



HELP-Mental Health & Counseling Services

IN - HOME / IN - OFFICE / IN - FACILITY

Winter 2011/2012

www.helptherapist.com

3636 Fourth Avenue, Suite 302, San Diego, CA 92103 / O 858-481-8827 / Toll Free 1-855-760-HELP (4357) / F 858-244-0990



Our Therapists Specialties

- Depression
- Anxiety / Stress Management
- Grief or Loss (Bereavement)
- Relationship Issues
- Adjustments to Illness
- Chronic Illness
- Mood Disorders
- Aids/HIV
- Trauma
- Issues Associated with Cancer
- Communication Problems
- Couple and Family Counseling
- Development Disabilities
- Domestic Issues
- Elder Abuse
- Addictive Behaviors
- Neuropsychological Assessments
- Psych. Screening for Spinal Cord Stimulator
- More

Areas Served

- San Diego
- Inland Empire
- San Francisco Bay Area



ANNETTE CONWAY, Psy.D.

Owner - HELP

Licensed Clinical Psychologist
CALIC. PSY 19997

WHAT IS HELP?

HELP Services has been providing mental health and counseling services throughout the state of California since 1993. Currently HELP employs over 65 licensed Clinical Psychologists, Social Workers, Marriage and Family Therapists, Neuropsychologists, and bi-lingual therapists, all of whom provide their services in homes, facilities, and offices. Each therapist has his or her own specialty, and is referred to the client according to their expertise and geographical location. HELP serves individuals, couples, and families of all ages.

OUR MISSION

Our Mission at HELP is to provide the highest quality of care while overcoming the issues of accessibility and stigma often associated with mental health services. We maintain the highest clinical and ethical standards evidenced by our sound professional reputation throughout California.

What populations do we serve?

HELP providers serve all populations. Our providers are fully qualified for the treatment of behavioral issues for children, adolescents, adults, and seniors. Please contact us if you have questions about an appropriate level of care for you or someone you love.

THE HOME VISIT might be the only option open to many who suffer from a chronic disease, a physical or mental disability, or medical complications. As well, home visits provide access to mental health services for those older adults and elderly who are homebound. In-home clinicians can also provide the initial steps to receiving additional community services.

THE FACILITY VISIT provides mental health and counseling services to those in short-term and long-term care. Care is coordinated with the case managers, primary care physicians, and other health providers. Upon discharge, HELP clinicians are able to provide continuation of care in the home or office.

THE OFFICE VISIT can be utilized for those who prefer the office setting. Utilizing both the home and office visit is another option for those who have been homebound for an extended period of time.

What types of payment do you accept?

- Private Pay. Expenses can be paid privately or sliding scale may be applied.
- Insurance. We accept Medicare, Medi-Cal, Tricare, TriWest, and most PPO insurances, Aetna HMO.

How do I Place a Referral to HELP?

- Call the office to place a referral by phone, or ask the HELP staff to send a referral sheet via fax, email or by mail @ www.helptherapist.com.
- Have your insurance information available when you place a referral. Include the client's date of birth and demographics.
- Once the referral has been made to HELP, the staff will verify the insurance, then contact the therapist most appropriate for the client, based upon the HELP therapists's specialty and geographical location.
- Within 48 hours, the assigned therapist will contact the client to set up an appointment.

FEATURED THERAPIST

JEAN SULLIVAN, LCSW

I am a Clinical Psychologist and have been helping others improve their mental and emotional well-being for over 20 years. My practice includes the whole lifespan and I enjoy working with all ages (infancy through adulthood and old age). I am equipped to handle severe mental illness and crises as well as difficult life transitions and stressful times. I served for 15 years as a Navy Psychologist and work exceptionally well in areas of traumatic stress and substance use disorders. I work in a collaborative way to find the most effective treatment for you. By the end of your first session, we have identified the problems to work on and a plan for what we will do to help. Some of the ways I help people are by teaching them about their problems and new skills to handle them. This approach is called psycho-educational and is helpful for problems like high stress, anger management, communication in relationships and families or assertiveness. I also use Cognitive-Behavioral Therapy (CBT) to help clients analyze unhealthy thought, feeling and behavior patterns and learn more balanced ways of thinking and behaving. This leads to a decrease in emotional distress and a sense of well-being or happiness. Sometimes, an in depth analysis of one's life experiences is needed to help free someone from traumatic memories or long-term issues. I can do this as well.

Please contact me if you would like assistance with a difficult phase of life or a serious problem with mental health, trauma, depression, anxiety, substance use or addiction. I have two offices with easy access and parking located in Escondido and Mira Mesa.



FEATURED THERAPIST

ROSALYN GASTEL, LCSW

I earned my masters in social work from California State University, San Bernardino on May 22, 2000. After graduation I worked for non profit or county run mental health clinics. In 2004, I became licensed and opened up my own practice in San Bernardino and have enjoyed private practice ever since then. During the time after I became licensed, I became certified by the state as an alcohol and drug counselor and gambling addiction provider. I have also been certified in grief/loss, through the Grief Recovery Inst. I work mainly with adults who have addictions or those effected by the addiction, depression and anxiety disorders. Serving the Inland Empire.



What's New at HELP

- Sign up For Our Monthly Newsletter! Email us at info@helptherapist.com
- HELP is officially seeing clients in Northern California (Bay Area) and in the Inland Empire (Murrieta and surrounding areas).
- Website re-design / Internet Marketing
- **JOB OPPORTUNITY** - LCSW and Psychologists interested in joining the HELP team of clinicians e-mail us at info@helptherapist.com
- "Women Survivors of Childhood Sexual Abuse--Recovery Group" starting soon! This group will run for 13 weeks every Tuesday evening from 5:30-7:30. Located at 4425 Valeta Street, San Diego 92107. Cost per group is \$40 per person with a sliding scale. Start date TBD. Please call Dr. Alyssa Steiger (PSB36435) at (619) 324-3667 for more information.

FEATURED ARTICLE

Differential Diagnosis of ADHD/ADD* in Children and Adults

Research Informed Assessment

By Carrie Jaffe, Ph.D.

ADHD is a neurobehavioral disorder that usually appears in early childhood before the age of 7. It is characterized by varying degrees of inattention, hyperactivity/impulsivity, and impairments in executive functioning, such as self-regulation, motivation, effort, processing speed, cognitive flexibility, organization, and planning. The prevalence of ADHD is estimated to be between 3-10% of school-aged children. Between 50-80% of them meet criteria for ADHD in adulthood; it is estimated that between 1.5-8% of the adult population has ADHD.

However, the symptoms of a variety of other medical, psychiatric, and developmental disorders, as well as environmental and social stressors frequently mimic the symptoms of ADHD in both children and adults. Thus, these statistics may be inaccurate. This article illustrates the importance of conducting a comprehensive, rather than focused assessment in order to rule out other frequently occurring causes of presenting symptoms. ADHD is often diagnosed via clinical interview that consists of a thorough history of academic, development, and behavioral functioning, as well as a series of symptom-focused questions related to the DSM-IV diagnosis of ADHD. Occasionally, an astute clinician conducts a Continuous Performance Test (CPT), which is a standardized computer test of attention disorders. When the developmental history and symptoms are found to be consistent with the DSM-IV diagnostic criteria, the diagnosis is often made at that time. Although a comprehensive clinical interview is the cornerstone of diagnosing ADHD, formal psychological/neuropsychological testing is recommended to rule out other frequently occurring causes of the symptom pattern.

In fact, the American Academy of Pediatrics (AAP) Guidelines recommend that the assessment of ADHD include a thorough evaluation of co-existing conditions, because as many as half of the children diagnosed with ADHD also have a co-existing condition. It is essential to assess the contribution of other factors as either a primary cause or secondary response to ADHD. For example, according to the AAP, research on ADHD and a thyroid disorder called Generalized Resistance to Thyroid Hormone (GRTH) indicates that a high percentage of children with GRTH are diagnosed with ADHD. Similarly, research findings indicate that cognitive response patterns similar to those of people diagnosed with ADHD have been reported in patients with other disorders that affect the frontal lobes, such as Non-Verbal Learning Disability (NVLD). Indeed, there is a high frequency of incorrect ADHD diagnoses in people found to actually have NVLD.

Conditions that mimic or co-occur with ADHD include, but are not limited to the following:

Medical conditions:

- Hearing or vision problems
- Asthma/allergies
- Syndromes such as Fetal Alcohol Syndrome (FAS), Fragile X, etc.
- Generalized Resistance to Thyroid Hormone (GRTH)
- Normal aging in adults

Psychological disorders:

- Conduct Disorder or Oppositional Defiant Disorder (Prevalent among approximately 1/4 - 1/3 of children diagnosed with ADHD.)
- Mood Disorders (Depression, Bipolar Mood Disorder) (Prevalent among approximately 1/5 of children diagnosed with ADHD.)
- Anxiety Disorders (Prevalent among approximately 1/4 of children diagnosed with ADHD.)
- Substance-Related Disorders
- Pro Dromal Psychosis

Environmental stressors:

- Stress
- Poor self-esteem
- Family dysfunction
- Physical/psychological/sexual abuse or neglect
- Post Traumatic Stress Disorder

Developmental disorders:

- Learning Disabilities (Prevalent among 12-50% of children with ADHD)
- Language Disorder
- Mental Retardation
- Non-Verbal Learning Disability
- Pervasive Developmental Disorders (Autism, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified)

Unfortunately, these conditions are often missed or misdiagnosed when the diagnosis of ADHD is made based solely on a CPT and clinical interview, no matter how comprehensive. Thus, it is crucial to rule out co-occurring disorders and disorders that mimic ADHD by including behavior rating scales and formal psychological/neuropsychological testing in the evaluation process. According to Mapou (2009), a comprehensive assessment of ADHD should include the following:

- Comprehensive clinical interview to include complete developmental, academic, behavioral, and symptom history
 - Referral to a physician for a complete physical exam
 - Assessment of intelligence and academic achievement
 - Assessment of attention and memory
 - Assessment of learning
 - Assessment of executive functioning
- Accurate Assessments of San Diego specializes in Psychological, Developmental, Educational, and Substance Abuse Evaluations that target issues uniquely relevant to each individual. We are committed to a Standard of Excellence that values best-practices techniques and the use of well-validated instruments.

* In this article, "ADHD" encompasses all types of this diagnosis, including Attention Deficit Disorder, Hyperactive Type, Attention Deficit Disorder, Inattentive Type, and Attention Deficit Disorder, Combined Type.

References:

- Mapou, Robert L. (2009). Adult Learning Disabilities and ADHD: Research Informed Assessment. Oxford University Press
- Leslie, Laurel K. (2008). About ADHD. Retrieved November 23, 2011, from <https://research.tufts-nemc.org/help4kids>