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OPA President's Column

My Last President's Column!

Julie Nelligan, PhD



This is my last column for the newsletter as President. As I reflect back on the year (so far) it feels like it just got started. It is amazing how fast a year can go!

This has been a year of high anxiety for many of us. I don't recall any major conflicts on the listserv (thankfully!) but there has been other drama. Every year there is an issue for OPA that demands the president's full attention. This year's issue has been the OBPE, where there were actually multiple issues. There was a bill to consolidate health professional licensing boards, there have been many changes to the OARS, and there has been a big turnover in both the staff and the board members of the OBPE.

As of the writing of this column, the legislative bill to create a superboard has died in the legislative process. However, rumblings from the Governor's Office suggest a pilot project is in the works to combine the administration of two mental health boards on a trial basis. Although a final decision has not yet been made, we anticipate action along these lines. Both OPA and the OBPE agree that it is important for the OBPE to maintain the authority to grant licenses, establish educational requirements, and investigate and adjudicate complaints. We also agree that administrative duties could be accomplished by staff shared with other mental health boards. We have communicated these concerns to the Governor's Office.

The other big issue at the forefront this year has been the effect of healthcare reform on independent private practice in Oregon.

In November 2012, APA's Katherine Nordal, PhD and Benjamin Miller, PsyD conducted a workshop that outlined the importance of mental health treatment in primary care settings. (Apparently we psychologists make a big difference in whether patients get better!) However, most private practitioners don't want to work in primary care clinics, nor are there positions in these clinics for all of us. So the big question has become...how do private practitioners get involved in the new structure of healthcare delivery?

Oregon has implemented a cutting-edge model of care for Medicaid patients throughout the state. The upside of this (hopefully) is a reduction in medical costs and an improvement in health outcomes. Unfortunately, this model has created a lot of uncertainty about how independent psychologists will fit in. Currently, a group of psychologists and other mental health providers in central Oregon are piloting an Independent Practice Association that can engage and negotiate with the Coordinated Care Organizations. If this business model succeeds, it may be a new way for private practitioners to maintain their practices and participate in the coordinated care model.

In short, this year has been an exciting time to be involved in OPA and to be your President. There are good things coming, but it is important for members to stay involved. OPA is an association of professionals, who can improve the profession of psychology and mental health care in Oregon—but we must work together and stay informed. Keep up the good work, everyone!

Editor's Note

Shoshana D. Kerewsky, PsyD,
HS-BCP, Editor

Short article submissions on a variety of psychology-related topics are welcome. In addition, I'd like to solicit your brief reports on these topics for upcoming issues:

1. This year's Western Psychological Association, APA, or other psychology-related conferences.
2. Your 1-3 paragraph review of DSM-5 with a note about the context in which you are reviewing it—as a private practitioner, as an agency or hospital psychotherapist/evaluator/administrator, as a forensic or other specialist, as a student, or in some other role. All I ask is that you actually read DSM-5 before writing your review.
3. If you prefer, you may review the psychology-related portions of ICD.
4. Brief reviews (with citation) of books, whether professional, for bibliotherapy, or memoirs relevant to psychology. I'll be reviewing *Brain on Fire: My Month of Madness* by Susannah Cahalan in an upcoming issue. Please don't review your own book; contact me if you've published a book and I'll try to find a reviewer.
5. Brief reviews (with citation) of films, as for books.
6. Reports on being a psychologist or psychologist associate in your region. What's happening professionally in your part of the state? What issues do therapists, researchers, evaluators, and clients face in your part of Oregon?
7. Your OPA committee—what it does, what you're working on, why you enjoy being a member.
8. Your own aging, acquired disabilities, health, and quality of life, in relation to being a psychologist or working with clients.
9. Your own or your partner's pregnancy or adoption, in relation to being a psychologist or working with clients.
10. Working internationally as a psychologist.
11. Working as a consultant.
12. General psychology practice topics (a theory or practice, supported with citations).

Confessions of a First Year Graduate Student in Psychology

Meaghan Malone and Caitlin Maloney, Student Committee Members

The process of applying to a doctoral program in psychology was difficult in itself, but beginning grad school brought about an entire new set of changes and difficulties: The scary amount of student loans, difficulty of classes, fitting in with my new adopted foster family in the program and, for many of us, the difficult transition of moving and starting fresh in a new place. After becoming oriented to the program, there came a whole slew of other difficulties to dread, like passing graduate level exams, applying to practicum sites, seeking out mentors, and finding a dissertation topic. We have found that the most challenging aspect of the program is not the length itself, but rather the series of these small goals from the time the program begins through licensure. For instance, the first time we sat down with a client, all we could think was, "When should I use a restatement?" and "I wonder if I look like I'm using my nonverbal attending skills." We know we have a long way to go and many more steps in the process, each step

bringing on more changes and new hurdles. All we can do now is reflect on the experiences we've had in these short few months and try our best to survive the process over the seemingly endless next five years. We have to just trust that soon enough, the feeling of dread will dissipate and the excitement will slowly set in as we begin to realize that the program will eventually finish and, one day, we will become psychologists.

We wonder if professionals are aware of their impact on psychologists in training, because we aspire so much to follow in their footsteps. Our fundamental goal is to join the professional workforce and contribute to psychological health in the state of Oregon. The drive to achieve this aspiration is fueled by seeing all of the accomplishments and involvement that Oregon psychologists have made in the field. Each grueling day of graduate training is made more bearable knowing that the successful professionals that we look up to were once in our shoes.

OPA Announces 2013-2014 Board of Directors

The following OPA members were elected to serve as the new officers for the 2013-2014 Board of Directors and will take office on July 1st:

Mary Peterson, PhD –
President Elect

Wendy Bourg, PhD –
Treasurer

Chris Wilson, PsyD –
Secretary

The following OPA members were elected as directors for a second term for the 2013-2014 board:

Spencer Griffith, PsyD

Maria Sophia Aguirre, PhD

Remaining Board members will include (with the title that will go

into effect on July 1, 2013): Eleanor Gil-Kashiwabara, PsyD, President; Julie Nelligan, PhD, Past President; Teri Strong, PhD, Director/APA Rep; Shahana Koslofsky, PhD, Diversity Committee Chair; Alex Duncan, PsyD, Ethics Committee Chair; Wendy Bourg, PhD, Treasurer and Legislative Committee Chair; Spencer Griffith, PsyD, Director and Professional Affairs Committee Chair; Lori Queen, PhD, OBPE Liaison; Bethany Webb, Student Representative; Shannon Young, Lane County Chapter Rep; Michael Safko, PsyD, Southern Oregon Chapter Rep; Connie Umphred, PhD, Eastern Oregon Chapter Rep and Ryan Dix, PsyD, Central Oregon Chapter.

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
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3218 Pringle Rd. SE, #130
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OPA's Legal Counsel*
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Fax: 503.607.2702
Email: 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: What Should I Do about a Client's Sexual Orientation?

OPA Ethics Committee

Dear EC:

A potential client called indicating he was not comfortable with his sexuality and was interested in changing his sexual orientation forthwith! What kinds of considerations do I need to have in mind when taking on this case? I have several lesbian and gay friends and one transgender friend and have been to Gay Pride, but I'm not sure that counts for knowledge in this arena.

*Signed,
Dr. Unsure*

Dear Dr. Unsure:

Your question is one that brings up many ethical and clinical issues. From an ethical perspective, we need to be conscious of what our APA Ethics Code states about treatment and competence, what the APA Treatment Guidelines recommend in working with Lesbian, Gay, Bisexual and Questioning (LGBQ) patients/clients, and what the current research on Sexual Orientation Change Efforts (SOCE) states. We also need to be educated about and beware of treatments based on bias and groups that uphold these treatments as valid.

Our Ethics Code (APA, 2002) includes several sections that help guide us in the treatment of patients/clients in general. An overarching principle of our Ethics Code stems from General Principle A: Beneficence and Nonmaleficence, which urges us to avoid doing harm to our patients. General Principle E: Respect for People's Rights and Dignity asks us to be aware of and respect client differences including those that involve gender (e.g., cisgender/transgender and gender-queer) and sexual orientation (e.g., gay, lesbian, bisexual, non-LGB, questioning) and to do our best to eliminate biases in our work. Ethical Standard 3.04 again stresses the importance of avoiding harm.

Having a practice that works from a culturally competent stance will help us maintain this type of respect and

awareness of others' ways of being. The APA Ethics Code also stresses the need for clinical competence in our work (2.01 Boundaries of Competence), which involves having the education, training, and supervised experience needed to work with clients who, in this case, are questioning their sexuality.

Many patients/clients enter treatment wanting to make a shift in their lives, and may have experienced pain, self-loathing, and self-reproach. It can be painful at times to walk through the suffering our patients experience and quell our internal pressure to "cure" the problem at hand. When hearing that a client wants to shift their sexual orientation we have an obligation to utilize knowledge and resources that guide us toward affirmative, sensitive, and competent therapeutic work.

From a sexual orientation perspective, it is not uncommon for lesbian, gay, bisexual or questioning (LGBQ) clients to experience the stigma of not only external sexual prejudice (Herek, 2004) in the form of "homo-negativity/bi-negativity" or "homophobia/bi-phobia" from society at large, but also internalized sexual-prejudice in the form of "internalized homo-negativity/bi-negativity" or "internalized homophobia/bi-phobia." The internal level comes from being socialized in a society that holds superior those who are heterosexual (also referred to as heterosexism). As with many oppressed groups, internalizing society's prejudices is common and a part of self-loathing that may present in clients who have no buffers from these types of societal and familial pressures. As affirmative therapists we may embody that "buffer" for patients/clients who need time and safety to understand their lives and needs.

In their "Practice Guidelines for Working with LGB Clients," APA (2011) provides a guide for psychologists to follow in working affirmatively with persons of diverse

Continued on page 4

sexual orientations. The full text may be found at <http://www.apa.org/pi/lgbt/resources/guidelines.aspx> and affords explanation and application of these guidelines as well as resource links. Below please find these guidelines verbatim from this APA link:

Guideline 1. Psychologists strive to understand the effects of stigma (i.e., prejudice, discrimination, and violence) and its various contextual manifestations in the lives of lesbian, gay, and bisexual people.

Guideline 2. Psychologists understand that lesbian, gay, and bisexual orientations are not mental illnesses.

Guideline 3. Psychologists understand that same-sex attractions, feelings, and behavior are normal variants of human sexuality and that efforts to change sexual orientation have not been shown to be effective or safe.

Guideline 4. Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.

Guideline 5. Psychologists strive to recognize the unique experiences of bisexual individuals.

Guideline 6. Psychologists strive to distinguish issues of sexual orientation from those of gender identity when working with lesbian, gay, and bisexual clients.

Guideline 7. Psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and bisexual relationships.

Guideline 8. Psychologists strive to understand the experiences and challenges faced by lesbian, gay, and bisexual parents.

Guideline 9. Psychologists recognize that the families of lesbian, gay, and bisexual people may include people who are not legally or biologically related.

Guideline 10. Psychologists strive to understand the ways in which a person's lesbian, gay, or bisexual orientation may have an impact on his or her family of origin and the relationship with that family of origin.

Guideline 11. Psychologists strive to recognize the challenges related to multiple and often conflicting norms, values, and beliefs faced by lesbian, gay, and bisexual members of racial and ethnic minority groups.

Guideline 12. Psychologists are encouraged to consider the influences of religion and spirituality in the lives of lesbian, gay, and bisexual persons.

Guideline 13. Psychologists strive to recognize cohort and age differences among lesbian, gay, and bisexual individuals.

Guideline 14. Psychologists strive to understand the unique problems and risks that exist for lesbian, gay, and bisexual youth.

Guideline 15. Psychologists are encouraged to recognize the particular challenges that lesbian, gay, and bisexual individuals with physical, sensory, and cognitive-emotional disabilities experience.

Guideline 16. Psychologists strive to understand the impact of HIV/AIDS on the lives of lesbian, gay, and bisexual individuals and communities.

Guideline 17. Psychologists are encouraged to consider the impact of socioeconomic status on the psychological well being of lesbian, gay, and bisexual clients.

Guideline 18. Psychologists strive to understand the unique workplace issues that exist for lesbian, gay, and bisexual individuals.

Guideline 19. Psychologists strive to include lesbian, gay, and bisexual issues in professional education and training.

Guideline 20. Psychologists are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation.

Guideline 21. In the use and dissemination of research on sexual orientation and related issues, psychologists strive to represent results fully and accurately and to be mindful of the potential misuse or misrepresentation of research findings.

In addition to becoming familiar with the APA Ethics Code and LGB guidelines, it is also important to be aware of Sexual Orientation Change Efforts (SOCE) and the state of the current literature on such attempted methods to alter sexual orientation. The APA Guidelines noted above frown on the use of "conversion" or "reparative therapy," indicating the harmful effects that this type of work has on clients. These types of "therapies" are based on heterosexist bias, predicate treatment based on outdated notions of limited parenting, and presume sexual orientation that is non-heterosexual to be pathological and deviant from the norm rather than a part of the natural



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diversity of sexuality.

A literature review conducted by the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) indicates that there are currently no methodologically sound studies supporting that SOCE are effective in changing a person's sexual orientation (Anton, 2010). Moreover, many individuals have reported being harmed by such interventions. For example, individuals seeking treatment to change their sexual orientation have identified the failure of treatment attempts as a significant source of distress and have experienced increases in depression and negative self-image.

Based on the state of the SOCE literature, the APA recommends the use of affirmative, multi-culturally competent, client-centered approaches when working with individuals seeking sexual orientation change (Anton, 2010). Affirmative therapies embrace a positive view of LGBQ identities and relationships and are informed by an awareness of the negative impact of heterosexism on LGBQ individuals. The APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) suggests that the following elements comprise affirmative therapy with this population:

“Acceptance and support” of clients and their concerns, as well as encouragement of positive self-exploration;

“Comprehensive assessment” of clients' unique understanding and experience of their sexuality and sexual orientation and expression from the time of discovery to potential acceptance, including mediating factors (e.g., cohort, geographical location, religious/spiritual factors, other minority or cultural statuses, gender, gender identity, coming-out history, protective factors [buffers & resources] in the face of stigma, positive familial/societal role models, etc.);

“Active coping” strategies that develop a positive sense of self and enhance stress management

(stressors may include safety concerns, coming out concerns, variable shifts of acceptance from friends and family, loss of friendships, development of new social roles, internal and external biases and stigma, etc.);

“Social support” that provides a container to mirror client values and provides a protective buffer against isolation and societal rejection (supports may include group therapy, community resources, involvement in LGBTQIA [lesbian, gay, bisexual, transgender, questioning, intersex, ally] support systems, etc.);

“Identity exploration and development” encourages a process of personal growth that involves enhancing self-awareness and authenticity as clients develop over time.

Affirmative therapists strive to be culturally competent clinicians who actively work to be aware of their own biases and make conscious efforts to challenge and shift those biases. In affirmatively working with LGBQ clients, such efforts should be ongoing. McGeorge and Carlson (2009) propose a three-step process to becoming an affirmative therapist that involves the exploration of hetero-normative assumptions, heterosexual privileges, and the development of a heterosexual identity. Refer to McGeorge and Carlson (2009) for a list of sample questions for each stage in their model.

We encourage you to enhance your own growth in this area by accessing the links and references provided, attending workshops/CEs/trainings and perhaps joining APA Division 44 for ongoing resource information. Cultural competence in this arena extends well beyond reading. To do this type of work mindfully and effectively, it is essential to obtain ongoing collegial consultation from a provider experienced in utilizing an affirmative approach in working with anyone under the LGBTQIA umbrella.

Thank you for your thoughtful question, Dr. Unsure

Lisa A. Schimmel, PhD & Elizabeth (Buffy) Trent, MS

Additional Resources

- <http://www.apa.org/about/policy/booklet.pdf>
- <http://www.apa.org/pi/lgbt/>
- Bieschke, K. J., Perez, R. M. & DeBord, K. A., Eds. (2007). *Handbook of counseling, and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed). Washington, DC: American Psychological Association.

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Bringing Awareness to Gender Role Conflict in Gay Men

Alexander Levine, BA, Diversity Committee

When a client informs you during an intake interview or therapy that he identifies as a gay man, your initial instinct may be to assess for Internalized Homophobia. In other words, you are likely going to explore whether or not your client is at peace with being gay, and how this is affecting his sense of wellbeing. My research suggests that especially among younger self-identifying gay male clients, Internalized Homophobia is significantly likely to be low compared to older gay men. This may be due to a greater acceptance of the LGBTQ spectrum today, especially in areas with a large number of LGBTQ couples.

Another thing that may come up is that your client is cisgender, which means that they identify with the gender they were assigned at birth. Once it is clear that your client is cisgender and at peace with their sexual orientation, you may think that there is no need for increased competency or focus on sexuality and gender in treatment. A recent study of mine suggests that this may be a very faulty assumption.

In the beginning of 2013, I recruited 149 self-identified gay men from around the country to participate in an online study. I wanted to explore the relationships between three constructs: Internalized Homophobia, Gender Role, and Gender Role Conflict.

Internalized Homophobia, one's level of psychological distress about being gay, is important because it has been correlated with a litany of health problems in gay men, and is part of the reason we now understand that sexual orientation alone is not a causal factor in health disparities among gay men.

Gender Role, society's sex-typed standards of desirable behavior for men and women, can be explored by looking at how strongly one identifies with stereotypically masculine and/or feminine traits. A masculine individual identifies primarily with

stereotypically masculine traits, just as a feminine individual identifies with stereotypically feminine traits. Outside of this binary, an androgynous individual identifies with both masculine and feminine qualities.

Gender Role Conflict in men is psychological distress about one's sense of masculinity or being a man. It manifests as unhealthy aspects of the masculine stereotype, such as placing one's sense of worth in one's career or power, restricting the expression and feeling of emotionality, and being uncomfortable with intimacy. In other words, it explores if a man is at peace with his gender identity in the context of cultural stereotypes about what a man is "supposed" to be. Gender Role Conflict has also been correlated with a long list of mental and physical health problems.

My research suggested that gay men who have lower levels of Internalized Homophobia were significantly more likely to experience higher levels of Gender Role Conflict. This was especially true among younger gay men. Additionally, gay men who identified primarily with masculine traits and not with feminine traits were significantly more likely to experience Gender Role Conflict than men who endorsed both masculine and feminine traits. This suggests that androgynous gay men had made peace with themselves as men in way that masculine men had not. Another important finding was that levels of Internalized Homophobia were significantly higher among older gay men.

What does this mean for your clinical practice? It means that you need to be aware of Gender Role Conflict and how to explore this phenomenon with your clients. It means that when a client tells you that they have made peace with their sexual orientation, they have not necessarily made peace with their gender role. It means that even in

highly educated and partnered older gay men, Internalized Homophobia may very well still be present and causing distress.

What can you do with this awareness? Talk to your clients about gender. Even if clients do not initially bring it up, this is a very important area to explore in therapy. I believe this is true for all clients, not just gay men. A combination of feminist therapy and psychoeducation may help your clients understand how they are affected by society's construction of what a man and a woman should be. It is also important to increase your self-awareness of your own experiences of Gender Role Conflict.

Rather than seeing your responsibility as needing to remove or pathologize Gender Role Conflict or Internalized Homophobia in clients, intend to increase awareness of these phenomena so that clients can choose for themselves what to do with greater insight.

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.

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

Musings on Vicarious Trauma

Chris Wilson, PsyD, and the Colleague Assistance Committee

Last fall I had the honor of being an invited trainer for the Southern Poverty Law Center during their annual retreat in Alabama. The organization employs both attorneys and support staff who consistently are exposed to the traumatic stories of both their clients and those who would like to become clients. As a result, I was asked to give a talk on vicarious trauma with a twist—I would be training not just the support staff (who apparently had requested the training) but also the attorneys (who, I was warned, might not exactly appreciate what I had to offer).

Eager to impress an organization I had long admired, I dove headfirst into the literature. My initial hypothesis was that studies that examined vicarious trauma in attorneys would simply confirm what most of us already know: Working with traumatic clients without suffering vicarious trauma requires a number of protective factors, including self-care; making meaning out of the experience; and any number of other factors most attorneys would simply call “touchy-feely.”

Imagine my surprise when the research indicated no such thing! Only one variable appeared to consistently correlate with vicarious trauma in attorneys (or judges for that matter): Exposure. This both stunned me and led me on a quest to try to explain why attorneys didn’t seem to benefit from the protective factors benefiting therapists. Along the way, I found myself focusing on mirror neurons, the validating nature of our profession, and the unique opportunity we have as therapists to help traumatized individuals heal.

If you’re not familiar with mirror neurons, I suggest you read *Mirroring People: The New Science of How We Connect with Others*, by Marco Iacoboni (2008). To sum up the research on mirror neurons in one or two sentences is a bit daunting, but I will try. Basically, mirror neurons allow us to literally mirror the experiences of others. The research indicates, for example, that when you listen to a client’s sad story your mirror neurons allow you to create a sense of that sadness in your own mind and body. It is for this reason that I believe we all experience some degree of trauma while listening to or experiencing the traumatic experiences of others. In this manner, attorneys and psychologists are no different.

However, unlike attorneys, psychologists work in the context of a field that not only acknowledges emotions and experience, but encourages us to process them. Insert your favorite “attorneys have no emotions” joke here. I believe the reality is that for most attorneys, emotions are seen as getting in the way of effectively getting a job done. In fact, I argue that this is one of the reasons why attorneys suffer vicarious trauma purely based on exposure; for the most part, the profession does not value talking about the experience of being exposed to trauma. As we’ve learned from the research on those who have directly experienced trauma, not having the opportunity to process the experience is a risk factor for the development of Post Traumatic Stress Disorder.

It also occurred to me that while attorneys working with a traumatized client get to play an important role in that individual’s life, they rarely get to feel as though they’ve actually helped that individual heal. Find justice? Perhaps. But healing? It’s rarely the role of our justice system. As a psychologist, on the other hand, we not only get to help our clients heal, we often have a front row seat. So while it can be difficult to hear our clients’ stories, the fact that we then have the opportunity to help them heal is what I would call a protective factor between the two professions. After all, if I mirror my clients’ traumatic experiences, I must also mirror my clients’ healing.

As it turned out, the trip to Alabama and the training resulted in a wonderful (albeit short) experience. I’ve been asked to provide a follow-up training that will occur later this summer. This time, however, only support staff will be in attendance. What’s that they say about “those who most need a particular training are often the least likely to attend?”

References

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OPA's Dedication to the Future Psychologists of Oregon: A Recap of Student Saturday at the 2013 Annual Conference

Carilyn Ellis, MA, Student Board Representative

Since joining the OPA as a student member at the beginning of my graduate career and then serving on the Board of Directors for the last 2 years, I never cease to be amazed at the efforts made by the OPA on behalf of students. From lobbying to protect program accreditation, to developing legislative advocacy days, inviting students to participate in multiple committees, student trainings and conference poster sessions, students are ever on the minds and hearts of the board. This year, I was so grateful to see the OPA recognized for these efforts when we received the 2013 APAGS Award for Outstanding State, Provincial, and Territorial Association of the Year at the State Leadership Conference in Washington, D.C.

National recognition is always a wonderful thing, but the real fruit of OPA's efforts for students can be seen at the local level, and was certainly evident at the 2013 OPA Annual Conference held in Eugene, Oregon. Not only were we excited by the highest level of student poster submissions in OPA's history, but students from Oregon's doctoral programs attended and volunteered in record numbers as well. Saturday morning hosted a special session, "What Makes Us Unique: Poster Session and Discussion of the Scope of Practice of Psychologists in Oregon" dedicated to students. Students from the University of Oregon, Pacific University and George Fox University gathered together to display their research and engage in a panel discussion with psychologists about what they wish they had known when they were still in graduate school.

During this session, student research was highlighted and discussed by students, OPA committee members, and professionals attending the conference. The poster session



Students and professionals participating in the panel discussion.

included awards for demonstration of excellence in APA professional competencies. The Membership Committee Chair, Dr. Chris Wilson, awarded the Research Award for Competency in Professionalism and Relationship (for excellence in research that demonstrates the values and integrity of professional psychology and relationships with a range of clients as they relate to the field of psychology) to Diana S. H. Zarb et al. (2013) for their poster

"Psychology in Palliative Care: A Literature Review, and the Research Award for Competency in Science and Application" (for excellence in empirical demonstration, application, and evaluation of practices, interventions, and programs in the field of psychology) to Heather Ambrosion et al. (2013) for their poster "Needs Assessment of Primary Care Physicians' Perceived Risks, Benefits, and Barriers to

Continued on page 9



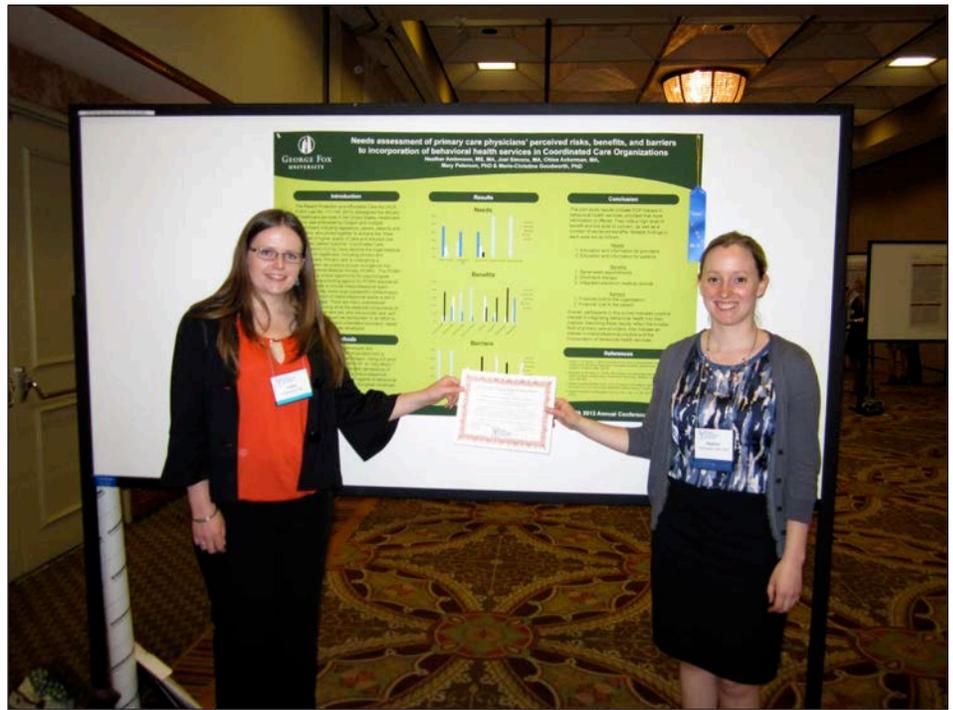
From left to right: Dr. Ryan Dix, Dr. Christopher Wilson, Dr. Patience McGinnis, and Dr. Elizabeth Rapkoch answering student questions and providing their own professional insight on what they wish they had known when they were still in graduate school.

Incorporation of Behavioral Health Services in Coordinated Care Organizations.” These posters not only demonstrated excellence in several APA competencies, they were also timely and relevant to the ongoing discussion of psychology’s role in healthcare.

Students gave overwhelmingly positive feedback for the session. “I was very impressed with the quality of the Saturday poster session and found the panel Q&A incredibly helpful. Thank you for all of your work! I’m so grateful to have been a part of it,” said Naomi Knoble, MS, LMFT, a doctoral candidate at the University of Oregon. The panel provided relevant and unique insights into some of the gaps in real-world knowledge that students find in graduate school. Students were given information on loan repayment, networking, professional development/establishment of career, formal vs. informal post docs, licensing rules, and answers to plenty of other questions asked by students during the session. “I really enjoyed the conference!” said Heather M. Ambrosion, MS, MA, a doctoral candidate at George Fox University and winner of the Research Award for Competency in Science and Application, “I would love to be more involved with OPA.” Her desire to know more and become more involved was shared by many students, and the OPA welcome all students to join as student members and join committees. Contact the incoming student board member Bethany Webb (webbb11@georgefox.edu) for more information on student activities, such as legislative advocacy days at the capitol, mentoring and didactic opportunities for students, and participation in the student committee.

References

Ambrosion, H., Simons, J., Ackerman, C., Peterson, M., & Goodworth, M.C. (May, 2013). Needs assessment of primary care



From left to right: Authors Chloe Ackerman, MA and Heather Ambrosion, MS, MA displaying their award and poster.



Authors Ashley Blake, MA, Diana S.H. Zarb, MA, Corie Houlbjerg, MA and Luann Foster, MA displaying their award and poster.

physicians’ perceived risks, benefits, and barriers to incorporation of behavioral health services in Coordinated Care Organizations. Poster presented at the Oregon Psychological Association Annual Conference, Eugene, OR.

Zarb, D. S. H., Houlbjerg, C., Blake, A., Parker, T., Goodworth, M.C., & Foster, L. (May, 2013). Psychology in palliative care: A literature review. Poster presented at the Oregon Psychological Association Annual Conference, Eugene, OR.

OPA Colleague Assistance Committee Mentor Program Is Now Available

The goals of the Mentor Program are to assist Oregon psychologists in understanding the OBPE complaint process, reduce the stress-related risk factors and stigmatization that often accompany the complaint process, and provide referrals and support to members without advising or taking specific action within the actual complaint.

In addition to the Mentor Program, members of the Colleague Assistance Committee are available for consultation and support, as well as to offer referral resources for psychologists around maintaining wellness, managing personal or professional stress, and avoiding burnout or professional impairment. The CAC is a peer

review committee as well, and is exempt from the health care professional reporting law.

Colleague Assistance Committee

Nancy Taylor Kemp, PhD, Chair

541.349.1167

Jonathan Lurie, PhD

503.261.1850

Kate Leonard, PhD

503.292.9873

Rebecca Martin-Gerhards, EdD

503.243.2900

Lori Queen, PhD

503.639.6843

Marcia Wood, PhD

503.248.4511

Chris Wilson, PsyD

503.887.9663

CAC Provider Panel

Barbara K. Campbell, PhD, 503.221.7074

Michaele Dunlap, PsyD, 503.227.2027 ext. 10

Debra L. Jackson, PhD, 541.465.1885

Kate Leonard, PhD, 503.292.9873

Doug McClure, PsyD, 503.697.1800

Lori Queen, PhD, 503.639.6843

Ed Versteeg, PsyD, 503.684.6205

Beth Westbrook, PsyD, 503.222.4031

Marcia Wood, PhD, 503.248.4511

OPA Public Education Committee: We Need You!

Tony Farrenkopf, PhD, Chair, Public Education Committee

We're looking for a few good psychologists who would like to "give psychology away to the public." Our OPA Public Education Committee pursues that mission via media appearances/interviews and public presentations on psychological topics, in the process "making psychology a household word."

Media. Over the past six months, we issued multiple APA/OPA press releases on "Psychotherapy Works," holiday stress, the aftermath of shootings, "Stress in America," and the Psychologically Healthy Workplace Award. At least 5 OPA psychologists were involved in 16 media events, most recently on guns and kids and the Cleveland abductions.

OPA PEC has a Facebook page up and running. Check it out and Like it.

Public Venues. Recent public presentations included a high school health class and burnout prevention for a police department. We are developing relationships with YMCA/YWCA. We have psychology brochures, chocolates and PowerPoints and are looking for health fairs.

PEC Award. This year's award was presented to Dr. Robin Shallcross for years of multicultural, multimedia contributions to public welfare. Prior awards were given to Drs. Mike Conner, Jim Mol, Thomas Doherty and KXL news radio.

Membership. We have several doctoral students, working with high enthusiasm and energy. We have a distance member in Pendleton, Dr. Connie Umphred, interacting via Skype or FaceTime. PEC meets on the third Monday each month, 6:00-7:15 pm at Legacy Good Samaritan Hospital in Portland.

We welcome a few good psychologists who would like to "give psychology away."

Please contact Tony Farrenkopf at 503.225.0498, tony_farrenkopf@yahoo.com; or Nancy Williams at 503.281.0879, nwphd@earthlink.net.

Comprehensive Eating Disorder Treatment

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www.abwcounseling.com

2013 APA State Leadership Conference Recap

Twelve delegates from Oregon attended the American Psychological Association's (APA) State Leadership Conference (SLC) this past March in Washington, DC. Delegates included: Wendy Bourg - Legislative Committee Chair; Carilyn Ellis - Student Representative/APAGS; Tony Farrenkopf - Public Education Coordinator; Sandra Fisher - Executive Director; Eleanor Gil-Kashiwabara - President Elect; Spencer Griffith - Professional Affairs Committee Chair; Robin Henderson - Invited Speaker to SLC; Cliff Johannsen - Federal Advocacy Coordinator; Shahana Koslofsky - Diversity Delegate; Doug Marlow - POPAC Chair; Julie Nelligan - President; and Cindy Sturm - Division 31 Federal Advocacy Coordinator. We all had an amazing time learning many different things about health care reform and other issues important in psychology, networking with our peers from other states, and advocating at the national level.

For the second year in a row, the theme of the 2013 SLC recognized the critical role that the Passage of the Patient Protection and Affordable Care Act (ACA) will play in the implementation of health care reform and the need for strong psychology leadership to ensure that



Speaker Kotek receives the State Legislator of the Year Award from Katherine Nordal, PhD, Executive Director of APA's Practice Directorate.

mental health services are included. Program sessions during the conference covered a range of topics including the current state of health care reform, Medicaid, integrated practice in hospital settings, psychotherapy codes and electronic health records.

Our delegates also had an impact in DC by meeting with congressional members and staff on Capitol Hill to lobby on behalf of issues of importance to psychology. Our group focused on discussing the following three issues: Congress should halt plummeting Medicare payments by fixing the payment formula; Congress should pass



OPA delegates meet with Congressman DeFazio. From left to right: Cliff Johannsen, Eleanor Gil-Kashiwabara, Rep. DeFazio, Shahana Koslofsky, and Tony Farrenkopf.



The entire Oregon delegation with Speaker Kotek.

the Brown and Schakowsky bill to include psychologists in Medicare's "physician" definition; and Congress should make psychologists eligible for Health Information Technology for Economic and Clinical Health (HITECH) Act incentive payments.

Oregon had a prominent role in this year's SLC as Speaker of the House Tina Kotek received the State Legislator of the Year Award from APA; OPA won the APAGS Award for an Outstanding State Association of the Year (this award recognizes a state Association for superior performance in promoting graduate student development, involvement, and joint APAGS/SPTA membership); and our very own Robin Henderson was a presenter at two of the sessions. Congratulations to everyone that took part in all of these efforts!



The Oregon delegation at the closing banquet.

OPA 2013 Conference Highlights

The OPA 2013 conference held in Eugene, Oregon was a great success with 144 attendees, student poster sessions, exhibitors, great educational sessions and more! The conference featured up to 12 hours of continuing education credit in all kinds of topic areas pertaining to psychology, and allowed for excellent networking time. Presentations were also made at the conference for the Labby Award, State Legislator of the Year Award, Community Service Award, Diversity Award, Public Education Award and volunteer recognition. See the photos for more highlights.



Sandy Shulmire and Tony Farrenkopf present Robin Shallcross with the Public Education Award.



Julie Nelligan presents the past president plaque to Shoshana Kerewsky.



Shahana Koslofsky presents the Diversity Award to Charles Martinez.



Rep. Jason Conger received the State Legislator of the Year Award virtually, as he was not able to attend in person due to the ongoing legislative session.



Attendees networking at the conference.



Attendees during the lunch at the conference.



Julie Nelligan presents Robin Henderson with the Labby Award.



OPA honored the Relief Nursery with the Community Service Award.



Eleanor Gil-Kashiwabara, our conference chair.

2013 EXTERNSHIP IN EMOTIONALLY FOCUSED THERAPY FOR COUPLES WITH [MARK KAUPP, PSYD](#) AND [LISA PALMER OLSEN, PSYD](#)

SEPTEMBER 12 THROUGH 15, 2013, MARYLHURST UNIVERSITY

EFT is the fastest growing, evidence-based and research-grounded approach to working with couples and families. EFT will transform your work with couples and families and change how you understand relationships and human resilience.

- ⇒ Learn with nationally recognized trainers, Mark Kaupp and Lisa Palmer Olsen
- ⇒ 4 day training with didactic experiential components so you have a chance to integrate the learning
- ⇒ 2 live demonstrations of EFT with couples
- ⇒ Set your practice apart. This training is the first step towards becoming a Certified Emotionally Focused Therapist.
- ⇒ Cost \$850, \$750 before August 1, 2013

FOR MORE INFORMATION OR TO REGISTER GO TO EFTOREGON.COM

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 see page 20 of this newsletter.



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

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

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. 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.

OPA Workshop Calendar*

September 27, 2013

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

October 18, 2013

Ethics Workshop
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

January 17, 2014

Ethics and Clinical Supervision
by Carol Falender, PhD

*Calendar items are subject to change
To register go to www.opa.org

COAP Fall Workshops

The Central Oregon Association of Psychologists (COAP) is sponsoring John Preston, PsyD, ABPP to present on **Psychopharmacology Update: What's New in 2013**. The workshop will take place Friday September 13th, 2013, 9 am-4 pm in Bend, Oregon.

Workshop Overview: Significant new developments as well as controversies have taken place in psychopharmacology during the past two years. This workshop addresses: potential problems with suicidality in children and teenagers treated with antidepressants, childhood onset bipolar disorder (differential diagnosis and treatment), new diagnostic criteria for bipolar spectrum disorders, new bipolar medications, empirically derived treatment guidelines for ADHD and for major depression, experimental treatments for PTSD, and new studies on over-the-counter products such as St. John's Wort, Omega-3 fatty acids, and SAM-e. Included are results from recent studies addressing combining pharmacology and psychotherapy.

The role of psychotropic drugs in protecting and healing the brain (neuro-protection) will be addressed.

The Central Oregon Association of Psychologists is also sponsoring Mary Anne Pare, MEd to present on **Psyche and System: Integrating Play Therapy and Family Therapy in Theory and Practice**. The workshop will take place Friday October 25th, 2013, 9 am-4 pm in Bend, Oregon.

Workshop Overview: When adults are struggling, addressing emotions and cognitions in the company of a therapist or counselor creates the potential for remarkable change and growth. When children are hurting, their ability to express themselves symbolically using art and play in relationship with a professional can lead to healing and transformation. However, when any family member is in distress, everyone in the family* is in need of support. The therapist's potential to be helpful to children and adults alike increases with knowledge

of both intrapsychic and systemic theory and practice.

In this workshop, we will explore when and how to integrate these modalities to include adults and children in our therapeutic practice. As well, situations that are counter-indicative to the inclusion of two generations will be examined. An approach that interweaves play, the language of symbol, with talk, the language of words, will be presented in the form of case presentation and video.

**The term family, in this presentation, includes all those who are considered family by those we work with: Step, foster, adoptive/ed, separated and extended family members, gay, lesbian, bisexual and transgendered families, as well as child care workers, social workers, nannies and other support figures. Please contact the Central Oregon Association of Psychologists at bendworkshop@yahoo.com to obtain more information on either of these workshops.*

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.

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.

Welcome New and Returning Members

Jessica Andrews, MS
Portland, OR

Andrew Bliesner, PsyD
Lake Oswego, OR

Thomas Brewer, PsyD
Portland, OR

Patrick Cheatham, MA, PsyM
Highland Park, NJ

Janice Constantino
Portland, OR

Teresa Costa, PsyD
Brookings, OR

Jill Davidson-Rupp
Portland, OR

Halley Farwood
Hillsboro, OR

Brita Fosse
Beaverton, OR

Luann Foster, MA
Newberg, OR

Stanley Garbacz, PhD
Eugene, OR

Irina Gelman, PsyD
Portland, OR

Colleen Griffin
Beaverton, OR

Michelle Guyton, PhD
Portland, OR

Julia Hall, PhD
King City, OR

Kristin Hambidge
Portland, OR

Ryan Hosley, PsyD
Sherwood, OR

Susan Hughes, LCSW
Summerville, OR

Jason Johnson, MA
Portland, OR

India King, BS
Portland, OR

Jessica Klenke, MS
Portland, OR

Vanessa Lee
Portland, OR

Pamela, Martin, PhD
Salem, OR

Kevin O'Brien, PhD
Scottsdale, AZ

Lanni Paronto
Beaverton, OR

Jamie Pettus
Clackamas, OR

Heather Reppeto, MA
Vancouver, WA

Lauren Rosso, BA
Beaverton, OR

Ilene Schechter
Aloha, OR

Ashley Schwartzman
Beaverton, OR

Serenity Sersecion
Sunnyvale, CA

Patricia Shimek
Gresham, OR

Anne-Marie Smith, PhD
Oregon City, OR

Marion Suber
Portland, OR

David Schnarch chosen for esteemed award by American Psychological Association

Dr. David Schnarch will receive the 2013 APA Award for Outstanding Contributions to Independent Practice. He is also previous recipient of the 2011 AAMFT Award for Outstanding Contribution to Family Therapy and the 1995 AASECT Award for Professional Excellence.

**Discover why his approach is receiving so much recognition
in these upcoming events:**

Professionals:

**APA Annual Convention
Award Recipient and Speaker**
www.apa.org/convention/index.aspx
Honolulu, HI: July 31-August 4, 2013

**Colorado Association for Marriage
and Family Therapy (CAMFT) Annual
Conference - Keynote Speakers**
www.coamft.org
Denver, CO: September 20, 2013

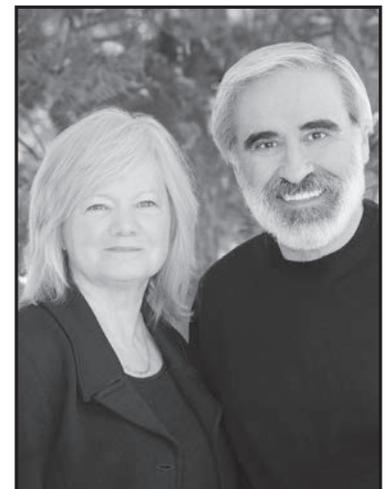
**Crucible® Intimacy and Desire
Clinical Workshop 3-day Intensive**
Alexandria, VA: September 27-29, 2013
Dallas, TX: October 25-27, 2013

Public:

Therapists, these are excellent resources for your clients and many therapists also attend to address their own personal development.

**Passionate Marriage® Couples
Enrichment Weekends (CEW)**
San Francisco, CA: October 4-6, 2013
Dallas, TX: March 28-30, 2014
Denver, CO: May 2-4, 2014

**Intensive Therapy Program
for Couples or Individuals**
Available throughout the year.



Ruth Morehouse, Ph.D. & David Schnarch, Ph.D.
Co-Directors of the Crucible Institute
Evergreen, Colorado

**For more information, please email mfhc@passionatemarriage.com,
call 303.670.2630 or visit www.crucible4points.com/workshop_list**

OPA Public Education Committee Facebook Page - Check it Out!

We are pleased to announce that after a year of research and preparation, the OPA Public Education Committee has launched its own [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 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.

Name: _____ Phone: _____

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.



Psychology is *Your* Passion

Protecting You and Your Practice is *Ours*

Remember the moment when your talent, training, purpose, and commitment to helping others became your passion? It's that passion that inspired you to work hard and build a successful practice.

We're here to help protect you and your practice, so you can worry less about professional liability and financial risk and focus on what you do best. We anticipate the legal and regulatory threats psychologists face daily, and we tailor **Trust Sponsored Professional Liability Insurance*** to keep you covered, even as your practice advances in size and scope.

Follow your passion, give your all, and be your best. We're here for you.

Visit us at www.apait.org or call us at 1-877-637-9700 to learn more and apply for coverage.



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* The above is a product summary only and does not include all terms, conditions or exclusions found in the policy. Underwritten by ACE American Insurance Company, Philadelphia, PA. ACE USA is the US-based retail operating division of the ACE Group, headed by ACE Limited (NYSE: ACE), and is rated A+ (Superior) by A.M. Best Company and A+ (Strong) by Standard & Poor's. Additional information can be found at: www.acegroup.com/us. Administered by Trust Risk Management Services, Inc. Policy issuance is subject to underwriting.

OPA Classifieds

OFFICE SPACE

Beautiful SW John's Landing office (290 sq. ft.) with large reception room, parking, and receptionist available for \$884 per month, or \$180 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 akotspshd@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. 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 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.

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.

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.

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.

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.

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 Elect

503.807.7180

Sally Grosscup, PhD
541.343.2663

Jenne Henderson, PhD
503.452.8002

Mike Leland, PsyD, Chair
503.684.7246

Elsbeth Martindale, PsyD
503.236.0855

Karen Paez, PhD
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

July/August Issue – deadline is July 5
September/October Issue – deadline is September 6

*Subject to change

The Oregon Psychologist

Julie Nelligan, PhD • Shoshana Kerewsky, PsyD, Editor

The OPA Bulletin 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 month. Although OPA and the Bulletin 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 body must interpret and apply the Ethics Code as it believes proper, given all the circumstances.