

# The Oregon Psychologist

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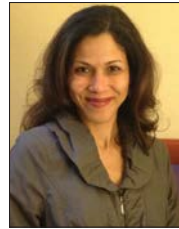
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## OPA President's Column

### OPA's Focus: Health Care Reform, Diversity

*Eleanor Gil-Kashiwabara, PsyD*



Sometimes being behind schedule can end up being a good thing. In terms of writing this first newsletter article as your new OPA

President, my need for a deadline extension on this article turned out to be a positive because it allows me to share some of the highlights from our OPA Board retreat that recently took place. The Board retreat takes place in July (the start of OPA's fiscal year) and is the "kick-off" meeting where we do much planning for the year ahead. Before we get into our meeting business and in-depth planning work, we usually do an ice breaker to get to know each other, since this first meeting welcomes some new members who are rotating into Board positions. I am so proud to be working with such an amazing group of people. Aside from being a wonderful group of professional colleagues committed to the work of OPA through their volunteerism, our ice breaker exercise (OPA Bingo) revealed some fascinating personal factoids about your Board. Do you know one of your Board members has NEVER gotten a speeding ticket (and she is a former New Yorker)! We also have a former actress, a person whose first career was selling deodorant for Proctor and Gamble, a person who hitchhiked around Europe with a spider monkey and someone who

stood 5 feet from Pope John Paul II! Most shocking for me was the person who finds caramel more irresistible than chocolate (I am still reeling from this information, which I did not think was possible). There are more interesting OPA Board member factoids but in the interest of space, I will just summarize that we have an amazingly diverse, interesting, fun-loving and caring OPA Board this year (as we do each year).

There is so much going on in our field and in the national landscape impacting the work that we do and the communities we work with. As incoming OPA President, I will admit that I felt a bit overwhelmed with the potentially endless areas that would require OPA's attention. While I completely expect that some unanticipated issues may arise, I thought it best to come up with a couple of current and salient areas that OPA would focus energy on in the next year (rather than trying to juggle too many items at once). These areas are health care reform and diversity, and we spent a lot of time during our recent retreat discussing OPA's role and efforts in these areas for the upcoming year. Even "narrowing" the focus to these two areas still leaves us with lots to do. For example, "health care reform" includes many sub-areas such as telehealth, health insurance exchange, CCO's, etc.,

*Continued on page 2*

while “diversity” pertains to so many cultural groups (e.g., race/ethnic, LGBTQ, disability and many others) and so many issues (e.g., access, health disparities, new Cultural Competency CE legislation).

Why, then, the areas of health care reform and diversity as OPA areas of focus in the next year? Well, with regard to health care reform, this is an area that currently has a ton of national attention AND Oregon is in the national spotlight with regard to how we are moving forward in our state with health care reform. We are also dealing with the areas of telepsych, health insurance exchange, and electronic health records (to name a few), all pertinent issues for our membership that fall under the umbrella of health care reform. OPA’s Professional Affairs and Legislative Committees both are involved in these important issues, and at our retreat we continued discussions of how to move forward in our efforts to support our members and ultimately our clients in relation to these critical concerns. We will keep you posted on these developments.

With regard to the focus on diversity, this is an area that I have a background in (and am passionate about) and I feel that I can be helpful in OPA’s efforts. Beyond this—and most importantly—it is an area of critical importance, and depending on who you ask, it is an area that requires crisis-level response. In June I attended the OPA Diversity Committee Retreat. One of our speakers was Dr. Ann Curry-Stevens, the Director of the Center to Advance Racial Equity at Portland State University. She reported on her research in collaboration with the Coalition for Communities of Color (Curry-Stevens, Cross-Hemmer & Coalition of Communities of Color, 2010), which highlights the racial

and ethnic health disparities that exist in Oregon and in particular in Multnomah County. Wow. Without even looking yet at health and mental health, we learned that in Multnomah County, individuals of color live on just half the incomes of Whites, at \$16,636 per year, compared to \$33,095, annually (based on 2008 data). Furthermore (also based on 2008 data), the child poverty rate for White children in the U.S. was 10.8% compared to 14.4% in Multnomah County while the rates for children of color in the U.S. were 25.4 % and 36.0% in Multnomah County. Yikes! With regard to graduation rates in Multnomah County in 2011, 64.9% of Whites graduated on time with a regular diploma compared to 51% of students of color (and across Oregon, we have the fourth-worst graduation rates—for students of all backgrounds—in the country). You can imagine the set-up here for access to equitable health and mental health services for racial and ethnically diverse communities. Indeed, the health disparities have been notably dismal in Multnomah County, compared to not only the U.S. but even to local King County, Washington (Seattle area). These are disparities that, in my opinion, can’t be ignored.

It is this type of information that helped to drive the recent (and successful) legislative effort (HB2611 or SB 530) regarding Cultural Competency Continuing Education for Health Care Providers. This measure allows certain boards (including OBPE) to adopt rules under which boards may require persons authorized to practice professions regulated by boards to receive cultural competency continuing education. OPA supported HB 2611 and while ultimately it is OBPE’s decision to require cultural competency CE’s for our profession, OPA, in collaboration

with community consultants, hopes to be a resource to OBPE with regard to how such requirements might be developed. We are very proud of our very own Fabiana Wallis, PhD (OPA member and past OPA Diversity Committee Chair) who is the Co-Chair of the OHA Cultural Competence Continuing Education Committee responsible for critical aspects of the amended bill. We will keep you posted on the developments around Cultural Competency CEs and any way OPA is involved. The OPA Board and the OPA Diversity Committee are committed to addressing mental health disparities for all the communities we serve and are engaged in much dialogue about how to address these concerns.

In closing, I ask OPA members to please feel free to contact me with any questions or concerns that you have related to how OPA might be supportive with regard to health care reform and/or diversity-related efforts. Our Board does want to listen to the concerns of our membership. We also encourage you to get involved in one of our many committees—the more hands we have, the more we can do! And, as you have read, there is much to do. It is often hard to exercise patience when we want to make improvements or changes immediately. These are at times slow-moving processes. To borrow from my mother’s wisdom, we will take things “one day at a time” and my hope is that at the end of this OPA year, we will have made some decent headway around some of the areas outlined above. My belief is that with good intentions, thoughtful plans and collaborative action, we can make a difference in our profession and for the communities we serve.

Hasta pronto,  
Eleanor

## OPA Helpful Contacts

The following is contact information for resources commonly used by OPA members.

### **OPA Office**

Sandra Fisher, CAE - Executive Director  
147 SE 102nd  
Portland, OR 97216  
503.253.9155 or 800.541.9798  
Fax: 503.253.9172  
Email: [info@opa.org](mailto:info@opa.org)  
Website: [www.opa.org](http://www.opa.org)

### **OPA Lobbyist**

Lara Smith - Lobbyist  
Smith Government Relations  
PO Box 86425  
Portland, Oregon 97286  
503.477.7230  
[lsmith@smithgovernmentrelations.com](mailto:lsmith@smithgovernmentrelations.com)

### **Oregon Board of Psychologist Examiners (OBPE)**

3218 Pringle Rd. SE, #130  
Salem, OR 97302  
503.378.4154  
Website: [www.obpe.state.or.us](http://www.obpe.state.or.us)

OPA's Legal Counsel\*  
Paul Cooney - Attorney  
4949 Meadow Rd., #460  
Lake Oswego, OR 97035  
503.607.2700  
Fax: 503.607.2702  
Email: [pcooney@cooneyllc.com](mailto:pcooney@cooneyllc.com)

*\*Through OPA's relationship with Cooney & Crew as general counsel for OPA, members are entitled to one free 30-minute consultation per year, per member. If further consultation or work is needed and you wish to proceed with Cooney & Crew, you will receive their services at discounted rates. When calling, please identify yourself as an OPA member.*

## Dear EC: The Ethics of Trainer and Trainee

OPA Ethics Committee

### **Dear EC:**

*I am thinking about participating in an intensive workshop to learn a new therapy technique. I understand that as a part of this experience, trainees practice on each other. What ethical issues should I be aware of before I engage in this experience?*

There are a variety of intensive training experiences these days. They are an important part of becoming proficient in specific techniques. Hands-on experience allows the trainee to see how powerful these techniques can be. In addition, practicing on peers allows trainees to hone their skills before using the techniques on actual clients.

There are specific ethical issues that are important to keep in mind when selecting and participating in an intensive workshop. The trainer offering the workshop should set clear guidelines about what the trainees can expect—essentially informed consent. Setting the ground rules about the training experience ahead of time can protect everyone involved from possible harm.

Confidentiality is central to any helping relationship and the limits of confidentiality should be discussed at the outset. If trainees are sharing personal information in front of the group, they need to know in advance if that information will be kept in confidence by the other trainees. Even if it is, you may wish to carefully choose what information to share. The trainer might also let the trainees know if there are any circumstances under which confidential information must be reported (e.g., abuse of children, elderly, or other potentially vulnerable individuals). Also, not everyone feels comfortable sharing in front of a group and they should know whether or not they can opt out of this part of the training and what the consequences would be if they choose not to participate. It

might be beneficial for trainees to know what the protocol would be if, during a practice session, their own trauma experience is so intense it creates significant distress and harm.

Another issue to keep in mind is the role of the participants and the expectations and obligations that go along with those roles. If trainees are practicing with one another, the purpose of the relationship is training. The training therapist's job is to practice using the various skills and techniques on their practice partner. The training client's job is to provide enough information to the training therapist so that person can practice using the techniques. It should be clarified that trainees partnering together to learn and practice techniques is not the same as therapy, and such training should not be used as therapy. It's possible that the practice exercise could be therapeutic, but it is not therapy.

Practice partners may wish to work with each other between workshop sessions. The purpose of this relationship would still be the same—practicing techniques to help the trainees become more proficient in using this type of therapy. Practice partners may be tempted to use this time for personal growth or to resolve past issues. Most likely, this would move the purpose of the relationship to a new category, from training to therapy, which constitutes a dual relationship. It is very difficult to switch from one role (practicing) to another (therapist), making it very hard to provide objective treatment once you already have an established role with someone. Dual roles are to be avoided when possible (Standard 3.05: Multiple Relationships). You can't always predict what will go wrong, even when things appear simple and straightforward. It's not worth the risk. Remember, above all, do not harm.





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# Views from a Minority Perspective

*Ruth Bichsel, PhD, FABPS, FACFEI, AHTA, HS-BCP CERT*

I am frequently asked by colleagues such questions as “Why did you choose to become a Psychologist?” Perhaps it seems peculiar to them that a person from such a different paradigm would choose this profession. In this text I am not going to explore why they are asking the question, but rather I am going to examine the question itself. I have learned enough through my many years of academic acculturation to be able to deftly dodge the question without really addressing it at all.

You see, the problem is not really in the answer, but in the communication within the question itself. The very wording of the inquiry is laden with pitfalls, and if I attempt to answer it in any culturally honest fashion, I am put in a position of having to defend my culture and explain my core beliefs at a level which neither I nor the inquirer is prepared to address. If I even begin to attempt to be forthcoming, I am forced into a conversation that requires me to disclose concepts that are exceedingly foreign to most in the majority culture. The few times I have attempted to approach such “benign questions” in the past have proven to be emotionally wrenching to both participants.

I am not writing this article for my own edification, because I am grounded in my culture and my beliefs and do not need to make any intricacies known. I am traditionally Native and I always will be. Although I have been forced to acculturate to the majority culture, as many of us have out of pure survival, I have not and will not ever assimilate. There is a very big difference between acculturation and assimilation.

However, many of my people and those of other cultures are faced with the same issues that I face and I feel it is time that these things are approached in a way in which, hopefully, we can all learn and grow from the experience. Psychologists are seeing more and more clients from a myriad of diverse cultures

and ethnicities. Therefore, I believe it is imperative that we really look at the damage that ethnocentricity and microaggression bring to our clients, our colleagues, our communities, and our profession.

Because of my minority status, the question scenario summarized above is a recurring issue for me. It happens so often that I often wonder how the paradigm can be so invisible. The concept of ethnocentrism clearly often escapes those who are surrounded by their culture. However, for those from minority cultures, who are surrounded by another culture, it is a way of life and can sometimes seem as though it is a deliberate bombardment or attack.

While I can look at these issues rationally and understand ethnocentricity is not intentional, I often ponder how other minority people, especially clients and those in the universal community, see it and feel it. From the perspective of the minority oppressed it is very easy to see how microaggressions and ethnocentricity often feel premeditated and calculated, because sometimes they are. Often I am asked, “Why is it when there are so many ways to learn about other cultures and other ethnicities, is there still so much ignorance?”

There are many ways to define ethnocentrism. Most in the field agree that it includes judging other groups as inferior to one’s own. Some anthropologists define ethnocentrism as “making false assumptions about others’ ways based on our own limited experience,” further stating that, “We are not even aware that we are being ethnocentric” and that “We don’t understand that we don’t understand.” However, from this some have concluded that “all people are therefore ethnocentric.” How profoundly ethnocentric is that statement?

The only hitch with this deductive inference is that the logic is inherently flawed. That is, all of the premises

leading up to the conclusion do not hold true. The problem is that not all people, nor all cultures for that matter, inherently make assumptions. Many cultures do not live by, or even understand, the concept of prejudging or assuming something to be so.

To say someone has made a false assumption is ethnocentric as well. The first problem is in labeling it an assumption. You do not share their world view, so how do you know that they “assumed”? In addition, the intrinsic belief in a “false” assumption is that someone is wrong and someone else is right. The concept of dichotomous thinking does not exist in many cultures. The belief that you are right and that someone else is wrong also does not exist in scores of cultures. This labeling therefore would make absolutely no sense to many people.

The point is, in many cultures there is no need for the assumption, or a judgment around the assumption, and there is no hierarchy or presumption of superiority. There is no need for “right or wrong.” The deductive reasoning that claims “all people are therefore ethnocentric” therefore falls apart because it was built upon ethnocentric thinking.

It is, in essence, the presumption of superiority that creates the ethnocentricity. A culture that believes that all things and beings are related and equal, where there is no place for ego or hierarchy, cannot make such assumptions. In many cultures there is room for the assumption of differences, but not for the concept that being different is in any way wrong. There is no need for anyone to be better than anyone else and the concepts of assumptions, judgments and competition simply do not apply, “things just are what they are.”

The statement “everyone does it,” does give us a good example of how insidious and covert ethnocentricity and cultural bias are. If you come

*Continued on page 6*

from a culture that is dichotomous, hierarchical, and judgmental it is very hard to see when you are being ethnocentric and demeaning. It is very easy then to say, "Well everyone must be this way." Unfortunately, that is really the essence of ethnocentricity in a nutshell. Everyone is not like that, people are diverse. There are many different ways of looking at the world and to say that "we are all alike" is a justification used to continue oppressive behaviors and is at the very least offensive. There is a big difference between "we are all related and equal" and "we are all alike."

The problem isn't in the cultural belief systems themselves. The problem is in the oppression that is inherent when individuals in majority groups repeatedly force their beliefs about themselves and others on minority groups. Even if it is unintentional, when it is done it does not allow the person from another culture the right to be who and what they are. It also does not leave the individual from the majority culture room to grow.

Many minority people, our colleagues, are often left in a very complicated oppressive situation due to ignorance of ethnocentric behaviors and lack of cultural awareness. However, it leaves clients in a much more precarious predicament. More and more of our clients are coming from various cultural backgrounds while the therapeutic world is only slowly changing. We are seeing more and more clients that are diverse. How can we do this ethically and respectfully if we do not take a hard look at our level of cultural competence and ethnocentricity? How do we gauge the competence level of ourselves and our Psychologists? Creating a "safe space" means more than having a positive attitude; training and self-examination is imperative. Martin Luther King stated that "The function of education is to teach one to think intensively and to think critically. Intelligence plus character—that is the goal of true education." As Psychologists, our

ethical principles call us to continue to educate ourselves and to build upon our competencies. The APA Ethical Standards 2.01(b) and 3.03 call upon us to establish an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and/or socioeconomic status and state that this is essential for effective implementation of our work. In other words, we are to be culturally competent in these things in order to be ethical. So how do we know if we are really culturally competent and when are we doing more harm than good?

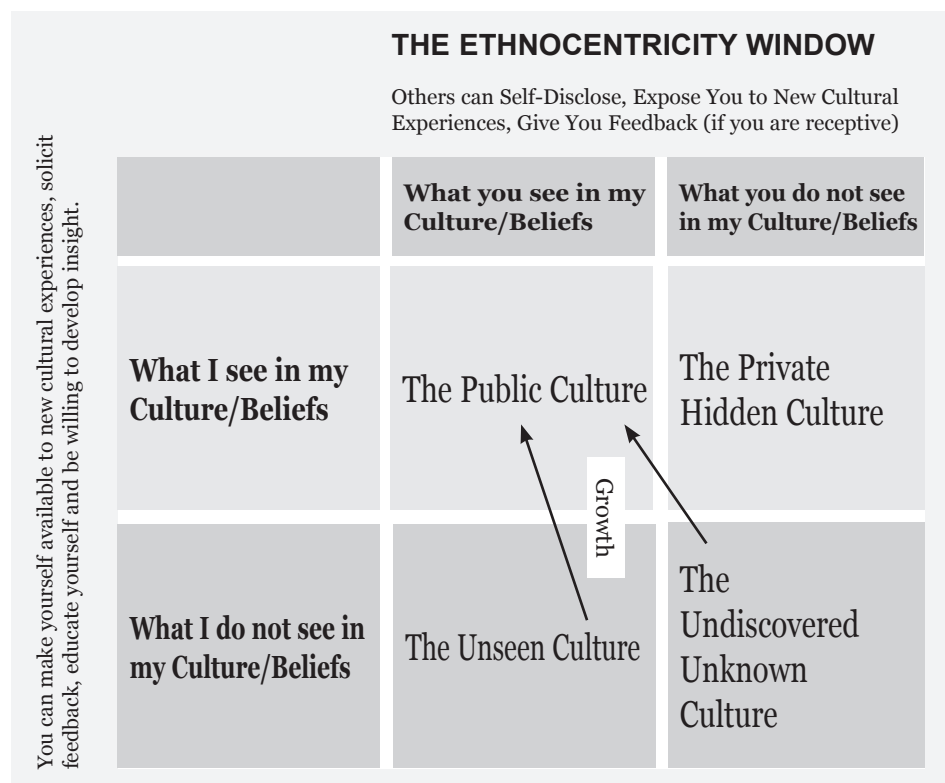
I am writing this article because I fully believe that as professionals we can continue to learn and that education is powerful enough to break through cultural biases and even covert ethnocentricity itself. However, we need to have the courage to seriously look at ourselves and admit that we have work to do.

I have come up with a variation of the Johari Window (Luft & Ingham, 1955) focused on helping us become aware of our own cultural identities, how we share them, and how we can be more open to seeing our possible

blind spots. However, the growth cannot happen unless there is a safe place to experience growth. That is, everyone must be able to work together to make the sharing possible. To do that, there has to be openness and acceptance to cultural differences in beliefs, values and traditions.

In order for there to be openness and honesty, we have to do away with issues of microaggressions. Research tells us that individuals send anywhere from 40 to 150 micromessages to each other in an average 10-minute conversation. When these micromessages take the form of microinequities such as ethnocentric statements, they can create stress in the relationship. If the inequity is stressful enough it is termed a microaggression (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007). Microaggressions take many forms, the most common being microassaults, microinsults, and microinvalidations (Sue et al., 2007). Microaggressions may be overt or covert. Some are intentional and some are clearly due to ignorance. However, just because some may be "accidental" or "small" does not mean that they

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are no less harmful or trivial. I often think of forensic terms when I explain this concept to those who become defensive when their microaggressive act is confronted. Many people die every year as a result of accidents—yes, it may be accidental, but people are still hurt or dead. The intention, or lack thereof, does not diminish the harm.

A microinsult is characterized by words, phrases or other communications that demean a person's ethnicity, culture or racial heritage (Sue et al., 2007). Microinsults may represent indirect snubs which may be unintentional from the view of the perpetrator, but carry a very clear message to the person from a minority culture, ethnicity or race. The context and the connotations of the comments and statements are also very important. In addition, these microaggressions may also be conveyed nonverbally through avoiding eye contact or the use of other body language.

Microinvalidations are characterized by any form of communication that negates, excludes or negates the thoughts, feelings, or reality of the person from the minority culture or race. These can also be conveyed through body language as well. One example is when Black individuals are told, "I don't see color, we are all the same," or, "I am not a racist, I have lots of Native American friends" (Sue et al., 2007).

One of the biggest issues is that when individuals who commit microaggressions are confronted, they often become defensive and a situation is created where neither individual is able to benefit from the experience. What we know from research is that ethnocentricity and microaggressions have major implications for both the perpetrator and the minority individual, regardless of intent. "It creates psychological dilemmas that unless adequately resolved lead to increased levels of racial anger, mistrust, and loss of self-esteem for persons of color; prevent White people from perceiving a different racial reality; and create impediments to harmonious race-relations" (Sue et al., 2007, p. 275).

We all have places where challenging ourselves can help us grow. We encourage our clients to do this as a course of healing on a regular basis. I would ask us to consider who we are as professionals if we are not living by example. I believe the true function of therapy is to assist clients so that they will at some point be able to live life fully without us supporting and guiding them. Can we truly be exemplary therapists if we do not continue to grow in our own personal and professional lives? Are we willing to put out the effort that we expect from our clients? Are we willing to do this as a profession?

I encourage all professionals to take a look at their ethnocentric-selves in a new way. In this way we can learn to grow as human beings and become more competent, enlightened therapists as well. So that in the future when we ask our clients or colleagues questions, these inquiries come without the cultural baggage they once carried. In turn, when the clients or colleagues respond, the answers can be fully honest. This will give us all the opportunity to grow.

It has been long known that the therapeutic alliance is

strengthened when trust is enhanced. This cannot happen to its fullest extent if the client cannot be entirely honest due to culturally-laden questions and the fears that come from racial or ethnic tensions. I contend that this is especially true when clients are unable to speak openly about their culture, their core values and beliefs. How, then can therapy truly be effective?

It seems no wonder, then, why it is still true that clients from minority ethnic groups and cultures are still vastly underserved. This is so more than 10 years after the writing of the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (American Psychological Association, 2002). The therapeutic, and academic, pipeline has improved somewhat; however, it is still very restricted for many, many groups.

Until we openly accept all people and truly enact the guidelines, the restrictions will not change. The change must come from us as individuals, as clinicians, and as a professional contingency. If we are to reach the people who need services, we must become more culturally competent on a much broader level.

If you have not yet figured out what the issues are with the initial question, "Why did you become a Psychologist?" you may want to take a look at some of the following tips (which I modified with permission from Turner Goins). You may

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also want to check out her research (Goins, Garrouette, Leading Fox, & Manson, 2011).

If you would like to work with Native Americans there are a few very important tips: Meet with people who understand the culture and beliefs of the tribal group with which you are choosing to work. Find out what works and does not work with that group and with their elders and their community. Please do not make assumptions. It is best to be open, honest, and transparent in all your encounters and actions. Please also remember there may be clear gender roles in many traditional tribal communities. Native people act as a collective community, not as individual people. It is important to address the community as a whole.

### References

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## Check Us Out!

Now you can find diversity information and resources on the OPA website! The OPA Diversity Committee has been working hard to make this happen. You can also learn more about the OPA Diversity Committee and our mission on this site. So go ahead and check us out online.

- Go to the OPA members only page and click on **“Diversity”** at [www.opa.org](http://www.opa.org).

We hope the Diversity Committee’s webpage is helpful to OPA members and community members in our mission to serve Oregon’s diverse communities.



with Drs. Mark Kaupp and Lisa Palmer Olsen

## The Externship

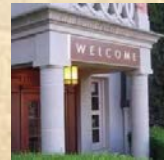
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# Where are the Counselors for People Who Have Serious Mental Illness? A Letter from NAMI to OPA Members

Laura Borders, NAMI Volunteer

As you are probably aware, NAMI (National Alliance on Mental Illness) is a grass-roots group of people whose lives are affected by serious mental illness—we have it, or our loved ones have it. We are in NAMI for support, education, and advocacy. We understand that although our loved ones may need medication, that medication is certainly not enough to help them to recover into a healthy life with this kind of illness. They also need family support, housing, work, a social life, and counseling.

Volunteer presenters of the NAMI Family to Family curriculum present information to family members about how to help their loved ones select the counselors they need. We have repeatedly been informed by participants that counselors are very hard to find. There are many counselors in Oregon, but often they seem not to be prepared to help people who have the more serious mental illnesses—bipolar illness, schizophrenia, incapacitating depression, and some anxiety and trauma-related disorders. Or perhaps counselors' interests lay elsewhere, or they could be unaware of the need.

This message is an appeal to you, as members of the Oregon Psychological Association, to help us find ways to find help in your group when our family members are ready for counseling.

We are aware that reimbursement issues are a problem. Some of us have insurance, others do not; some people have access only to counselors within panels. However, even people who have insurance and/or are willing to pay cash have been unable to find a counselor who would take them on. Will you indicate on your websites whether you

## Welcome New and Returning Members

<b>Thomas Brewer, PsyD</b> Portland, OR	<b>Denise Lopez Haugen, PsyD</b> Oregon City, OR
<b>Meghann Case, PsyD</b> Portland, OR	<b>Shirley Oxidine, PsyD</b> Astoria, OR
<b>Maritza Cobian</b> Hillsboro, OR	<b>Debra Pearce-McCall, PhD</b> Portland, OR
<b>Nathan Engle, MA</b> Newberg, OR	<b>Bob Torres, PhD</b> Portland, OR
<b>Margherita Gaulte, MA</b> Beaverton, OR	<b>Kimberly Wisotzke</b> Lake Oswego, OR
<b>Marney Hoffman, MA</b> Portland, OR	<b>Shannon Young, PhD</b> Eugene, OR
<b>Danielle Jenkins, PsyD</b> Portland, OR	
<b>Forrest Kublick, PsyD</b> Portland, OR	

accept insurance or cash? Will you check your contact information in OPA's "Find a Psychologist" website, and update it to show any SMI issues that you would be willing to address with our loved ones?

We understand that helping our loved ones would involve a special interest, and perhaps additional training on your part. If you do not have this preparation, would you consider learning about the needs of our loved ones who have serious mental illnesses, so that you can help us?

### **NAMI contact information:**

NAMI Oregon (Portland): 503.230.6009 or  
800.343.6264; [www.namior.org](http://www.namior.org)

NAMI National: [www.nami.org](http://www.nami.org)

With gratitude for your consideration,

Laura Borders, NAMI Parent and Volunteer  
Michele Veenker, NAMI of Clackamas County  
Executive Director

Chris Boneff, NAMI Oregon Executive Director

## Comprehensive Eating Disorder Treatment 503-226-9061

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[www.abwcounseling.com](http://www.abwcounseling.com)

# Report on a Fulbright Specialist Grant Project in Morelia, Michoacán, Mexico

*Robin L. Shallcross, PhD, ABPP*

In October 2012 I was fortunate to receive a Fulbright Specialist grant from the Center for the International Exchange of Scholars (CIES). I taught a three-week intensive class in Spanish to undergraduate psychology majors entitled *The Psychological Effects of Transnational (Circular) Migration from the Perspective of the Sender (Mexico) and Receiver (United States) countries*.

The application process is as follows: A prospective candidate from the U.S. applies to CIES in their discipline, to be approved for placement on a roster housed in Washington, D.C. There is no psychology discipline of eligible categories, so I applied through education, as I teach in Pacific University's School of Professional Psychology (SPP). Once approved, a candidate can develop their own project to carry out in a host country, as I did, or be matched by a host country looking for an eligible U.S. partner. Fulbright Specialist grants are shorter, a minimum of two weeks to a maximum of six weeks.

Fulbright/CIES pays for round trip transportation and a \$200.00 a day per diem, including weekends. The host institution pays for in-country transportation and provides housing and meals, and must be a degree granting institution.

My host institution was La Universidad Latina de América (UNLA) in the city of Morelia, in the state of Michoacán. In the Mexican system of education, after completing their studies, undergraduate psychology majors, become the psychologists in Mexico. I chose this particular institution and location, as the majority of the Mexican origin immigrants in Oregon come from the southern Mexican states of Oaxaca, Jalisco and Michoacán. We have a bilingual (Spanish) sliding fee clinic in Washington County as SPP is now located in Hillsboro as a part of Pacific's College of Health Professions. In past years, we have taken our Latino Bilingual Track students on immersion courses to Mexico to learn about Latino culture first hand, to better serve our clients in the U.S.



*UNLA psychology students and faculty*



*UNLA psychology students conducting community interviews in the village of La Noria, Michoacán*

On those trips I became curious about what psychological services were being offered in Mexico to the families affected by migration. It is not atypical to see old people, women and young children in small villages with no adult men of working age, as they are often in the U.S. seeking employment. As they are frequently living illegally here, the stress of separated families and fears for the safety of loved ones, is significant. This area of service is a developing one in Mexican psychology.

With a combination of in-class activities including lecture, guest speakers, reading materials, films and presentations, the students developed interview questions for visits to two communities near Morelia, affected by migration, to assess what types of services they would like to receive. The capstone project for the 15 class participants was to develop either a job or a social service project for a Mexican psychologist.

With a small follow-up grant from the Oregon Community Foundation, I returned for a week in April

2013 and helped bring the psycho-educational groups developed in class to fruition. The UNLA students returned to the communities we had visited in October in June and July 2013, offering a variety of groups covering trauma, stress management, depression, anxiety, relaxation skills training, assertiveness, etc. under the supervision of their psychology faculty.

This has been a tremendously rewarding experience and I have many colleagues from around the state to thank, as an endeavor of this magnitude can never be done alone. I would encourage any of you reading this who have thought about an international project to check out the Fulbright Specialist/CIES website for more detailed information. As we continue to live in a more global world, and offering psychology services to an increasingly diverse U.S. population, internationalizing psychology education is, in my opinion, imperative.

# Why Therapists Need to Understand Intercultural Communication: A Key to Effectiveness with Clients and Co-Workers

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Cheryl Forster, PsyD, Diversity Committee

I started my annual Intercultural Communication Study Groups for Therapists (through my professional training business called *Bookmark Connections*) last year after noticing how the trainees I work with at Portland State University, and many of my fellow OPA Diversity Committee members, had never heard of the Intercultural field.

Integrating Intercultural Communication (IC) concepts into our work with clients and our relationships (e.g., co-workers, friends) can be essential to more accurate empathy and understanding. As therapists, we tend to have specific ways we define “good” communication and conflict resolution (e.g., “I feel” statements, direct processing, assertive communication), as well as expect others to express themselves. However, those generally accepted ways are not universal and can lead to unintentional yet serious mistakes in our relationships and clinical work. In the worst case scenario, we can pathologize cultural differences, mistaking them for individual failings or personality issues (e.g., there is a cultural basis for our conflict styles, and there is a different way to approach an interview with someone from an indirect culture versus a direct culture). Learning how to navigate our differences can increase our ability to truly connect with others and is more effective than minimizing them. Additionally, IC can teach us how to developmentally meet clients and each other in ways that are more appropriate and less anxiety-provoking when dealing with differences. Interculturalism applies to all of our personal and professional relationships (not just people from different countries),

as well as our organizations. And since culture often goes unnoticed because it is like the air we breathe (unless challenged or overt), then we need to learn the necessary skills and how to be more intentional about understanding it; the IC field offers a solid framework and guidance.

Moreover, graduate diversity classes or trainings tend to focus on the very valuable social justice tradition – the diversity and inclusion, multicultural, and social justice traditions stem from the Civil Rights Movement in the U.S., and tend to study groups separately, while incorporating critical aspects about power, privilege, and oppression. However, the complimentary intercultural perspective developed in a different context; it is interdisciplinary and focuses on interactions. When it comes to cultural competence, diversity and social justice are like the gross motor skills, and intercultural communication are the fine motor skills. *We need to work at the intersection of these two.* To paraphrase a statement Dr. Kathryn Sorrells (2010) made in an informal presentation at the Summer Institute for Intercultural Communication: *If we think of culture as shared meaning that is co-created, then what we agree on is based on privilege versus what gets silenced or oppressed.*

So what is Intercultural Communication? Intercultural Communication is an interdisciplinary field that has its foundations in cultural relativism, linguistic relativity, subjective culture, sociolinguistics, anthropology, constructivist psychology, and communication theory. Edward T. Hall is considered

the father of Intercultural Communication, while international business, study abroad programs, and the Peace Corps are the primary contexts in which the field further developed. “Intercultural communication is defined as the symbolic exchange process whereby individuals from two (or more) different cultural communities attempt to negotiate shared meanings in an interactive situation with an embedded societal system” (Ting-Toomey & Chung, 2012, p. 24).

The idea of shared meaning can be a place where many misunderstandings occur. For example, when we share cultural values, we are able to “fill in the blanks” more easily. However, the same behavior can come from different value systems or the same value can be expressed behaviorally very differently. Whether we are talking about a personal relationship or a client relationship, being able to navigate these cultural components more effectively beyond a mere intellectual understanding is key. Furthermore, organizationally, IC skills can be critical for efforts to diversify your staff, as they enable you to do the interview more proficiently and shift the work environment in a way that increases the likelihood of the actual retention of a diverse staff (versus just hiring “the numbers”). All in all, this type of work is meaningful, yet challenging and complex: Crossing and building bridges takes courage, curiosity, and compassion.

## References:

Ting-Toomey, S., & Chung, L. C. (2012). *Understanding intercultural communication* (2<sup>nd</sup> ed.). New York: Oxford University Press.



# Instilling Hope as a Community Value

Nancy Taylor Kemp, PhD, OPA Colleague Assistance Committee

*“But leading away from probabilities there are paths of possibility, toward which it is also our duty to hold aloft a light. And the name of that light is hope.”*

—Karl Menniger

I opened my first paper in graduate school with this quote. It is not a new thought, but I believe it is a very important value. During my first two years on the OPA Colleague Assistance Committee (CAC) I have been surprised by the consistent reports of a common career-related anxiety for psychologists: The fear of talking to other psychologists (both colleagues and supervisors). The mere mention of an ethics or legal training can bring a shudder from my colleagues due to their experiences of stress that accompany such trainings. The CAC explored psychologists' fear of professional reproach at the OPA Conference this year, and our audience affirmed that their anxieties are less related to low self-confidence or poor performance, and are much more related to experiences of feeling judged.

In a field where we are the experts in holding the light of hope for our clients, we appear to struggle to achieve this goal with our supervisees and our colleagues. It is true that there are many duties we carry in our role as a psychologist: Duty to report, duty to warn, ethical codes, legal requirements, contract commitments, and obligations to funding agencies. Bogged down in this quagmire, we may forget to hold aloft the light of hope in our explorations with each other.

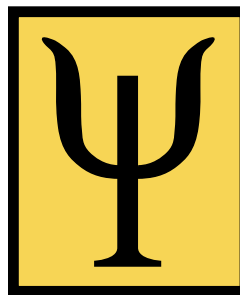
When a colleague appears to be struggling, at times our many duties, obligations, and disavowed imperfections move us toward throwing our colleague “under the bus,” as we so eloquently call it in the CAC. Somehow the written rules and the threat of sanctions can pull us toward reactivity and judgment rather than toward what most of us do so well for our clients: Explore, identify struggles, educate, and motivate, all under the light of hope. Perhaps it is our defense against our own vulnerability that causes us to create a divide between ourselves and our colleague in need.

We all have the capacity to grow, to learn, to excel, to be at our best. As well, we all have the capacity to err, get distracted, grow fatigued, to stumble. We must find a better way in which we can join together in our fallibility and engage with each other in the spirit in which we join with our clients—the hope that change is both desired and possible.

We have many options in how we engage one another. Recall the Aesop's fable of the North Wind and the Sun:

The North Wind boasted of great strength. “We shall have a contest,” said the Sun. Far below, a man traveled

a winding road wearing a warm winter coat. “As a test of strength,” said the Sun, “Let us see which of us can take the coat off of that man.” “It will be quite simple for me to force him to remove his coat,” bragged the Wind. But the harder the wind blew down the road, the tighter the shivering man clung to his coat. Then, the Sun warmed the air and the frosty ground. The man on the road unbuttoned his coat. The sun grew slowly brighter and brighter. Soon the man felt so hot, he took off his coat and sat down in a shady spot. “How did you do that?” said the Wind. “It was easy,” said the Sun, “I lit the day. Through gentleness I got my way.”



## Oregon Psychological Association

### ACCEPTANCE & COMMITMENT THERAPY

#### TRAINING IN PORTLAND

#### Fall/Winter Workshops and Classes

**ACT on Life** - 9-week ACT skills course for building a deeper experiential understanding of ACT

**Acceptance and Commitment Therapy: An Experiential and Practical Introduction** - Two day introductory training

**Shame, Resilience, and Self-Compassion** – Workshop series on working skillfully with highly self-critical and shame-prone clients

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## OPA Ethics Committee

Do you have an ethics question or concern? The OPA Ethics Committee is here to support you in processing your ethical dilemmas in a privileged and confidential setting. We're only a phone call away.

Here's what the OPA Ethics Committee offers:

- **Free** consultation of your ethical dilemma.
- **Confidential** communication: We are a peer review committee under Oregon law (ORS 41,675). All communications are privileged and confidential, except when disclosure is compelled by law.
- **Full consultation:** The committee will discuss your dilemma in detail, while respecting your confidentiality, and report back our group's conclusions and advice.

All current OPA Ethics Committee members are available for contact by phone. For more information and phone numbers, visit the Ethics Committee section of the OPA website (in the Members Only section), and on page 18 of this newsletter.

## OPA Attorney Member Benefits

Through OPA's relationship with Cooney & Crew as general counsel for OPA, members are entitled to one free 30-minute consultation per year. If further consultation or work is needed and you wish to proceed with Cooney & Crew, you will receive their services at the discounted OPA member rate. Please call for rate information. Cooney & Crew are available to advise on OBPE complaints, malpractice lawsuits, practice management issues (subpoenas, testimony, informed consent documents, etc.), business formation and office sharing, and general legal advice. To access this valuable member benefit, call Cooney & Crew at 503.607.2700, ask for Paul Cooney, and identify yourself as an OPA member.

OPA members can also benefit from Cooney's legal wisdom by visiting the Members Only section of the OPA website, [www.opa.org](http://www.opa.org). Under the legal program button on the Members Only page of the site, you can access various email listserve postings from Cooney through "Cooney's Corner." Most of this information comes from the OPA general membership email listserve program and has not been edited. Topics covered include subpoenas, patient access to records, abuse reporting, record keeping and retention, liability insurance, etc.



OREGON FORENSIC INSTITUTE  
Fall 2013 Workshops

## Ethical and Legal Solutions to Common Dilemmas in Psychological Assessment

October 17, 2013 – Eugene Phoenix Inn  
October 18, 2013 – N. Salem Doubletree Inn  
October 25, 2013 – Tigard Phoenix Inn

With Eric M. Johnson, Ph.D. ABPP

6 APA-approved CE credits granted for the day of training  
Registration materials will arrive in September 2013 or  
Visit our website at [oregonforensicinstitute.com](http://oregonforensicinstitute.com)

For More Information, contact OFI at (503) 274-4017 or  
[OFIPDX@aol.com](mailto:OFIPDX@aol.com)

## OPA Workshop Calendar\*

### September 6, 2013

*IPAs and Other Business Issues for Psychologists* by Mike Crew - and - *The Collaborative Psychologist: Developing & Thriving in an Interprofessional Mental Health Practice in the Era of Health Care Reform* by Barry Anton, PhD, ABPP

### September 27, 2013

*DSM-5: An Overview of Changes and Challenges*  
by Vikki Vandiver, DrPH, MSW

### October 18, 2013

*Boundaries, Borders, & Multiplicities in Psychotherapy: Ethics & Professionalism for Psychologists*  
by Stephen Behnke, PhD

### November 15, 2013

*The Creativity and Structure of Functional Family Therapy: An Evidence-based, Family-focused Treatment for Youth and Their Families*  
by Thomas Sexton, PhD, ABPP

### December 6, 2013

*Couples Therapy*  
by Peter Sheras, PhD, ABPP and Phyllis Koch-Sheras, PhD

### January 17, 2014

*Ethics and Clinical Supervision*  
by Carol Falender, PhD

\*Calendar items are subject to change  
To register go to [www.opa.org](http://www.opa.org)

# Finding a Postdoctoral Fellowship in the State of Oregon

Carilyn Ellis, MA, Student Member, OPA Board and Doctoral Student in Clinical Psychology, George Fox University

The process of becoming a psychologist is a long one, replete with years of applications, practice hours, supervision, and paperwork. Sadly, the paperwork doesn't end upon licensure, but at least the pay begins! The State of Oregon has specific requirements for licensure, which detail completion of a doctoral program, an internship and a postdoctoral fellowship (also known as a residency) in Oregon. For more information on the requirements for licensure, please visit the website of the Oregon Board of Psychologist Examiners at <http://www.oregon.gov/OBPE/Pages/index.aspx>. Students are well-informed of the application procedures and requirements of American Psychological Association (APA) accredited doctoral programs through the APA Education Directorate and program websites. They are also well-informed of the application procedures and requirements for internships through the Association of Psychology Postdoctoral and Internship Centers (APPIC). The process of finding a postdoctoral fellowship however, is a little more ethereal.

In her APA article *Four Ways to*

*Find a Postdoc*, Patty Kuo (2012) observes, "There's no national registry of psychology postdocs and many recent grads find they have to figure out the best training opportunity using several different resources.... For clinical psychology students, there are accredited postdoctoral fellowships focused on training and mentorship as well as informal postdoctoral-level positions during which you can accrue supervised hours to get a job as a clinician." Given that completion of a postdoctoral fellowship is required for licensure in Oregon, it is important for students and interns to be informed of the many opportunities for formal and informal postdoctoral internships offered throughout the state. In this article, we hope to provide students who are interested in completing a postdoctoral fellowship/residency in Oregon, with the intent of being licensed in our wonderful state, with the resources they need.

## Formal Postdoctoral Fellowships

We know of several formal postdoctoral fellowships in Oregon. It is important to research the deadlines

of these fellowships on a yearly basis, due to changes in the deadlines and also the number of applicants accepted. Deadlines currently range from December to February.

1. **The Portland VA Medical Center (PVAMC)** offers several postdoctoral fellowships in the practice areas of 1) Health Psychology, 2) Mental Health/Primary Care Integration, 3) Mental Illness Research, Education, & Clinical Center (MIRECC), 4) Palliative Care, and 5) Polytrauma. It is important to note that these are subject to change from year to year. The details for these postdoctoral fellowships and information on how to apply are available on the clinical psychology training program website of the PVAMC. The Portland VA Medical Center Fellowship Brochure is available at <http://www.portland.va.gov/cptp.asp>.
2. **Oregon Health and Science University (OHSU)** offers 3 full-time psychology post-doctoral fellowships in the practice areas of 1) behavioral pediatrics, 2) pediatric

*Continued on page 15*

## Professional Affairs News

### Sample Authorization Forms for Members' Use on OPA Website

The OPA Professional Affairs Committee has developed two sample Authorization Forms for disclosure of protected health information (PHI). There is an adult form and a child form. These Authorizations were designed to contain the core elements required by the Federal Privacy Rule, as well as content considered most useful to Oregon psychologists. They have been reviewed by OPA's attorney, Paul Cooney, JD, and are compliant with federal and state law as of March 2011. The sample forms, and advice on using them, are now available to OPA members on the OPA Members only section of the website at [www.opa.org](http://www.opa.org).

To find them:

- Log in to **Members Only\***
- Click on **Professional Affairs Section** in the right hand side sidebar
- Click on **Practice Management Info** in the sidebar
- Click on **OPA Release of Information Sample Forms and Information**
- Click next on **Comments and Information Regarding Use of the Forms**
- Select **Adult Release of Information Form** or **Child Release of Information Form** in Word or PDF format

\*Please read the comments and information sheet before downloading and modifying these forms for your practice. Please note that if you are a regular user of the OPA website, or applied online as a new member, you have probably set your own username and password; please use those when logging in. If it is your first time logging in to the website you will need to follow the instructions on the log in page. If you cannot remember your username or password, please click on the links to the right of the log in box to recover those items.



- assessment/neuropsychological assessment and 3) autism spectrum disorders. For each of these fellowships, OHSU offers 1-year appointments with the possibility of extending to 2 years. The details for these postdoctoral fellowships and information on how to apply to them are available at <http://www.ohsu.edu/xd/education/residencies-fellowships/leadership-education-neurodevelopmental-related-disabilities/fellowships/lead-psychology-fellowship-program/training-opportunities/post-doctoral-fellowship/index.cfm>.
3. **Hazelden** offers postdoctoral fellowships focused specifically on the treatment of alcohol and drug dependency and accompanying mental health conditions and complications. The details for these postdoctoral fellowships and information on how to apply to them are available on the clinical psychology training program website of Hazelden at <http://www.hazelden.org/web/public/postdoctoralapp.page>.
4. **Kaiser Salem** has been known to offer formal postdoctoral internships in past years. Clinicians have also commented on opportunities with Providence, Legacy and Adventist. Interested interns should network and contact psychology training departments at these facilities to find out more information. For more information on the postdoctoral fellowship for Kaiser, contact Cathy deCampos, FNP, PsyD at [cathy.decampos@kp.org](mailto:cathy.decampos@kp.org).

### **Individual Postdoctoral Residencies**

It is clear from the aforementioned list that there are not enough formal postdoctoral fellowships to provide for the needs of all psychologist trainees who wish to remain in, or relocate to Oregon. It is also true that some interns are not seeking formal training opportunities as offered by these institutions and would rather develop a postdoctoral fellowship training that better suits their clinical and

career goals. For these people, Oregon offers a procedure for developing a residency to suit individuals' licensing needs. The procedure is summarized here with the understanding that you will update yourself on the most recent decision and rules set forth by the Oregon Board of Psychologist Examiners (OBPE). Additional information and pdf copies of all information and forms mentioned are available on the website of the OBPE (<http://www.oregon.gov/obpe/Pages/residency/Residency.aspx>).

In Oregon, one year (12 months) of post-doctoral supervised work experience is required for psychologist licensure.

Step 1: Find a supervisor and establish a contract

- You can be supervised by a doctoral-level psychologist licensed in Oregon for more than two years. Oregon has a list of residency-approved supervisors. See the OPBE Supervisor Registry attached on the website.
- Once you find a supervisor, you and he/she must establish a Resident Supervision Contract (fillable form available on the website). This is submitted to OPBE, which will notify you of approval. A residency supervision contract is comprehensive and has multiple requirements. Please see the OBPE website to make sure your contract fulfills all requirements. The residency does not begin until the contract is approved. A Resident Contract is effective for 2 years from the date it is approved. The contract may be extended upon written request from the resident and supervisor prior to the expiration of the contract.
- For every 1-20 hours of work, you must have at least one hour of individual supervision.
- If you work more than 20 hours (21-40+ hours), you must receive at least 2 hours of supervision (one of these hours may be group supervision).

Step 2: Establish the position/psychological services you will provide.

- Find a job opportunity, which is

often helped by coordinating with your intended supervisor. Positions may be open with hospitals, community mental health clinics, counties, schools and other settings in which psychologists provide services. Approved psychological services are defined in OAR 858-010-0036(1)(c). What does not count: Business development, credentialing activities, marketing, purchasing, creating forms, administrative billing, or other management activities [OAR 858-010-0036(1)(d)].

- The resident must accrue at least 1,500 hours of psychological services.

Step 3: Begin and complete your residency. Document all of your services, hours and supervision. All of the following will be required by the OBPE to validate your residency and approve your experience as fulfilling the requirements for licensure:

- The resident must accrue at least 1,500 hours of psychological services
- A Board-approved Resident Contract
- Supervisory notes of each supervisory session
- A record of supervision hours, which should be updated at least weekly
- An Interim Resident Evaluation Form every 6 months
- A Final Resident Evaluation Form at the end of supervision
- A Final Evaluation of Supervisor by Resident Form at the end of supervision

Regardless of whether or not you opt for a formal postdoctoral fellowship or a residency in Oregon, we welcome you to the end of the training road and the beginning of the licensure one. We welcome you to the great state of Oregon (or we thank you for staying with us) and look forward to seeing you all as practicing early career psychologists and future OPA members.

### **References**

Kuo, P. (2012). *Four ways to find a postdoc*. Available: <http://www.apa.org/monitor/2012/07-08/postdoc.aspx>

## OPA Public Education Committee Facebook Page - Check it Out!

We are pleased to announce the OPA Public Education Committee Facebook page. The purpose of the OPA-PEC Facebook page is to serve as a tool for OPA-PEC members and to provide the public access to information related to psychology, research, and current events. The social media page also allows members of the Public Education Committee to inform the public about upcoming events that PEC members will attend. Please visit and "like" our page if you are so inclined and feel free to share it with your friends!

You will find the OPA Public Education Committee's social media policy in the About section on our page. If you do "like" us on Facebook, please familiarize yourself with this social media policy. We would like to encourage use of the page in a way that is in line with the mission and ethical standards of the Association.

Click [here](#) to visit our Facebook page.

## OPA is on the Web!

check out OPA's website at [www.opa.org](http://www.opa.org) to see information about OPA and its activities and online registration for workshops!

## Psychologists of Oregon Political Action Committee (POPAC)

**About POPAC...** The Psychologists of Oregon Political Action Committee (POPAC) is the political action committee (PAC) of the Oregon Psychological Association (OPA). The purpose of POPAC is to elect legislators who will help further the interests of the profession of psychology. POPAC does this by providing financial support to political campaigns.

The Oregon Psychological Association actively lobbies on behalf of psychologists statewide. Contributions from POPAC to political candidates are based on a wide range of criteria including elect-ability, leadership potential and commitment to issues of importance to psychologists. Your contribution helps to insure that your voice, and the voice of psychology, is heard in Salem.

Contributions are separate from association dues and are collected on a voluntary basis, and are not a condition of membership in OPA.

### Take Advantage of Oregon's Political Tax Credit!

**Your contribution to POPAC is eligible for an Oregon tax credit of up to \$50 per individual and up to \$100 per couples filing jointly**

To make a contribution, please fill out the form below, detach, and mail to POPAC at PO Box 86425, Portland, OR 97286

### - POPAC Contribution -

*We are required by law to report contributor name, mailing address, occupation and name of employer, so please fill out this form entirely.*

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Senate District (If known): \_\_\_\_\_ House District (If known): \_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

*Notice: Contributions are not deductible as charitable contributions for state or federal income tax purposes. Contributions from foreign nationals are prohibited. Corporate contributions are permitted under Oregon state law.*

# OPA Classifieds

## OFFICE SPACE

Johns Landing Psychology Office Space. 0225 SW Hamilton, Portland, Or 97239. One Office/ Group Room - full-time. Willamette River View Office - part-time. Large Waiting Room + Child Play Area + River View. Full kitchen; front porch; patio; gas fireplace; Air Con. 1900's Portland Craftsman Home. Negotiable 503.740.0150.

Office Space for Rent: Beautiful office in Beaverton just off Hwy 26 at Bethany and Cornell available all day Tuesdays, Wednesdays, and Saturdays. Office is located in a Class A office building with on site parking. There is a full wall of windows, lots of natural light, and a shared waiting room with the other health professionals. There is a large pediatrician office downstairs which serves as a good referral source. Rent includes use of WiFi, fax/scanner, large capacity copier, all utilities, and access to a large group room. Please call or email if interested; 503.621.2313 or DrKoslofsky@gmail.com.

Beautiful, spacious, tranquil therapy office available 3+ days a week. Central location at 21st & NE Broadway; easy access to freeways and plenty of free parking directly in front of the building. First floor entry with comfortable, well-lit waiting room and ADA bathrooms. \$600/month. More questions or to see the space, please contact drstrasser@earthlink.net or 503.901.5136.

Shared office space available in Lake Grove/ Oswego. Available 1-2 days a week; Thursdays or weekends. Quiet wooded building, perfect for adult therapist. lauriemarzell@comcast.net 503.655.9493.

Beautiful SW John's Landing office (290 sq. ft.) with large reception room, parking, and receptionist available for \$190 per day per month, optional secretarial services and billing. Some referrals. Steve Waksman, or Johna, 503.222.4046. drwaksmanphd@gmail.com.

Office space for an early career or established psychologist to rent or lease. Well-maintained professional building, with ample parking, located at the Sylvan exit off of Hwy. 26, close in Portland, and near Beaverton. Share a suite with experienced psychologists, opportunities for collegial interactions and practice-building. Large interior space with a nicely-appointed waiting room, and near a deli, with internet and copier/fax available. If interested, please contact Michael Fulop at 503.539.4932, or michael@forsterfulop.com.

Office available in office suite across from St. Vincent Hospital. Part time receptionist and ample parking available. Office close to MAX line. Practice associated with medical psychology. Call 503.292.9183 for information or email akotsphd@qwestoffice.net.

## PATIENT TREATMENT GROUPS

Pacific Psychology Clinic in downtown Portland and Hillsboro offers both psychoeducational and psychotherapy groups. Sliding fee. Group information web page [www.pscpacific.org](http://www.pscpacific.org). Phone: 503.352.2400, Portland, or 503.352.7333, Hillsboro.

## PROFESSIONAL SERVICES/EQUIPMENT

Confidential psychotherapy for health professionals. Contact Dr. Beth Kaplan Westbrook, 503.222.4031, helping professionals since 1991.

Go to [Testmasterinc.com](http://Testmasterinc.com) for a variety of good online clinical tests for children and adults, plus manuals. Violence-proneness, PTSD, ADHD, Depression, Anxiety, Big Five Personality, etc. Bill McConochie, PhD, OPA member.

Pet Behavior an issue for your clients? I specialize in solutions for pet behavior problems, counseling owner-trained assistance/service dog teams, pet selection for families, and pet behavior management consulting (including biting and fighting). Mary Lee Nitschke, PhD, CPDT, 503.248.9689. [mnitschk@linfield.edu](mailto:mnitschk@linfield.edu).

Does the business part of your practice ever feel like too much? Do you wish you could take home more \$\$ with less effort? Would you like to work smarter, not harder? I provide practice management consultation exclusively to mental health professionals. I know your business. For a free consultation to see how I can help you, call Margaret Sears, 503.528.8404.

## VACATION RENTALS

Sunriver Home 2 Bd, 2 ba, sleeps 5, minutes to the river and Benham Falls Trailhead. Treed, private back deck, hot tub, well maintained. \$150-\$225/night Call Jamie Edwards 503.816.5086, To see photos go to [vrbo.com/13598](http://vrbo.com/13598).

Sunriver: Close to Village Mall. Sleeps 8: 3 bedroom, 2 bath, 1 king, 2 queen, hide-a-bed. Large and private deck with hot tub, gas bbq. 4 TVs/3 DVDs, stereo, AC, small pets welcome. Rates \$125-225 per night with \$115 cleaning fee. Call 503.327.4706 or email [methel\\_king@hotmail.com](mailto:methel_king@hotmail.com).

Alpenglow Chalet - Mount Hood. Only one hour east of Portland, this condo has sleeping for six adults and three children. It includes a gas fireplace, deck with gas BBQ, and tandem garage. The lodge has WiFi, a heated outdoor pool/hot tub/sauna, and large hot tub in the woods. Short distance to Skibowl or Timberline. \$200 per night/\$50 cleaning fee. Call 503.761.1405.

Beach Haven - 3 br condo at Cascade Head Ranch (5 mi N. of Lincoln City). Spectacular view of Salmon River Estuary and ocean. Hiking, fishing, and swimming in protected pool. Golf nearby. \$85 per night; 2 night minimum. Call 503.245.5946 for information.

Two adjacent Beautiful Manzanita Beach Getaways. Rent separately or together. One sleeps 6 (available year-round; \$110.00/night, plus tax and \$50 cleaning fee); the other sleeps 9 (available July and August; \$165/night, plus tax and \$75 cleaning fee). Clean and comfortable homes, centrally located. A few short blocks to beach and downtown. Golf and tennis nearby. Woodstoves, skylights and decks. No smoking/pets. Call 503.245.8610 or, for more info, go to [www.manzanitaville.com](http://www.manzanitaville.com).

Beautiful Sunriver home with spectacular view of Mt. Bachelor. Sleeps 10. 3 bedrooms, 3 bathrooms. King, Queen, 1 set of bunks & 2 hide-a-beds. 2 master suites, 1 with jacuzzi tub. 3 TVs, 3 VCRs. Hot tub with a large deck. Bikes & garage. No smoking/pets. Rental price from \$185 - \$266, 20% reduction off regular rate given to OPA members. Call 503.390.2776.

Manzanita, 4 blks from beach, 2 blks from downtown. Master Bdrm/bath w/Qn, rm with dble/sngle bunk & dble futon couch, extra lrg fam rm w/Qn Murphy-Bed & Qn futon couch, living rm w/Qn sleeper. Well eqpd kitch, cable. No smoking. \$140 summers, \$125 winters. <http://home.comcast.net/~windmill221/SeaClusion.html> Wendy 503.236.4909, Larry 503.235.6171.

Ocean front beach house. 3 bedroom, 2 bath on longest white sand beach on coast. Golf, fishing, kids activities nearby and dogs (well behaved, of course) are welcome. Just north of Long Beach, WA, 2 1/2 hour drive from Portland. \$150 per night, two night minimum. Week rental with one night free. Contact Linda Grounds at 503.242.9833 or [DrLGrounds@comcast.net](mailto:DrLGrounds@comcast.net).



## **The Oregon Psychologist Advertising Rates, Policies & Publication Schedule**

If you have any questions regarding advertising in the newsletter, please contact Sandra Fisher at the OPA office at 503.253.9155 or 800.541.9798.

### **Advertising Rates & Sizes**

Advertising Rates & Policies  
Effective January 1, 2001:

1/4 page display ad is \$75

1/2 page display ad is \$150

Full page display ad is \$300

Classifieds are \$20 for the first three lines (approximately 50 character space line, including spacing and punctuation), and \$5 for each additional line.

Please note that as a member benefit, classified ads are complimentary to OPA members. Members will receive one complimentary classified ad per newsletter with a maximum of 8 lines (50 character space line, including spacing and punctuation). Any lines over the allotted complimentary 8 will be billed at \$5 per additional line.

All display ads must be sent to the OPA office in camera-ready form (faxes are not accepted for display ads). Display ads must be the required dimensions for the size of ad purchased when submitted to OPA. All ads must include the issue the ad should run in and the payment or billing address and phone numbers.

## **OPA Ethics Committee**

The primary function of the OPA Ethics Committee is to “advise, educate, and consult” on concerns of the OPA membership about professional ethics. As such, we invite you to call or contact us for a confidential consultation on questions of an ethical nature. At times, ethical and legal questions may overlap. In these cases, we will encourage you to consult the OPA attorney (or one of your choosing) as well.

When calling someone on the Ethics Committee you can expect their initial response to your inquiry over the phone. That Ethics Committee member will then present your concern at the next meeting of the Ethics Committee. Any additional comments or feedback will be relayed back to you by the original contact person. Our hope is to be proactive and preventative in helping OPA members think through ethical dilemmas and ethical issues. Please feel free to contact any of the following Ethics Committee members:

Alex Duncan, PsyD, ABPP  
Chair

503.807.7180

Sally Grosscup, PhD  
541.343.2663

Jenne Henderson, PhD  
503.452.8002

Mike Leland, PsyD  
503.684.7246

Karen Paez, PhD, Chair Elect  
971.722.4119

Lisa Schimmel, PhD  
503.381.9524

Jeffrey Schloemer  
Student Member

Sharon Smith, PhD  
541.343.3114

Casey Stewart, PhD, ABPP  
503.620.8050

Elizabeth “Buffy” Trent  
Student Member

The OPA newsletter is published five times a year. The deadline for ads is listed below. Each issue is typically mailed during the final week of the later month listed for that issue. OPA reserves the right to refuse any ad and does not accept political ads. While OPA and the *The Oregon Psychologist* strive to include all advertisements in the most current issue, we can offer no guarantee as to the timeliness of mailing the

publication nor of the accuracy of the advertising. OPA reserves the right not to publish advertisements or articles.

### **Newsletter Schedule\***

**2013**

September/October Issue – deadline is September 6

\*Subject to change

## **The Oregon Psychologist**

Eleanor Gil-Kashiwabara, PsyD, President • Shoshana Kerewsky, PsyD, Editor

The Oregon Psychologist is a newsletter published five times a year by the Oregon Psychological Association. The deadline for contributions and advertising is listed elsewhere in this issue. Each issue typically is sent out during the final week of the second month listed. Although OPA and The Oregon Psychologist strive to include all advertisements in the most current issue, we can offer no guarantees as to the timeliness or accuracy of these ads, and OPA reserves the right not to publish advertisements or articles.

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\*Articles do not represent an official statement by the OPA, the OPA Board of Directors, the OPA Ethics Committee or any other

OPA governance group or staff. Statements made in this publication neither add to nor reduce requirements of the American Psychological Association Ethics Code, nor can they be definitively relied upon as interpretations of the meaning of the Ethics Code standards or their application to particular situations. The OPA Ethics Committee, Oregon Board of Psychologist Examiners or other relevant bodies must interpret and apply the Ethics Code as they believe proper, given all the circumstances.