framework for inspiration by bridging intersectionalities and embracing innovation. I am specifically dedicated to enhancing the dialogue between students and early career and late career professionals in psychology across California. We as an organization need to lead the discussion on strengthening competency based ethical practices while simultaneously advocating for the rights and protections necessary to advance future generation psychologists on their paths to licensure. I believe my twenty years' experience teaching, mentoring, consulting, and advocating social justice at the national, state, and local levels as well as my diverse clinical experience with marginalized populations qualifies me to serve as Director at Large of CPA. I am honored to represent our diverse constituency and look forward to advancing, promoting, and further elevating our profession for all citizens of California. ■



Gabrielle Jones, PhD

Candidate for Director at Large

Mental Health. After attending CSU-Long Beach for my bachelor's degree, I obtained my Master's and PhD at Oklahoma State University. I spent my internship year back in Southern California at Pacific Clinics in Pasadena. I returned home to the Bay Area to complete my postdoctoral residency at Kaiser Permanente.

I jumped into leadership as the Undergraduate Western Regional Representative for the National Association of Black Psychologists (ABPsi). I stayed in leadership from 2008-2016, working my way up to the Student Circle Chair and Professional Western Regional Representative. I was also nationally involved with APA as a student ambassador and active member in Divisions 17, 35, and 45.

Locally, I was Treasurer and Vice President of the Black Psychology Student Association at CSULB. I also served locally in

Hello! I am currently a Licensed psychologist working in the department of Adolescent Chemical Dependency at Kaiser Antioch

Oklahoma as Treasurer of the Counseling psychology student group. In 2017 I was credentialed by the National Register as a Health Service Psychologist, as the result of receiving their National Psychologist Trainee Register (NPTR) Credentialing Scholarship in 2014.

For CPA, I plan to utilize my experiences in various stages of leadership to strengthen support through transitional periods (undergraduate to graduate, graduate to ECP, ECP to mid-career). I also hope to increase diversity at each stage of the professional development process. CPA has much to offer and unfortunately many in the field of psychology are not aware of the resources available. My hope is to contribute to the growth of the organization in a way that increases peer and mentor guidance, and diversity within the organization. As an early career psychologist, I am eager to continue serving. Thank you for your consideration in electing me as your CPA Director at Large! ■



Tracy Marsh, PhD

Candidate for Director at Large

I am honored to be a candidate for Director at Large. I'm a graduate of USC's counseling psychology program and earned my baccalaureate from UC Santa

Cruz. I'm currently senior core faculty at Walden University.

I will bring experience in regulatory and legislative matters related to doctoral training of psychologists to this position. As Senior Core faculty, and (former) Program Director, I've presented to nearly a dozen Boards of Psychology across the United States, regularly attended APA, NCSPP, and WPA conventions, and have testified at the State legislature level on matters related to doctoral training. Our field is at a critical juncture concerning challenges to funding and services, and I am keenly interested in assisting CPA advocate for legislature on behalf of all Californians, but most importantly, our most vulnerable citizens. I also believe strongly in reaching out and motivating current psychology students to become engaged

and active in their state and national associations.

As an openly lesbian faculty with research specializations in sexual and gender identity development, I have served on several dozen dissertation committees focusing on LGBT issues, and co-founded an LGBT faculty research group at Walden. Outside of academia, I have been involved in local political advocacy groups, and fundraising for the Cambodian Children's Fund, the Los Angeles Regional Food Bank, and the Downtown Women's Shelter.

Cumulatively, these experiences have taught me great deal about how to collaborate and work with multiple stakeholders, how to work as a team to bring an idea to fruition, how to communicate and energize and perhaps most importantly - how to listen patiently and then translate expressed needs into actionable plans. I am eager to roll up my sleeves to help the California Psychological Association achieve its mission on behalf of its members and constituents. ■



Tara Pir, PhD

aka Tahereh Pirhekayaty, PhD

Candidate for Director at Large

If elected, the vision I would bring to the position of Director at Large is to promote eq-

uity in accessibility to mental health services through many strategic advocacy plans, inclusive of promoting legislative change. I believe psychology has much to offer to the international community in understanding and resolving our local problems, as we are both influencing and influenced by global issues. Accordingly, I support standardized international clinical training programs as a futuristic plan for professional workforce development in psychology.

I am Founder and CEO/President, of the Institute for Multicultural Counseling and Education Services, Inc. (IMCES), a non-profit community clinic, where I also serve as Chief Psychologist. I am experienced in financial resource development and managing performance outcome-based contracts. I am a Diplomate in Behavioral Medicine and Psychotherapy with the International Academy of Behavioral Medicine, Counseling and Psychotherapy, Inc. (IABMCP). I have contributed to the profession in clinical practice, clinical training and supervision, mentorship, consultation, numerous international

cross-cultural research and presentations at international conferences. I have also served in appointed and elected leadership positions, including as President of the International Council of Psychologists (ICP).

My over 25 years of service to the community: leadership in developing innovative APA-accredited clinical training programs for psychology interns and postdocs, human rights and social justice advocacy, international cross-cultural research, legal advocacy to stop recidivism, and raising awareness to eliminate stigma associated with mental illness have been recognized with awards and commendations from federal, state, and local officials, including recently being presented with a Proclamation from the Los Angeles County Board of Supervisors. I was the first recipient of the Community Champion Award for "achievement in supporting/promoting underserved, unserved, oppressed or marginalized peoples" presented at the 7th International Together Against Stigma Conference and was awarded the Organization of the Year Award in Washington, D.C., by PR News in recognition of demonstrated commitment to diversity. ■



Eric Samuels, PsyD

Candidate for Director at Large

I would be honored to serve as a Director at Large on the California Psychological Association Board of Directors. I have held several roles within CPA over the last few years, which includes serving as the Chair of the California Psychological Association of Graduate Students (CPAGS) during the 2014/2015 academic year, as a member of the 2018 and 2017 CPA Convention Committees, and as the current Local Advocacy Network Chair for the Alameda County Psychological Association. When I was Chair of CPAGS, I served as a member of CPA's Board of Directors. I believe that my experience as a former member of the Board would be helpful to me if I were elected to this position. As an Early Career Psychologist, I would bring a fresh perspective to the Board of Directors and to CPA. Students and ECPs are the future of our profession; as

such, I believe that they deserve more of a voice within CPA. If I were to have the honor of being elected as a Director at Large on the CPA Board of Directors, I would work hard to provide more programming and resources for ECPs and to formalize processes and procedures for CPAGS. If elected, I would also work to advocate for CPA and for the interests of psychologists on the local and statewide level. But, in order for CPA to have more political power, we need more members. Therefore, if I were elected to the CPA Board of Directors, I would work with CPA staff and the other members of the Board of Directors to create and implement a membership recruitment plan that would, hopefully, get more people to join. Furthermore, as a gay man and as a person with a disability, I would work to make CPA more-inclusive and open to psychologists and students of all backgrounds. ■



Marne Trevisano, EdD, PhD

Candidate for Director at Large


I believe in a humanistic, inclusive model of treatment and advocacy for consumers as well as a supportive helpful milieu for psychologists. As Editor of the Central Coast Psychological Association newsletter we achieved the outstanding newsletter award of 2017. Writing on behalf of CPA and disseminating such information to the membership will continue in my role as a Director at Large of CPA. CPA has a progressive stance to the social issues that exist in our society and I fully support their goals. CPA also provides an exciting, engaging yearly convention to which I would add my energy.

I was a member of CPA for about 10 years in the 1990s and rejoined again in 2013. In the past I held positions in the Alameda County Chapter. As a past team leader clinician in community mental health, adjunct instructor at Antioch West

in 1990s, staff psychologist in the Department of Corrections, contract psychologist at various non-profits for children and in private practice, I carry all these experiences into my daily work. As a member of the Cultural Competence Committee in San Luis Obispo County we address ways to engage diverse cultures with trauma-informed quality mental health treatment.

As many of us are aware some APA staff made egregious mistakes and I believe we must learn from this and take a forward stand to face and address what needs to be done to ensure that psychologists are serving the public well and that they also have respect from those they encounter in work environments such as insurance companies and government programs such as Medicare.

Thank you for your support through a vote for me to be on the CPA Board of Directors in their Director at Large position. ■



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Responding to the Needs of Immigrants in California: The CPA Immigration Task Force

Germán A. Cadenas, PhD



Germán A. Cadenas, PhD

(gcadenas@berkeley.edu) is Postdoctoral Psychology Fellow at University of California Berkeley's Undocumented Student Program and Chair of the California Psychological Association's Immigration Task Force. Since 2009, Germán has been active in advocating for immigrant rights at local, state and

national levels. He was involved in the founding of several non-profits that support the education of undocumented immigrants. Germán's academic research explores immigrant psychology in relation to educational outcomes, critical consciousness, and ally-development.

California, like the United States, is a land of immigrants where the movement of people to and around the state has been an important part of its history and success. The United States is home to about 44.7 million immigrants (López & Bailik, 2017) of which 76% are in the country "legally," 44% are naturalized U.S. Citizens, 26% are lawful permanent residents, 24% are undocumented, 7% immigrate as refugees, and 5% are temporary lawful residents. The immigrant population in the country is quite diverse, with most immigrants originating from Mexico, China, and India. The legacy of immigrants will be felt through decades to come, as it is expected that they will account for most of the U.S. population growth moving forward. According to Pew Research Center (López & Bailik, 2017) about 25% of all immigrants live in California, which is also one of the top states where undocumented immigrants and refugees reside. Nationwide, documented and undocumented immigrants alike tend to inhabit 20 metropolitan areas, 5 of which are located in the state of California: Los Angeles, San Francisco, Riverside, San Jose, and San Diego (Passel & Cohn, 2017). California is indeed home to more immigrants than any other state (Hayes, 2017) with a total of 10 million and composing about 27% of the entire population in the state.

These numbers reflect that the immigrant community, both in California and the United States, is sizeable, and this is a very positive phenomenon for the wellbeing of the state and country. It is known that immigrants tend to be younger in contrast to an aging U.S. population, which means that young workers will continue to sustain the economy as the "baby boomer" generation enters retirement. Immigrants make large economic contributions at every level. We are doctors, attorneys, nurses, teachers, and entrepreneurs who contribute to the high-skill workforce deficit in the U.S. economy. We also contribute to the labor force as workers in farms, construction, restaurants, hotels, and many other sectors. Indeed, immigrants found businesses at a higher rate than mainstream U.S. population, 38% of the self-employed population in California is immigrant (New American Economy, 2016), and nationally immigrants earn upward of \$1.3 trillion, contribute



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more than \$300 billion in taxes, and have a purchasing power of \$927 billion. One may argue that having immigrants is good for business and good for a healthy economy.

A Broken System Maintaining Psychological Distress in Immigrants

While data trends, personal narratives, and daily interactions with immigrants tell us about the vastly positive economic and cultural benefits we bring to the United States, the political rhetoric seems out of touch with these realities. Immigrants are portrayed by some political figures as “criminals” and “rapists,” despite research showing that immigrants tend to be more law abiding and commit less crime than native born-citizens (Ghandnoosh & Rovner, 2017). The narrative that criminalizes immigrants is one that is harmful to the socio-cultural diversity, economy, and well being of the country as a whole. As we know, these narratives serve to create a “stigma of illegality” of communities of color at large. These are communities that are already targeted by law enforcement and imprisoned at much higher rates than mainstream communities. Baseless narratives portraying immigrants as criminals also criminalize Latinxs, Asian, and Black as whole communities. This is alarmingly dangerous, as we have seen how these narratives have increased xenophobia and propelled the rise of “show me your papers” legislation. This type of inhumane policymaking increases immigration enforcement that tar-

“

The overall mission of the Immigration Task Force is to assist California psychologists working with immigrants, and helping them better understand the mental health experiences of millions of documented and undocumented immigrants in California.

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gets individuals based on race, ethnicity, and socioeconomic status. Nationally, the broken immigration system prioritizes individuals based on class, keeps most undocumented immigrants from entering a pathway to citizenship, and empowers law enforcement. This system seems to sustain the systemic oppression against some of the newest, most vulnerable and most contributing members of our society.

The psychological consequences of the broken immigration system converging with race-based enforcement and xenophobic narratives are well documented (Androff, Ayon, Becerra, & Gurrola, 2014; Santos, Menjivar, & Godfrey, 2013). Recent reports (Krogstad & López, 2016) suggest that 41% of immi-



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grants say that have experienced discrimination, in contrast to 52% of Latinxs, 71% of Blacks, and 30% of Whites. The intersection between immigration status, race/ethnicity, and class is as undeniable as it is complicated in its impact to the psychology of immigrants. The combination of immigration policies and experiences of discrimination often lead immigrants to feel anxiety, fear about authorities, uncertainty about the future, feeling unwelcome, difficulties in educational and career advancement, depression, post-traumatic stress, low self-esteem, social isolation, among other psychological distress. Moreover, psychologists agree that recent changes in immigration law by Executive Order, specifically the emergence travel bans, pose harm to immigrants as well as to academic research and international exchange (American Psychological Association, 2017).

The California Psychological Association's Immigration Task Force

The challenges pertaining to the mental health of immigrants, as a result of oppressive narratives and policies, may seem insurmountable and are far-reaching. There is no denying that a systemic effort is necessary to truly respond to the needs of immigrants during a historical moment of sociopolitical hostility. For this reason, the California Psychological Association's President Dr. Doug Haldeman decided to reactivate the Association's Immigration Task Force (ITF). Approved in

spring 2017, the Task Force will be in effect through December 2017 as a presidential initiative. The overall mission of the ITF is to assist California psychologists working with immigrants, and helping them better understand the mental health experiences of millions of documented and undocumented immigrants in California. The ITF is composed of a group of individuals with extensive clinical, academic, and personal expertise related to working with immigrants in psychological practice, on college campuses, conducting assessment for immigration cases, community organizing and advocating for policies to support immigrants at the local, state, and national levels.

With the Immigration Task Force, we hope to uphold the APA's Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002) and to build on the pioneer work of the APA Presidential Task Force on Immigration (American Psychological Association, 2012, 2013). The latter provides a state of the science literature review of immigrant psychology, as well as recommendations for working with immigrants in several settings including clinical practice. Rather than replicating this work, the ITF intends to provide recommendations specific to the context in California, having additional sensitivity to the current national sociopolitical climate. The ITF hosted a daylong kick-off and strategy meeting at John F. Kennedy University on July 8, 2017. The group engaged in extensive brainstorming sessions where we identified some of the mental health needs of immigrants during this period of time, as well as potential solutions that can be promoted by psychologists, including advocating for inclusive healthcare and mental health policies for immigrants.

Next Steps for the Immigration Task Force

To deliver on our mission, the ITF is currently working on two foci. The first is to gather resources to support psychologists' practice with immigrants. To this end, the ITF is currently reviewing existing educational resources, trainings, models, competencies, and other materials that are already in existence. We hope to compile these resources in a centralized location that is accessible to California psychologists. Another piece of this broader goal is facilitating the connection between the immigrant community and culturally competent and qualified psychologists who may be willing to offer their psychotherapy and assessment services pro-bono or low-bono. The ITF is currently exploring opportunities to coordinate with other organizations and entities who are pursuing similar projects, while devising a process for psychologists to sign up to a database of immigrant-friendly providers.

A second goal for the ITF is to provide a frame of best practices for culturally competent and responsive work with immigrants as recommendations for California psychologists. We are crafting these recommendations with large emphasis on what psychologists can do now, under the current climate, to ethically support immigrants in their professional practice as well as in their work within institutions. The ITF is hop-


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ing to also create practical and sharable documents that communicate to the public what psychologists can offer to society, beyond psychotherapy and assessment, when it comes to working with immigrants. Over the next few months, California psychologists may expect a number of resources from the ITF to support them as they work with immigrants to cope with unprecedented stressors, and to empower their clients and themselves in healing California and the country. ■

Members of the Immigration Task Force

Members of the ITF include Dr. Karina Ramos, Senior Staff Psychologist at University of California Irvine; Dr. Margaret S. Lee, Psychologist at University California Davis; Dr. Esmeralda Zamudio, Postdoctoral Resident at University of California Davis Specializing in AB540 and Undocumented Students; Dr. Ivonne Mejia, Postdoctoral Psychology Fellow at University of California Berkeley; Elizabeth Hernandez, Doctoral Candidate at Columbia University Teachers College with completed pre-doctoral internship at University of California Los Angeles; and Jose Arreola, Founder and Executive Director at UndocuHealing Project and Culture of Health Fellow with the Robert Wood Johnson Foundation.

The Task Force is chaired by Dr. Germán Cadenas, Postdoctoral Psychology Fellow with University of California Berkeley's Undocumented Student Program; and advised by Dr. Doug Haldeman, President of the California Psychological Association; Dr. Anatsia Kim, Associate Professor at The Wright Institute and former ITF Chair, and Dr. Janet Hurwich, psychologist, business woman, CPA Board Member, a former CPA President, and Chair of the CPA Foundation.

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Embracing Immigration: Challenge for Psychology Training Programs

Anatasia S. Kim, PhD & Daniela Kantorová, PsyD



Anatasia S. Kim, PhD

(akim@wi.edu) is an Associate Professor at The Wright Institute in Berkeley, CA. She is the former chair and current advisory member of CPA's Immigration Task Force. She recently organized the *Psychology, Law, and Advocacy: Working Together to Serve Immigrant Communities* conference that brought together psychologists, immigration attorneys, community activists, and legislators. Her other projects

include a pipeline to advanced degrees for historically underrepresented students and courageous conversations about culture and diversity.



Daniela Kantorová, PsyD

(dkantorova@wi.edu) is an immigrant from Czech Republic, and a Training Director at the Wright Institute Sanctuary Project and the Wright Institute Counseling Program at Contra Costa High Schools. She is a steering committee member for Psychologists for Social Responsibility, and a co-chair of the First Responders Committee of the

Anti Police-Terror Project. Her interests include addressing torture and state violence, and trauma prevention through advocacy and grassroots organizing.

Overview

California is home to the largest immigrant population in the United States (Hayes, 2017), with 10.6 million immigrants comprising 27% of the total populace. California resettles the largest number of refugees (Krogstad & Radford, 2017), grants the largest number of asylum applications (Mossaad, 2016), and receives the largest number of unaccompanied minors (Johnson, 2016). Without a doubt, California remains at the center of the immigration issue.

Psychologists are uniquely positioned to provide potentially life-saving services to immigrants, including conducting psychological evaluations to supplement asylum or visa applications, offering expert testimony at immigration court, and providing culturally affirming psychotherapy services and

advocacy. However, there is a notable dearth of formal training in all these areas. As such, doctoral programs have an opportunity to play a key role in preparing the next generation of psychologists.

Mental Health Service Needs

Given the dire conditions under which so many refugees and asylum seekers arrive to the U.S., it stands to reason that they would need mental health support. The Center for Survivors of Torture (2017) estimates that up to 35% of refugees are survivors of torture. Many immigrants also become victims of crime and suffer further trauma after arriving to the U.S., which is frequently connected to poverty, discrimination, exploitation, and unsafe living and working conditions. The constant threat of ICE raids, fear of deportation, risks to safety, and atrocious conditions in immigration detention only serve to exacerbate the trauma of an already vulnerable community. This then becomes fertile breeding ground for emotional distress and mental illness. In spite of all this, access to care is difficult and barriers to treatment remain significant (APA, 2012).

Building the Next Generation Providers

In light of the urgent needs of immigrant communities, the field of psychology must be more intentional in providing comprehensive, culturally affirming, and evidence-based services. Starting with graduate programs, we must provide meaningful opportunities to *build knowledge base* (course work, dissertation, and other research initiatives), *provide culturally affirming clinical services* (practicum and internships), and *train in immigration specific psychological-legal assessment*.

Building knowledge base involves learning about the political, social, and legal impacts of immigration status, trauma, persecution, and torture and how these areas intersect to influence the psychological functioning of immigrants. It also necessitates understanding and sensitivity about country of origin norms, patterns, and traditions as well as about the provider's own cultural identities and social location. This means adopting an interdisciplinary approach that includes: taking courses outside of psychology; working in integrated settings alongside immigration attorneys, educators, community organizers, spiritual leaders, and advocates; and identifying or developing comprehensive, best practice models.

Training in culturally affirming assessment and psychotherapy must also start early and be broad in scope and depth. Graduate programs must build opportunities to develop immigrant-specific initiatives such as development of treatment protocols for refugees and tests/measures validation for multi-cultural/lingual populations. Similarly, efforts might be dedicated to developing community/outreach programs with the goal of trauma prevention. This should include ideas that focus on preventing or reducing traumatic events from happening such as addressing root causes of forced migration, providing safe passage to migrants fleeing danger, and creating safe(r) communities that can provide “networks of support” (APA, 2010).


We argue that efforts in the above stated areas must begin during graduate training. Given the pressing needs for services, it is our responsibility to prepare graduates for work that is vastly increasing in demand. In this way, the field is able to train and prepare a generation of psychologists who are ready to contribute early and significantly.

The Wright Institute Sanctuary Project (WISP)

One example of graduate programs in clinical psychology undertaking efforts to provide innovative, culturally affirming training and services for immigrant communities, is the Wright Institute Sanctuary Project (WISP). WISP is a year long training program for advanced doctoral students to conduct psychological evaluations that supplement affirmative asylum applications. Since its inception in 2012, it has trained approximately 30 clinicians in conducting psychological evaluations for asylum, and served over 150 clients. Each student conducts approximately five psychological evaluations for asylum seekers during the training year. A majority of the students who have trained with WISP identify as immigrants, have some personal connection to immigration, or hold strong interest in social justice for immigrant populations. The personal connection and relevance to the topic have additionally drawn interest from prospective students to the Wright Institute’s doctoral program. In this way, programs like WISP can help grow the vital pipeline of diverse psychologists.

WISP is firmly grounded in reflective practice and incorporates multicultural perspectives throughout the program. It includes didactic trainings on various relevant topics including the U.S. asylum process, culturally affirming clinical interviews, trauma and depression in Latinx populations, working with indigenous and LGBT+ populations, historical and political contexts of forced migration, intimate partner violence, importance of advocacy, and issues of vicarious traumatization and self-care for providers.

WISP is frequently the first point of contact with a mental health professional for asylum seeking clients. Given the likely need for ongoing services to address complex trauma, it is critical that trainees develop strong rapport not only to effectively conduct the evaluations, but also to help connect clients to mental health services. As such, training involves understanding and addressing impediments to treatment, including cul-



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tural (e.g., stigma of mental illness), economic, and structural barriers (APA, 2012). Supervision for trainees is also essential and involves examination not only of client history, culture, and identities, but also the trainee's cultural identities and social location, and the ways in which the intersection of these worlds impacts the effectiveness of services.

Beyond building relevant knowledge base and developing culturally affirming practices, WISP strives to promote "strong networks of support" (APA, 2010) through interdisciplinary collaborations with community organizations involved in legal, medical, mental health, and advocacy initiatives. For example, since its inception, WISP has collaborated with the East Bay Sanctuary Covenant, a non-profit organization in Berkeley, California, to provide psychological evaluations for their asylum-seeking clients. More recently, in April 2017, WISP started collaborating with the Center for Gender and Refugee Studies at University of California Hastings College of Law. WISP has additionally incorporated trainers from various organizations over the years, including The Human Rights Clinic at the Highland Hospital, Street Level Health Project, Weill Cornell Medical College, El/La Para Trans Latinas, East Bay Sanctuary Covenant, and The Center for Justice and Accountability. These partnerships afford important opportunities for trainees to work in interdisciplinary teams that help enhance legal, social, and treatment outcomes for clients.

In the next few years, WISP will continue to expand its services to provide psychological evaluations to unaccompanied minors in partnership with Alameda County. In addition, research projects will be initiated to help identify evidence-based models of treatment. Finally, WISP aims to further broaden its network of interdisciplinary collaborations with community organizations and other training programs.

Final Thoughts

It is projected that in the coming years, migration will continue increasing on account of wars and environmental disasters exacerbated by factors such as climate change (Carrington, 2016). Cohn and Caumont of the Pew Research Center (2016) report that over the next five decades, majority of the American population growth will be accounted for by new Asian and Latinx immigration. California is already a minority majority state with 62% of all state residents identifying as persons of color (California Governor's Budget Summary Demographic Information, 2016). The steady shift in demographics is undeniable and psychologists must be prepared to address these changing needs.

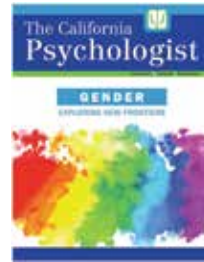
Graduate training programs have an important opportunity to transform the readiness of the next generation of psychologists. In addition to diversifying the workforce in psychology (only 16% of all active psychologists identify as a person of color; Lin, Nigrinis, Christidis, & Stam, 2015), a number of initiatives must be adopted. First, immigration specific training is needed through study and research to build a broad body of knowledge. Second, opportunities to develop culturally affirming skills must be cultivated through formal clinical training. Third, students must be trained in psychological assessment

specifically for asylum office and immigration court. Ideally, all of these areas should be interdisciplinary in nature including working alongside immigration attorneys and community advocates. Through these initiatives, graduate programs can become important leaders in developing comprehensive, culturally affirming, and evidenced based practices for vulnerable immigrant communities in California and the greater U.S.

In order for all this to be realized, we must prioritize our collective values of human rights, dignity, and equity. We must be intentional and active in our professional mission to help those who are most vulnerable and treated most unjust. In our search for best practices, we must have the courage to act. This includes putting our time, energy, and money (funding) behind innovative programs, research projects, clinical trials, and pilots that dare to think outside the conventional paradigm. Indeed, the growing immigrant community in California should be an exciting prospect that ushers in ingenuity, renewed spirit for social justice, and a critical workforce in the next generation of psychologists. ■

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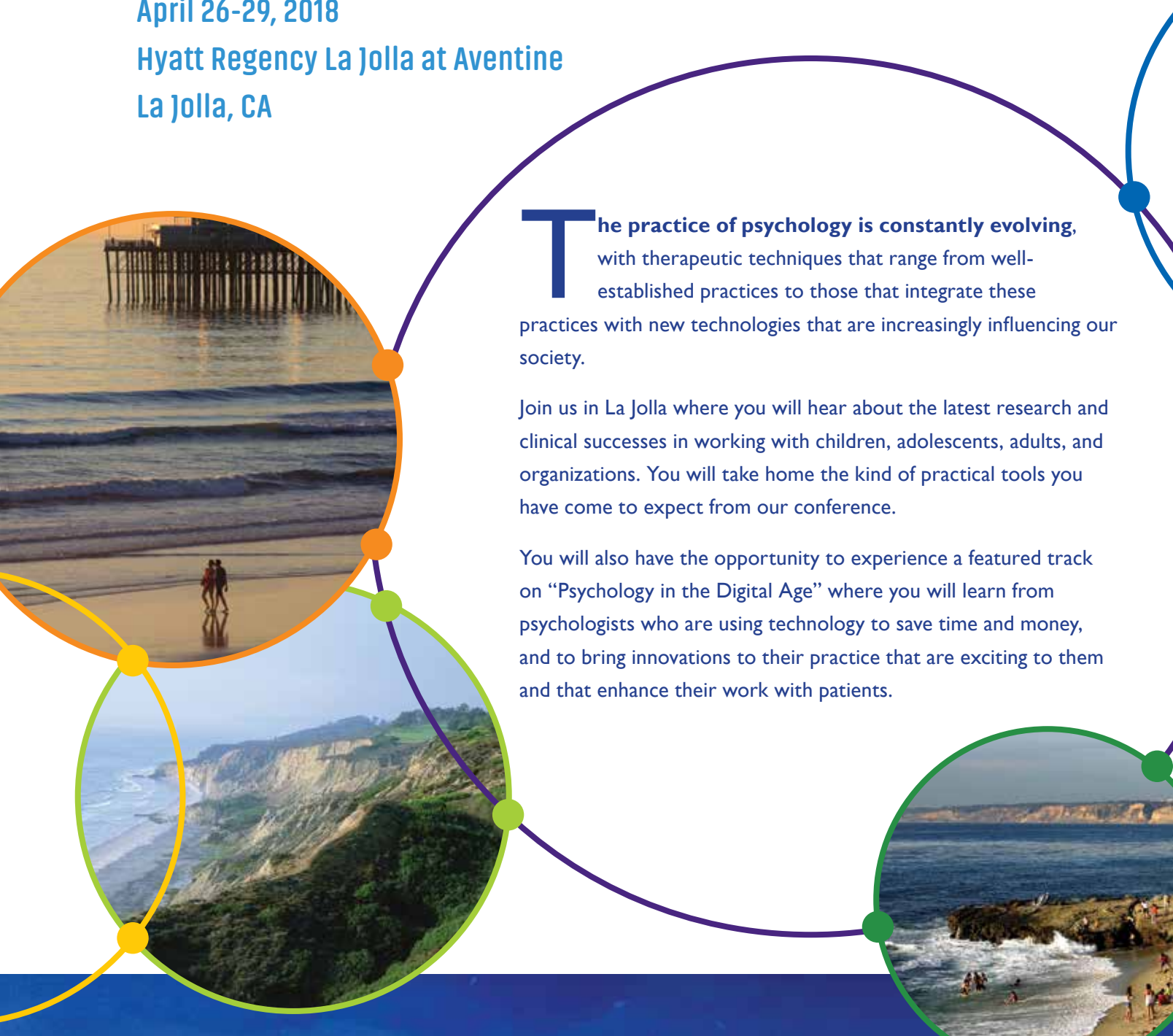
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Serving Undocumented College Students: A Social Justice Lens for Clinical and Institutional Responsiveness

Diana Peña, PhD, Elizabeth Hernandez, MS, and M. Esmeralda Zamudio, PsyD



Diana Peña, PhD

(dianapena@berkeley.edu) provides counseling and wellness programming for undocumented students at UC Berkeley's Undocumented Student Program. As a licensed psychologist, her areas of focus include undocumented student mental health, LGBTQ-affirmative therapy, resilience among queer and trans people

of color, spirituality, grief/loss, and bi-/multi-cultural identities. Her commitment to serving underrepresented students is rooted in her own immigrant-family upbringing, and in her vision for the holistic healing of undocumented youth across the country.



Elizabeth Hernandez, MS

(eh2479@columbia.edu) is a doctoral candidate in Counseling Psychology at Teachers College, Columbia University. She recently completed her clinical internship at UCLA. She is currently completing her dissertation *Undocumented, unafraid, and unapologetic: Exploring the role of activism in Latina/o DREAMers'*

thwarted transition into adulthood. She has 12 years of experience in mental health practice, advocacy, research, mentorship, immigration assessment, and consultation, in public high school, nonprofit organization, community, hospital, and university settings.



M. Esmeralda Zamudio, PsyD

(esme.zamudio@gmail.com) provides counseling and specializes in working with AB540 & Undocumented Students at the UC Davis Student Health and Counseling Services. As a post-doctoral resident, her work is grounded in bridging psychotherapy and ancestral healing modalities focusing on undocumented

student mental health, first-generation, LGBTQ, and multicultural issues. She earned her doctorate from Alliant International University-CSPP San Francisco, and holds a certificate in Latin American Family Counseling from Mexico City-AIU campus.

California Context and Barriers to Academic Persistence

The Pew Research Center estimates that 200,000 to 225,000 undocumented immigrants are enrolled in college (Suarez-Orozco, Katsiaficas, Birchall, Alcantar, Hernandez, Garcia & Teranishi, 2015). California, with the largest population of college-eligible undocumented immigrants (Passel & Cohn, 2014), has provided the backdrop for pioneering student services, such as UC Berkeley's Undocumented Student Program (USP). Founded in 2012, USP was not only the first higher education program specifically dedicated to the needs of undocumented students, it is the only such program that includes mental health services (Sanchez & So, 2015). This trend reflects a history of state and federal legislation that has increased access to higher education for certain undocumented immigrants, including AB540 (2001), the California Dream Act (2011), and DACA, effective as of 2012. The UC system alone has over 2500 undocumented students, 97% of whom receive financial aid (Gaytan, Tang, & Segundo, 2015).

Increased access to education, however, does not translate to persistence, especially for students whose immigration status confers a variety of stressors that are dependent on ever-changing political, institutional, and social contexts (Martinez, 2014; Terriquez, 2015). The complexity is challenging to navigate not only for the students themselves, but also for the most committed advocates and allies who strive to support them. Financially, undocumented students face barriers related to their basic needs, such as housing, commuting, food, and technology. For those who are eligible for financial aid, there are additional living expenses that often force students to work multiple jobs, commute from home, or share off-campus housing with multiple roommates (Sanchez & So, 2015). Others, still, do not qualify for DACA or AB540 and thus do not receive any institutional or government support. While there is much diversity among undocumented students, the majority face 3 common barriers: 1) most are first-generation college students, 2) most are members of mixed-status families, and 3) many experience significant levels of stress, anxiety, and depression (Suárez-Orozco et al, 2015).

Recently, undocumented students have been acutely impacted by the anti-immigrant rhetoric surrounding the presidential election and the current administration's strong push to increase enforcement. Since January, immigration arrests increased by 40 percent from the same time last year, according to statistics released by U.S. Immigration and Customs Enforcement (ICE) (Blitzer, 2017). This hostile climate has likely heightened undocumented students' ever-present fear of deportation, placed additional constraints on their time as they are increasingly involved in advocacy or serving as protectors of more vulnerable family members, and reduced their sense of safety regarding being out and seeking support from allies. In response, mental health providers who come in contact with undocumented students often scramble for the latest federal, state, and institutional policy and do their best to advocate for non-traditional support services. Additionally, providers with experience working with undocumented students are often members of marginalized communities themselves, and tend to be in high demand, which reduces their availability to provide specialized services. Understanding how these factors impact students' ability to thrive in higher education is critical in creating appropriate interventions and support services.

Clinical Recommendations

Knowledge of barriers and current policies provide the foundation for a positive therapeutic connection. For example, knowing how DACA (or lack thereof) influences your client's financial and employment landscape, and the implications of DACA's political uncertainty, may reduce feelings of marginalization and discrimination that undocumented students face when campus staff are unaware of the stakes they face (Suárez-Orozco et al., 2015). Culturally responsive psychologists should stay abreast of fluctuating immigration policies through professional resources and immigrant advocacy websites (e.g. ImmigrantLegalResourceCenter.org).

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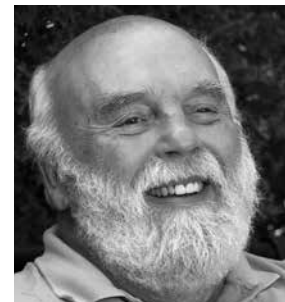
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Validating the impact of xenophobia and racism through culturally-informed psycho-education on race-based stress and stereotype threat also matters. By using resources such as #RacialTraumaIsReal (Jernigan, Green, Perez-Gualdrón, Lui, Henze, Chen & Helms, 2015), providers can help clients increase insight about their symptoms and create a coping plan that offers tools for grounding in the midst of uncertainty and political scapegoating. When reminded of negative stereotypes about a group with which they strongly identify (e.g. the current socio-political climate), individuals may experience anxiety, negative cognitions, and lower performance expectations which may in turn lead to decreased performance (Cadinu, Maass, Rosabianca, & Kiesner, 2005; Kray, Thompson, & Galinsky, 2001; Steele, 1997). Providers can incorporate interventions designed to increase clients' understanding of stereotype threat on their academic difficulties and provide tools to overcome these obstacles. For a list of empirically validated interventions adaptable to workshops and counseling see ed.stanford.edu/sites/default/files/interventionshandout.pdf.

Now more than ever, immigrants are accessing legal services and advocacy, forcing them to face difficult decisions, deportation anxiety, trauma histories, and the possibility of family separation. Family Preparedness Plans (Immigrant Legal Resource Center, 2017) for example, help families plan for worst case scenarios and include decisions about child custody in the case of separation due to detainment, emergency contact numbers, legal preparations, etc. Many immigrants are also working with legal aid agencies on status adjustment based on their survivor experience (e.g. U and T-Visas, asylum, Special Immigrant Juvenile Status), typically requiring detailed testimony about a traumatic experience. Even when a case centers around a parent's victimization, undocumented college students often take on roles as language and legal brokers for their families, exposing them to the emotional toll inherent in said legal proceedings (see APA's 2012 guide on working with immigrant-origin clients for assessment and trauma guidelines). Along with providing psychological support under these circumstances, psychologists should stay abreast of their own community's legal services (e.g. Know-Your-Rights clinics), law enforcement climate, and other immigrant friendly resources.

Institutional Responsiveness

First, institutions must clarify their commitment to a social justice framework that conceptualizes presenting concerns, addresses service gaps, and reaches students from an understanding of their current realities. Liberation Psychology, for example, addresses the underlying power dynamics in human relations and social systems with the aim of transforming inequality and oppression to meet the basic needs of all people (Montero, 2009). Institutions, just like mental health clinicians, must participate in a process of self-reflection and feedback around dominant traditional mental health models that serve privileged communities, so as to not perpetuate what

Oliva Espín (2015) terms horizontal oppression. Espín states, “because most people are not aware that we live in a context of normalized injustice it is easy to ignore the power of horizontal oppression. Trying to address those injustices that touch us most closely we may end up creating similar injustices in others’ lives.”

In this spirit, regular trainings for all health care staff should address the following areas: a) the intersection of immigrant and first-generation challenges; b) intentional documentation practices that do not “out” student’s legal status; c) culturally sensitive and collectivist-oriented interventions; d) implicit bias and undocu-allyship trainings; and e) legislative and policy awareness. Institutions must also foster a culture of collaboration between campus partners to build a network of support and consultation (e.g. student affairs, career centers, financial aid, food and housing security, EOP/TRIO programs, etc.). Doing so not only improves students’ ability to navigate campus support services, but also reinforces staff efforts to increase allyship and feel supported by each other.

Due to the aforementioned barriers to seeking help, institutions must increase points of entry to mental health services and strive to decrease stigma and fear associated with services. Examples of this include: a) anonymous drop-in hours, b) informal consultation support, c) increased staff visibility at student organizations, multicultural centers and ethnic studies programs, d) increased support for student-led initiatives and activities, e) townhall meetings that allow undocumented students to voice their needs as experts of their lives, and f) public statements of solidarity that clearly delineate where intuitions stand on political matters (Educators for Fair Consideration, 2016).

Finally, while becoming a sanctuary campus must entail more than a press release, by taking a formal public stance as allies, campuses can move one step closer to increasing emotional safety. Specifically, students that feel supported and accepted are more able to build positive meaning in the face of adversity and increase hope through creative self-expression and storytelling that moves away from the dehumanizing public narrative (Educators for Fair Consideration, 2017; United We Dream, 2017). According to Zamudio (2016), “participants shared that having a team of supportive parents, teachers, academic and psychological counselors, student services including financial aid advisors who were knowledgeable about immigration policies and the issues affecting undocumented students was transformative”.

As mental health providers still decolonizing our own political consciousness, we understand the limitations of western individualistic ideologies that favor the privileged and seek new ways of working with marginalized communities and immigrant families. As a community of clinicians and educators we must therefore stay committed to serving collectivistic and oppressed communities using a holistic approach. Evolving our existing models to better serve and see undocumented students as whole persons with layers of intersecting identities, histories, memories, and language (Espín, 2015; Martín-Baró, 1994) is vital to this process. ■

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Psychological Evaluations: A Critical Tool for Undocumented Immigrants

Erika Portillo, Esq.



Erika Portillo

(eportillo@gtplawyers.com) is an immigration lawyer and a partner at Guichard, Teng and Portello, with offices in San Francisco, Walnut Creek and Davis. She is admitted to practice in the State of California, the U.S. District Court Northern District and the U.S. Court of Appeals for the Ninth Circuit. She has practiced

immigration law for over 10 years. Her practice focuses mainly on removal defense, family based immigration, asylum, form of relief for victims of crimes and naturalization.

A significant focus of immigration law in the United States addresses the issues of family unity and victim protection. If one takes a close look at the different forms of immigration relief (i.e., relief from removal from the United States) available to foreign nationals, one realizes that psychological evaluations often serve as critical evidence in support of an individual's application for relief from removal. In hardship cases in which an applicant must show that if removed, it would pose a substantial hardship on a relative who is a U.S. citizen or lawful permanent resident, the psychological evaluation evidence is vital.

Usually the relative of concern is a parent, spouse or child of the person seeking relief. Mental health assessments will provide the adjudicator the necessary information to determine the impact on the U.S. citizen or lawful permanent resident. In some instances the mental health evaluation is the most important evidence in the case, such as in U nonimmigrant visa cases, where the individual has to show he/she suffered substantial physical or mental abuse as a result of the victimization. The following is a list of the most common forms of relief available to undocumented immigrants where the services of a mental health professional are crucial.

Hardship Cases –Waivers

Certain foreign nationals are considered inadmissible to the United States. For instance, immigrants who accumulate certain periods of unlawful presence, meaning without permission to remain legally in the United States are subject to three- or ten-year bars of admission if they ever try to re-enter the country lawfully. Other individuals who have committed certain crimes are also considered inadmissible. If the individual has family members living in the U.S., the separation can have negative consequences for the entire family.

The United States Citizenship and Immigration Services (USCIS) has discretion to admit certain otherwise inadmissible individuals into the United States. A waiver may be available if the noncitizen can prove that failing to admit them into the country would result in "extreme hardship" to the applicant's citizen or lawful permanent resident spouse or parent. With few exceptions, hardship to the immigrants themselves, or to their children, is not a considered factor. As mentioned,



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psychological evaluations are routinely submitted in support of these kinds of applications for “extreme hardship” waivers of inadmissibility. In order to demonstrate extreme hardship for the purpose of a waiver application, the foreign national must prove that the denial of a waiver application would cause a qualifying relative to experience a magnitude of hardship that substantially exceeds the hardship an average individual would be expected to suffer if their relative was denied such a waiver. Thus, in all waiver applications, the adjudicator will have to consider what will likely happen to the qualifying relative in the event the waiver is denied? By default, there will be two possibilities for the adjudicator to consider. Since the inadmissible noncitizen will be residing outside the U.S. (that is what inadmissibility entails), the qualifying family members will have to choose whether (1) to remain in the U.S. and thus be separated from the inadmissible family member, or (2) relocate to the foreign country with the noncitizen. A failure to demonstrate hardship on both contingencies would be grounds for denial. Thus, it is important for the mental health professional when evaluating the U.S. citizen or lawful permanent resident individual to confront those questions, exploring how their lives and the lives of their family members would be affected by either leaving or remaining in the United States without the foreign national. Although the mental health evaluation of an individual is relevant to the determination of extreme hardship, it does not imply the diagnosis is conclusive on the two inquiries. The adjudicator is to take into consideration the totality of the circumstances when determining the existence of hardship. However, the evaluation will play a major role in deciding whether to approve it or not.

Cancellation of Removal for Non-permanent residents

Some foreign nationals are eligible for cancellation of removal if they show that they have been living in the United States for 10 years or more, they have been a person of good moral character and their removal would result in exceptional and extremely unusual hardship to their U.S. citizen or lawful permanent resident spouse, parent, or child, and they are deserving of a favorable exercise of discretion on their application. They may also qualify if they have been battered or subjected to extreme cruelty in the United States by their United States citizen or lawful permanent resident spouse or parent, or if the foreign national is the parent of a child of a United States citizen or permanent resident and the child has been battered or subjected to extreme cruelty in the United States by such citizen or lawful permanent resident parent. The applicants must be in removal proceedings, meaning he or she must be before an immigration judge to be able to apply for that benefit. As with waivers, a psychological evaluation would be an important piece of evidence that would aid in the decision to grant or deny the benefit. It is important to keep in mind that in such cases, the mental health professional may be called as a witness to testify as to his/her findings.

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VAWA

The Violence Against Women Act (VAWA) provisions in the Immigration and Nationality Act (INA), Title 8 of the United States Code, allow certain spouses, children, and parents of U.S. citizens and certain spouses and children of permanent residents (Green Card holders) to file a petition for themselves without the abuser's knowledge. The VAWA provisions apply equally to women and men. The qualifying relative has to show in order to obtain that benefit that he/she suffered battery/extreme cruelty at the hands of her U.S. citizen or permanent resident relative with whom he/she has resided. A psychological evaluation will provide the adjudicator the needed information as to the trauma and cruelty that the foreign national experienced and it will assist in determining whether to approve or deny the case.

U Nonimmigrant Visas

The U Nonimmigrant status (U visa) is set aside for victims of certain crimes, (usually violent crimes), who have suffered mental or physical abuse and are helpful to law enforcement officials in the investigation or prosecution of the criminal activity. It also protects victims of crimes committed at a place of employment. The crime has to be committed within the United States or constitute a violation of a U.S. law. Unlike VAWA, in those kinds of cases reporting the crime is necessary to obtain the benefit.

Asylum claims

Every year people come to the United States seeking protection because they have suffered persecution, or fear that they will suffer persecution due to race, religion, nationality, membership in a particular social group or political opinion. Asylum-seekers often provide substantial evidence demonstrating either past persecution or that they have a "well-founded fear" of future persecution in their home country. However, the individual's own testimony is usually the most influential in the asylum determination. A psychological evaluation will help corroborate the past or future harm the individual will suffer in case of removal, making the assistance of the mental health professional crucial in the case.

T visas: Trafficking Victims Protection Act

In October 2000, Congress created the "T" nonimmigrant status by passing the Victims of Trafficking and Violence Protection Act (VTVPA).

Human trafficking, also known as trafficking in persons, is a form of modern-day slavery in which traffickers lure individuals with false promises of employment and a better life. Traffickers often take advantage of poor, unemployed individuals who lack access to social services. The T Nonimmigrant Status (T visa) is a set aside for those who are or have been victims of human trafficking, and allows victims to remain in the United States to assist in an investigation or prosecution of human trafficking. To qualify for this benefit, the individual must demonstrate that he/she would suffer extreme hardship involving unusual and severe harm if he/she is removed from the United States. Again, an evaluation will assist the individual demonstrate the required hardship.

Mental health professionals may be required to testify when issuing an evaluation in cases where the foreign national is in immigration proceedings, meaning before an immigration court.

Those are the most common forms of relief available to foreign nationals in which a psychological evaluation can be a crucial factor that will determine whether a petition will be approved or denied. Such evaluations have proven to be useful in thousands of cases that would otherwise have been denied had these reports not been included as a piece of evidence. Psychological evaluations involving in-depth interviews and thorough analysis will definitely add tremendous value to an individual's immigration case. Therefore, the need for mental health professionals to provide those services is absolutely imperative. ■

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Service on A Jury: Does It Present a Professional Issue?

Sharon L. Hightower, Esq.

Imagine that you finally arrive home after a long day of providing services to your clients and there, mixed in the stack of bills and advertisements, is a juror summons. You know that service on a jury, whether criminal or civil, is one of the fundamental duties and obligations of every citizen. As set forth in a message from Tani Cantil-Sakauye, the Chief Justice of California, “[T]rial by jury is one of the fundamental ideals of American democracy; serving as jurors reminds us that these ideals exist only as long as individual citizens are willing to uphold them.” Juries play an important and crucial role in our country’s democratic process and without them, our legal system would grind to a halt. With that in mind, what concerns would you have with your potential role as a juror?

One of the most important standards of practice to psychologists and other members of the mental health profession is the requirement to maintain the confidentiality of their clients or patients (APA Ethics Code 4.01). Psychologists cannot disclose confidential information that reasonably could lead to the identification of a client or patient, even when consulting with colleagues unless they have prior consent of the person, the disclosure cannot be avoided, or there is legal authorization to do so (APA Ethics Code 4.06). While there are some exceptions to the rules of confidentiality in California, these primarily focus on whether there is an issue of danger of harm to the client/patient or harm to others, the enabling of a crime, an evaluation as a court appointed psychologist, a proceeding where the mental competence of the client/patient is at issue, where there is information that is the subject of mandated reporting such as abuse, when there is litigation against the provider and where there is consent or waiver of the privilege.

What happens when you report to the court to serve as a juror, assuming that you obey the summons, and realize that someone connected with the case, whether as a party, an attorney or a witness, is a past or current client or patient? As an ethical professional, what do you do? Turn and run? Prepare yourself to lie in court with some excuse as to service being a hardship? Claim an inability to serve for some reason such as bias? Contend that you have a serious health problem which prevents you from serving? The answer is none of the above.

This article is intended to provide you with information regarding the process of jury selection so that you will know what to expect and to alleviate some of the potential concerns that may arise when you see that summons. *California Code of*




Sharon L. Hightower, Esq.

(shightower@ericksenarbutnot.com) is a senior partner and Assistant Managing Partner in the San Jose office of Ericksen Arbutnot. Her practice includes the defense of professional liability claims, medical and psychiatric malpractice in addition to other issues, including administrative matters.

She is a member of her professional associations, serves as an arbitrator and mediator, and volunteers for the Court. She has also presented seminars on various subjects to professional groups and students alike.

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Civil Procedure §191 sets forth that all qualified persons have an obligation to serve as jurors when summoned for that purpose. *CCP §203* states that all persons are eligible and qualified to be trial jurors with the only exceptions being those that are not citizens of the United States, those that are less than 18 years of age, those that do not live within the jurisdiction of the court, those that do not have sufficient knowledge of the English language, those that are serving as grand or trial jurors in another court in California, or those that are the subject of conservatorship. An eligible person may be excused from jury service when there is undue hardship upon themselves or the public. *CCP §204*. Under *California Rules of Court, Rule 2.1008*, an excuse on the grounds of undue hardship may only be granted when there is a lack of transportation to the court, there is an excessive distance from the home of the prospective juror to the court, or when there will be an excessive financial burden due to the household income, availability of reimbursement, length of service, and a compromise of the ability to support the family. Other reasons to support the excuse due to hardship include an undue risk to property, having a physical or mental disability or impairment, the services of

the prospective juror are immediately necessary for the protection of public health and safety, or there is a personal obligation to provide necessary care to another. Absent a basis for hardship, there are still a few “good cause” reasons to be excused from jury service in a particular case.

When you are told to appear for jury selection, and either while you are waiting in the jury room or sitting in the gallery of the courtroom, you may be presented with a juror questionnaire. This questionnaire asks questions related to your background, identification, qualification, and the ability to serve as a prospective juror. These are generally kept confidential but there are recent rulings which have allowed access by the public under the First Amendment (*In Re Access to Juror Questionnaires: The Washington Post*, D.C. Court of Appeals, 2012). Your privacy rights in any questionnaire will rest with the discretion of the judge.

It is important to understand that every judge has the right to establish how their courtroom will be run. Once you have been called to a courtroom, the group of potential jurors will be welcomed by the judge and required to swear that they will truthfully answer all questions asked about their qualifications to serve as jurors. This is known as the perjury admonishment. There will also be a roll call of the prospective jurors by the clerk. Thereafter, most judges will read a short statement about the case. In addition, the court will introduce the attorneys and the parties involved in the case as well as the list of the potential witnesses that may be called upon to testify. The court will also relate an estimate of the time that the trial is estimated to require. This will provide the essential infor-

mation for the professional to determine whether he or she can serve. In most cases, the court will then ask the group of potential jurors if there are any persons that have hardships that would prevent them serving on the jury. Generally, the court will advise is that if the basis for a claim of being unable to serve in a particular case is sensitive, they and the attorneys will hear the reason privately, either at the side of the bench (sidebar) or in chambers.

If you have in fact recognized that you have a professional (or personal) relationship with a party, attorney, or potential witness, you need to advise the court of that fact without identifying the person. You can request that the relationship be disclosed to the court in confidence. Even if the court requires you to identify the name of your client or patient, you are protected by the law pursuant to *California Civil Code §56.10(b)* which states that a provider of health care shall disclose medical information if the disclosure is compelled by a court pursuant to an order of the court. As a prospective juror appearing by and through a summons, you are essentially under a court order. You can also be assured that the court is well aware of the confidentiality restrictions, particularly as to mental health care providers and will more likely than not release you from service. Moreover, the disclosure of the information that you provide to the court will remain confidential. Of course, you will then be eligible for assignment to another case or a new summons within a year. The important thing is that you have complied with the ethics of your profession while still fulfilling your duty and obligation as a citizen of California. ■

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The Ethics of Caring for Self While Caring for Others

H. John Becker, PhD and Stephen Bucky, PhD

Life happens. Changes happen. Sometimes changes bubble up at a pleasant and positive pace. Sometimes they come in torrents and can flood us—figuratively or literally. Sometimes major changes in our lives and in the lives of those with whom we live and work can spring upon us without warning. Then what ... especially when we work to help others through therapy, consulting, teaching, or research?

As psychologists we seek to adhere to the APA Ethics Code (2010), providing the best possible care for those we serve (Principle A). At the same time, we are ethically bound to avoid harming clients through our own personal limitations (Standard 3.04). The Ethics Code Principle A (Beneficence and Nonmaleficence), tells us: “Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.” Knapp, Younggren, VandeCreek, Harris, & Martin (2013) advise assessing our “personal skills inventory,” so we can be cognizant of our current strengths and weaknesses. For example, taking on a new patient with a significant personality disorder may be a welcome and challenging opportunity at one point in our life. At another time, however, when our physical, mental, or emotional resources are already taxed by personal issues with which we are dealing, that potential new patient would be better served by working with someone else.

Studies of “MAP” (the acronym used by researchers for Mental and Physical exercise) inform us about taking care of our own mental and physical health. For example, Barrett (2016) wrote: “Critical brain regions increase in activity when people perform difficult tasks, whether the effort is physical or mental. You can therefore help keep these regions thick and healthy through vigorous exercise and bouts of strenuous mental effort.” That researcher advises “pushing past the temporary unpleasantness of intense effort. Studies suggest that the result is a more youthful brain that helps maintain a sharper memory and a greater ability to pay attention.” Our patients and clients surely benefit when we have “a sharper memory and a greater ability to pay attention.” Taking steps such as healthy exercise can be considered part of the direction we receive in Standard 2.03 (Maintaining Competence). While we typically think of maintaining competence as referring directly to our clinical knowledge and skills, keeping our brains healthy is certainly part of that process.



John Becker, PhD

(beckerphd@yahoo.com) a member of the CPA Ethics Committee, works in independent practice, and volunteers with the Alzheimer’s Association. He imagines his hippocampi are happy and growing while he enjoys biking and hiking.



Steven Bucky, PhD, ABPP

(sbucky@alliant.edu) served on CPA’s Ethics Committee from 1989-1996 and 2012-Present and was President of CPA in 1997. He is a Distinguished Professor, Director of Professional Training, and Chair of the Ethics Committee at CSPP - San Diego.

As Pope and Vasquez (2016) comment, “For many therapists, self-care includes creating opportunities during the day for moving, stretching, and physical exercise. Physical exercise is a major self-care strategy for many therapists, not only for its physical benefits and the break it provides from work, but also for its psychological benefits.” They warn that “neglecting self-care can lead to an empty professional life that no longer brings excitement, joy, growth, meaning, and fulfillment; as a result, we may lose interest in it.”

In conclusion, the lack of self-care could lead to conditions described in Section 2.06 (b) when a psychologist becomes aware of “personal problems that may interfere with their performing work-related duties adequately.” Then ethical psychologists will “determine whether they should limit, suspend, or terminate their work-related duties.” Here again, 3.04 is relevant. Attentiveness to our personal situations and possible limitations might lead us to make changes in how we are available to our clients, which clients and how many we choose to see in our practices, and even whether or not to take a leave of absence from our practices. ■

Complete references for this article can be found at www.cpsych.org – select *The California Psychologist* from the **Professional Resources** menu.

The Multi-Faceted Aspects of Self-Care

Elisabeth Crim, PhD, Pearl B. Werfel, PhD, Denise Lew, PsyD



Elisabeth R. Crim, PhD
(ElisabethCrimPhD@MoonstoneCenter.com) is a member of the CPA CARE Committee, is a speaker, author, consultant, psychotherapist, and Founder/CEO of Moonstone Center, Torrance, CA.



Pearl B. Werfel, PhD
(pwerfelphd@gmail.com) is the Chair of the CPA CARE Committee. She practices in San Francisco where she specializes in wellness and chronic illness, and stress and pain mitigation.



Denise Lew, PsyD
(denise.lew@alliant.edu) is a member of the CARE Committee and recently joined San Francisco Psychotherapy Research Group's board. She soon hopes to be licensed and practicing in San Francisco and the East Bay.

During challenging times when our expertise as psychologists is so needed, self-care is essential. We suggest the expansion of the practice of self-care beyond personal care to our communities and the lens with which we view our work. Self-care is as multifaceted as the various psychologists and students in our field, settings in which we work, and individuals we encounter. A shift towards broadening the definition of self care and weaving it throughout the practice of psychology was evidenced in presentations on ethics, diversity, supervision and clinical skills, at the 2017 CPA Conference. Here, we will explore two aspects of individual and collective self-care; an orientation towards post-traumatic growth and the benefits of inclusive communities.

Due to the nature of our work, an encounter with vicarious trauma, compassion fatigue or burnout may be inevitable. Therefore, we need to actively nurture our resilience. Two of the hallmarks of compassion fatigue and burnout are a sense of helplessness and negative world-view. Alternatively, we can intentionally orient our lens toward “post traumatic growth” by recognizing that strengths and unexpected growth are possible following trauma.

For example, Tedeschi & Calhoun (2004) report that patients with PTSD often report healing paradoxes, that “their losses have produced valuable gains...i.e.: ‘I am more vulnerable, yet stronger.’”(p.1). Tedeschi and Calhoun (1996) created the *Post-traumatic Growth Inventory* that measures the positive effects following trauma, or as Rendon (2012) notes, “the flip side” of PTSD. These include “*New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life.*” Therefore, we may be able to counter hopelessness and helplessness with positive expectations and explorations for resilience even as we do the genuinely painful work of addressing trauma. In addition, we can utilize this as a model to recognize and enhance our own resilience.

Engendering healthy professional communities and relationships also enhances our resilience. Collegial camaraderie, clinical excellence, functional systems and our own self-growth necessitates us embracing inclusivity. This process

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can be both rewarding and challenging. In the past, diversity research focused on problems (Shore, et al., 2011). Fortunately, Shore et al. (2011) note that the field is moving towards focusing on the potential value of diversity.

Ferdman (2016) notes that inclusive groups work to incorporate both similarities and differences. He acknowledges that group inclusivity is not necessarily comfortable, as differences need to be navigated and the power dynamic may shift. However, this skill-building endeavor can enrich our personal and professional experience and inevitably support our self-care. Further, to build these skills, Ferdman suggests that “you learn about yourself and your identities in relationship to others” and “expect and engage positively with differences” (p. 69).

As with individual and professional self-care, collective self-care is not a one-size fits all proposition. Ferdman (2017) posits that there are paradoxes of inclusivity that we, as psychologists can understand and grapple with as we do with those of our clients and students. For example, he cites that group inclusion could focus on similarities, encouraging members to become more alike each other or emphasize differences, encouraging members to follow their own paths.

To truly develop resiliency as a psychologist, we must cultivate the strengths afforded us through collaboration, inclusivity, and a growth-oriented approach to our challenging and rewarding occupation. Through developing a multi-faceted view of self care, we can begin to feel the lift of hope collectively and individually, while better meeting the challenges of the profound work we do. ■

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A Model for Competency-Based Supervision Training

Kate Herts, MA, CPhil, Amanda Loerinc, MA, CPhil, Emily Owens, MA, CPhil
and Danielle Keenan-Miller, PhD



Kate Herts, MA, CPhil

(kate.herts@ucla.edu) is a PhD candidate at the University of California-Los Angeles and is completing her pre-doctoral internship at New York Presbyterian Hospital/Weill Cornell Medical Center. Her research and clinical interests include developing, implementing, and evaluating

evidence-based treatments for patients who have endured diverse chronic stressors, with a primary focus on chronic medical illness.



Amanda Loerinc, MA, CPhil

(aloerinc@ucla.edu) is a PhD candidate at the University of California-Los Angeles and is completing her pre-doctoral internship at the VA Sepulveda Ambulatory Care Center. Her research and clinical interests include improving the dissemination of evidence-based interventions

for anxiety disorders, depression, and personality disorders.



Emily Owens, MA, CPhil

(emowens25@ucla.edu) is a PhD candidate at the University of California-Los Angeles and is completing her pre-doctoral internship at the VA West Los Angeles Healthcare Center. Her research interests include improving detection and early intervention strategies for

psychosis. Her clinical interests include evidence-based treatment of serious mental illness.



Danielle Keenan-Miller, PhD

(danikm@psych.ucla.edu) is the Director of the UCLA Psychology Clinic and an Assistant Adjunct Professor at UCLA. Her research and teaching interests include supervision, evidence-based psychotherapy, and mood disorders.

Effective psychotherapy supervision requires unique competencies as compared to psychotherapy practice (Falender et al., 2004), yet supervision has only recently been identified as a core competency for psychologists (American Psychological Association [APA], 2015). The APA (2015) identified seven consensus-derived domains essential to competent supervision, and recommends didactic and experiential training in supervision. Notably, a survey of interns at APA-accredited internships found that less than half (39%) had completed a graduate-level course on supervision prior to starting their internships, and about 75% of those included supervised experience providing supervision (Lyon, Heppler, Leavitt, & Fisher, 2008). There exists a need for additional models for providing graduate-level supervision training.

We utilize a practicum model in which advanced graduate students provide direct supervision to a second-year graduate student conducting psychotherapy. In this supervision practicum, advanced graduate students meet with the Director of the UCLA Psychology Clinic once per week for two hours of “meta-supervision” that includes didactics, review of supervision sessions and trainee therapy sessions, and planning for upcoming supervision and therapy sessions. The metasupervisor reviews the videotapes of the therapy and supervision sessions, but does not herself provide any additional supervision to the junior trainee. The advanced graduate student assumes the role of clinical supervisor with the more junior therapist, although the licensed metasupervisor retains legal responsibility for supervision.

Given the ethical responsibility of supervisors to protect client welfare, we evaluated the impact of this supervision training program on client outcomes (Keenan-Miller & Corbett, 2015). When compared to clients of other students of the same training year who received supervision from a licensed supervisor, clients of students who were being supervised through this practicum experienced similar benefits across most dimensions. There were no between-group differences in symptom change, working alliance, satisfaction with therapy, or clients’ self-reported change. This finding was similar

to previous work demonstrating that supervisors' experience level did not impact client outcomes (Callahan et al., 2009).

Careful attention to ethics may be especially critical in peer supervision. Dual-role conflicts between student supervisor and supervisee are often inevitable (Neufeldt, 2007). Prior to the start of supervision, the licensed supervisor can help student supervisors become mindful of dual roles and consider how to handle related conflicts. Student supervisors and supervisees should discuss dual roles when making a supervisory contract. Boundaries are helpful to avoid dual-role conflicts (e.g., no discussion of case outside of supervision). Student supervisors may find it challenging to give critical feedback to other students. The licensed provider can guide discussions and role plays to encourage appropriate behaviorally-anchored feedback, and model or shape criticism so that it is received constructively. Despite these challenges, student supervisors and therapy trainees have noted several benefits of this supervision practicum model, including enhanced professional identity development, positive supervisory alliance, and shared knowledge of the institutional context. ■

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Unifying Psychology

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Crystal Faith Cajilog, MA

(ccajilog@wi.edu) is a 4th year Clinical Psychology doctoral student at the Wright Institute in Berkeley, CA. She has been conducting court-ordered assessments and individual therapy with adolescents at San Mateo County's Youth Services Center for the past 2 years. Her past placements include Acknowledge Alliance (formerly the Cleo Eulau Center) and the Integrated Health Psychology Training Program (IHPTP). She has also worked as a counselor for crisis residential facilities since 2012.

There seems to be an unspoken difference in value between those who hold PsyD degrees, those who hold PhD degrees, those who pursue their degree from a professional program and those who pursue their degree from a university-embedded program. These differences in value are subjective and change depending on who you ask; yet, implicit attitudes attached to these values divide our field and negatively impact our ability to unify. Even more so, attitudes regarding these differential values between degrees and training programs determine integral aspects of professional life such as internship acceptance, employment opportunities, and financial stability. Outside of the field, these differences also have detrimental effects on our presence within state-wide and national mental health legislation. Legislators determine the stability of our livelihood through the passage of laws that affect our profession and training. We must, then, consider the timely importance of our field uniting in lobbying efforts, especially since this does not appear to be happening. Implicit attitudes have created a fraction within the field that, without collaboration, will make it difficult to protect the bounds of our profession that enable us to progress together.

It is clear that the field of clinical psychology is changing. There are currently 40 clinical psychology doctoral programs in California: 24 are PsyD programs, 16 are PhD programs, and 9 programs offer both degrees (Kirschnit, 2016). Nationally, from 2008-2009, the median number of PsyD applicants was 47, with 8 applicants for PhD programs (Kohut & Wicher-ski, 2010). Acceptance rates between PsyD and PhD programs were about 32% and 7%, respectively, therefore fueling PsyD programs to award more doctoral degrees than PhD programs (Kohut & Wicherski, 2010).

Some psychologists believe that the creation of the PsyD degree devalues the entire field of psychology because of its lack of scientific focus (Baker, McFall & Shoham, 2008). The attitudes attached to this message have harmed our ability to unite and protect our field, and in turn, our professional careers and those we serve with research and clinical practice. While it would be generally beneficial to have a field more accepting of differences, I also believe that the difficulty reconciling these differences within our field has hindered our ability to influence legislation. No doubt there are aspects of psychology that cannot be quantified and consistently proven.

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The field of psychology believes in both the importance of subjective experiences and the efficacy of empirically validated treatments found through randomly controlled trials. The idea that we, as a field, must acquiesce to one school of thought diverges from why psychology was created and has been pursued by clinicians throughout the world. Can we then, in turn, uncover our own implicit attitudes for the purpose of a united front?

The history and evolution of psychology showcases a field that desires to understand the subjective experience through an objective and quantifiable lens. Psychology continues to be a malleable and ever-changing field that fits where it is needed within our current culture. The move towards a more science-based education is needed, but it is secondary to a unified presence within the professional world and within legislation. This starts with a unified student presence. When CPAGS and CPA lobbies, there isn't an asterisk differentiating between PhD, PsyD, university, or professional program. When we lobby, we lobby for all who practice and train under a psychology

license. The fractures within our field should not hinder our ability to advance as whole. But, to do that, we have to acknowledge and put aside our differences to come together for the greater good of our field and its future. ■

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Integrating Care and Serving the Underserved

Alison Johnson, PsyD



Alison Johnson, PsyD

(dr.alison.johnson@gmail.com) is the Behavioral Health Manager for a Federally-Qualified Health Center non-profit corporation with 21 offices serving three counties in Southern California. She is a past Chair and current Chair-Elect of the Behavioral Health Roundtable of the

Community Clinic Association of Los Angeles County, and recently joined the board of Division V.

“**Y**ou don’t understand! It’s the only thing that gets me out of the house. I have to have my Ativan.” The middle-aged man glares at me, anger on the surface of his face, but underneath I can perceive the despair, and the fear that the only solution he has known may be taken away.

At the end of the session, the young woman looks at me. “So... do I need to be on pills? I hate the idea of taking medicine.” She has a history of ADHD, a past diagnosis of bipolar disorder, and a current situation of alcohol abuse. The terror of leaving behind the self-medicating that is slowly poisoning her is battling with her desire to become a healthy woman who can be a wife and mother someday.

One common thread that ties these patients is their care under Medi-Cal. The former is on permanent disability for physical and psychological reasons. The latter is working full-time at a small company, and they are not required to provide healthcare coverage.

These folks might have to wait six to eight weeks to get the first visit with a psychiatric provider. The Department of Mental Health, however, doesn’t titrate patients off benzodiazepines, doesn’t treat ADHD in adults, and they route people with substance use issues to programs with rigid requirements.

For so long, healthcare has divided the whole human being into incomplete parts: body, mind, spirit and behavior. Agencies still struggle with communication due to this silo-

ing. Providers in all disciplines recognize that this is not ideal, and want to collaborate for the good of the patient. Yet even integrated settings have their limits. Too many providers say “that’s not in my scope” and refer out to that fragmented system. Healthcare equity and social justice crumble in the face of fear, pressure and bureaucracy.

In the wider world of healthcare, psychologists aren’t perceived as part of the solution. That needs to change. We are seen by other professions as remote, uninterested, yet we as individuals and as a profession have unique skill sets to bring to this problem. Psychologists working in such divergent settings as private practice, multidisciplinary healthcare, academia, and prisons have a further desire to impact siloing and provider shortage by taking on additional education and training in Clinical Psychopharmacology. The dream is to be able to further integrate service by becoming a prescriber. RXP will enhance healthcare equity for those most in need.

This doesn’t mean that every psychologist will want to do this, or even needs to. There are many specialties that require additional specialty training, such as analysis, neuropsychology and forensic psychology, which most other psychologists don’t pursue. But our profession would be poorer and less rewarding without those possibilities. Not every nurse becomes a nurse practitioner, either; and not every NP becomes a psychiatric NP. But it is a career option for them. So should it be for us as psychologists, with our deep understanding of the multiple factors that impact human behavior. No class of provider has better initial training in this than do psychologists.

Let us together step up to the challenge of reducing provider shortage and healthcare disparity. Let us open the door for the possibility of training in psychopharmacology and prescribing privileges for psychologists. Whether we choose to walk through that door for ourselves, or hold it open for our colleagues in California, it is an essential next step in the development of our profession. Let us come together to fulfill a mission to reduce suffering for those most in need, and integrate healthcare for the benefit of all. ■

Patient stories are composites of multiple patients and identities have been obscured.

Los Angeles County Psych Assn produced an experimental conference in May, aimed at fostering leadership and professional development. We proudly hosted CPA President Dr. Douglas Haldeman, who joined a distinguished panel to discuss leadership in psychology; afternoon workshops helped participants develop career goals and skills. We are now focusing on our Annual Convention, to be held on October 21. A full morning program covers a wide range of CE topics. After a networking lunch, our afternoon keynote speaker, Dr. Leslie Greenberg, will speak about *The Transformative Use of Emotions in Practice*. Please join us! In the meantime, come visit at www.lapsych.org.

Orange County Psych Assn is elated to report a successful effort by our Early Career Psychologist/Graduate Student program – a panel presentation of six veteran/seasoned psychologists talking about their crafts – in May. The committee also offers a mentor match program whereby a motivated ECP/Grad student is matched with a veteran mentor with similar practice/niche interests. In collaboration, we also offered a unique opportunity for members to serve as volunteer faculty to aid the professional development of medical residents at UCI Medical Center. OCPA annual conference will be held on October 8. We are excited to co-host with CPA the American Trust Risk Management Workshop on October 14 in Costa Mesa. This is a convenient way to meet your Ethics and Law CE requirement.

Sacramento Valley Psych Assn's Diversity section offered a well-attended four-part Diversity CE series this Spring and in June, we held the inaugural Bread & Beer fundraiser for the CPA PAC, featuring local craft beers and artisan breads. In July, the ECP section held a two-day conference on *Integrative Psychodynamic Therapy*. The SVPA Behavioral Medicine and Neuropsychology section has scheduled a four-part CE series this fall, beginning with *Disorders of Simulation* in August, presented by Grant Hutchinson, PhD. SVPA's 2nd annual Fall Conference is scheduled for October 6. Don't miss it, register before it sells out!

San Diego Psych Assn continues to meet our 2017 goals by cultivating new leaders, involving graduate students and early career psychologists, and by focusing our efforts in providing more opportunities for networking and social events. *Innovations in Complex Trauma Treatments: What's Outside the Box?* is the theme for the 2017 Fall Conference to be held in October. 14 sessions will address the needs of clients with trauma, and include creative ways to approach trauma recovery. The Cultural Diversity Committee and the LBGTQIQ Committee provide professional and community education, updates, and

discussions on issues that affect our community. The LBGTQIQ Committee sponsored a table at the Harvey Milk Breakfast in May and was part of the Conversion Therapy protest rally. Our visibility within the LBGTQIQ community remained strong as we marched at the 2017 Pride Parade and Festival in July.

San Mateo County Psych Assn has been busy. Jeff Kline PhD (Past President and Ethics Chair) helmed a well-attended, legally required *Child Custody and Domestic Violence Update* for clinicians and attorneys who practice in Family Court. All of our classes have been well attended and Webinars are in production. Our Education Committee continues to provide new clinical and community relevant approaches, fulfilling our decision to “Not present what we already know.” Membership has continued to grow, with mid-career Psychologists dominating. Our informal “Dinners about Nothing,” which now include CE content, continue.

Santa Barbara County Psych Assn uses PSAs on local radio stations, short video clips posted on our website, and current articles posted to our FB page to increase awareness of psychological issues that individuals may be experiencing and how psychologists can help those in need. We also advertise in our local paper, increased our FB page presence and created bridges with other professionals, organizations and schools. Our big news is a 6 credit CE event on October 7 that you don't want to miss! Keely Kolmes, PsyD will be presenting on *Digital Ethics*, something we all face in this age of internet technology and social media. Get more information and tickets here: www.sbcpa.org.

CPA Division of Clinical and Professional Practice (Div I) continues its hour-long, section hosted, CE webinars. The most recent was in August by Kate Hays, PhD, regarded as one of the best sports and performance psychologists in North America. Division I is also delighted to announce that Romi Mann, PsyD has stepped forward to chair the Section of Psychoanalysis and Psychoanalytic Psychotherapies. Dr. Mann has a private practice in Walnut Creek. He also supervises trainees for the Access Institute for Psychological Services as well as the Wright Institute, where he is an adjunct faculty member. He belongs to several professional organizations, including the Psychoanalytic Institute of Northern California (PINC) and the Northern California Society for Psychoanalytic Psychology (NCSPP), where he has also served on the board.

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