The Oregon Psychologist

Bulletin of the Oregon Psychological Association

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What's Inside

OPA President's Column

Reflections on Balancing Work, Life

Eleanor Gil-Kashiwabara, PsyD

In late August, just a couple of days after returning from a two-week family vacation/adventure in Ecuador, I was dining with former OPA President Marcia Wood. Here we both were, having lunch at a nice place, catching up a bit on our families and also talking about work. I was (gratefully) taking in some words of wisdom from Marcia related to being an OPA President. All of a sudden, I receive a text from my brother. The text informs me that he suspects he contracted giardia while in Ecuador and that I should bring a sample of my two-year old daughter's stool to her doctor since the "tummy troubles" that she was still experiencing from our trip might actually be giardia. I tell Marcia to please give me a moment while I call my husband to see if he can deliver a sample of Mila's stool to the doctor. You can't make this up, people—this is my life (and the life of so many other working parents). One moment you are having a professional lunch or presenting at a conference and the next moment you are delivering your child's poop sample to the doctor or your child is vomiting all over you on a bus in rural Ecuador (true story). Why do I tell these (gross—sorry) stories? Well, because I want to talk a little about the issue of work-life balance, and these scenarios seem to capture the insanity of the dual existence that most of us are living, whether we are parents, partners, caregivers, or in any other role(s).

The above may seem like extreme examples (bacteria, illness), but they really aren't. For example, as a parent (I am using the parent example because it is most salient for me right now), it seems like there is always some major thing going on that needs tending to. If my child is sick, there is a mad scramble to figure out work schedule adjustments or, if I am lucky, alternate childcare (thank you, Grandma). We (meaning society and—let's face it—many of us psychologists) use the term "work-life balance," a term that is probably misleading and hard to achieve in the true sense. Even actress Drew Barrymore, in reference to her roles as mother and professional, has been quoted recently as saying, "I can't and I don't [have it all]." And, yes, we may disagree about this given Ms. Barrymore's success, but I am trying to make a point here that we all struggle with this. Yet, there are often societal (not to mention personal/self) judgments if we do not appear to have mastered this utopia of work-life balance. The need for work-life balance is probably a good source of employment for many psychologists, yet I think we psychologists also struggle with how to achieve this, or something that resembles this. I am just as guilty, as I am writing this article on a Sunday while my husband is at the park with our two children. All of this to say, what can we psychologists do to achieve this so-called balance and to help our clients do the same? I think the late summer/early fall is a great time to consider this as it is a busy

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time when stressors may increase for families, with child and /or work demands potentially increasing after the "lull" of summer (though even summers do not seem to be "lazy days" anymore).

The importance of this topic is highlighted by the existence of the APA Psychologically Healthy Workplace Awards, which honor workplaces that promote employee well-being, and the International Conference on Occupational Stress and Health, co-organized by APA and focused on a wide range of relevant topics including stress reduction and improvement of worker health. In fact, some of the research from the 10th Annual International Conference on Occupational Stress and Health was highlighted in the September 2013 issue of the APA *Monitor on Psychology* (Weir, 2013). The theme of the conference included the National Institute for Occupational Safety and Health (NIOSH)-coined term "Total Worker Health," which supports the idea that factors both inside and outside the workplace contribute to the health and safety of our current workforce. The intertwined nature of work and health was emphasized as well as the importance of promoting mental health in the workplace. In the opening plenary session, Anthony LaMontagne, Sc.D., noted that interventions targeted at mental health in the workplace should reduce work-related risk factors for mental health concerns such as bullying, poor social support at work, job insecurity and long working hours (as noted in the 2013 APA *Monitor in Psychology,* Weir, 2013. Additionally, Dr. LaMontagne noted that positive elements of work should be promoted in these interventions. These are important factors for us to consider in working with our clients who are experiencing high levels of work-related stress. We can also examine some of these factors for our own circumstances (hmmm…. Any of you psychologists/ mental health professionals working too many hours or feeling isolated in their private practices?). Though this field is young, it is flourishing and there is lots of research and information to consume that can assist us in our work and personal lives.

Interestingly (and not surprisingly), for some time we have known that the life events in the U.S. that are rated/ rank-ordered as "most stressful" are not directly work-related, at least not those events that are at the top of the list, such as death of a spouse/close family member, injury/ illness to self/close family member or divorce (Hobson, Delunas, & Kesic, 2001). Such information has led to the development of work/life balance programs/initiatives on the part of progressive companies and organizations. These initiatives are designed with the goal of helping employees to meet their primary life and family initiatives, and communicate to employees that they are valued as human beings, not just as workers (Hobson, Delunas, & Kesic, 2001). Though it may be somewhat intuitive to many psychologists and mental health professionals, the ideas proposed in work/family border theory, which describes people as border-crossers making daily transitions between the worlds of work and family (Clark, 2000), are relatively new.

So, back to the concern of what can be done to assist our clients in this area, as well as ourselves (beyond what was mentioned above, which was focused more heavily on the work-stress domain rather than family/personal)? Our research/academic sources provide lots of input on organizational tools for balance. At the individual level, however, the "border-crossing" perspective highlights the importance of communication and central balance to attain better work/family balance (Clark, 2000). This might mean sharing something as simple as challenges and successes at work with family members, and telling co-workers and/or supervisors about family events and happenings, which involves a certain amount of acknowledgement/ acceptance of the integral nature of the work and family/ personal spheres (Clark, 2000). Relationship development, becoming experts with regard to both work and home responsibilities, and making both spheres more integral to one's identity have also been suggested to be helpful at the individual level in terms of attaining work/life balance (Clark, 2000). While I admit that I am not the image of work-life balance (I am working hard at it, though), I find that I personally feel best when I am realistic about what can be accomplished in a day or a week, when I am making space for self-care, focused on goals—both short and long-term, feel connected with friends and professional peers, and most of all, getting to spend time with my children and

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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
Website: www.opa.org

OPA Lobbyist
Lara Smith - Lobbyist
Smith Government Relations
PO Box 86425
Portland, Oregon 97286
503.477.7230
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

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

**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.*

OPA Membership: A Worthwhile Investment

Julie Nelligan, PhD, Past President

These are uncertain times. High unemployment rates, the formation of CCOs in Oregon, implementation of the Affordable Care Act, reductions from many insurance providers for mental health benefits, electronic health records, and more. For psychologists in private practice, this can mean reduced income, uncertainty for the future, and patients who lose insurance and can no longer afford therapy.

So why would you choose to pay for membership in OPA in such uncertain times? There are many reasons. I believe it could one of the best investments you make in your practice and your profession.

Looking out for psychologists. OPA is working hard to address issues that affect the practice of psychology in Oregon. Our Legislative Committee keeps track of legislative actions that would affect the practice of psychology in Oregon and has been able to significantly shape the discussion, course, and outcomes of numerous bills. The Professional Affairs Committee has their attention focused on CCOs, integrated health care, the Affordable Care Act, and changes in how insurance companies' policies affect your practice.

Paul Cooney and his crew. Need we say more? He provides each member of OPA with 30 minutes of free legal consultation per year and a reduced rate thereafter. He understands many issues specific to the practice of mental health, and he believes in what we do. It is very comforting to know to whom to turn when a subpoena or certified letter arrives notifying you of impending legal involvement or a complaint against you.

Ethical practice. We all strive for it, and we know it when we see it, but sticky situations still arise, requiring extra thought and more than one perspective. In those cases, call on the Ethics Committee. They provide confidential consultation to ensure that you have covered your bases with those difficult situations.

Diverse practice. OPA has an active Diversity Committee. The goals of the Diversity Committee are to:

- Provide support and networking opportunities for psychologists who are of diverse backgrounds or who work with individuals of diverse backgrounds
- Foster awareness and knowledge about diversity, multicultural competence, and psychological practice
- Ensure that CE workshops reflect a commitment to integrate information about diversity into the education of psychologists
- Help OPA stay informed and be responsive to ongoing challenges and opportunities presented by diversification
- Engage in ongoing review of social and community concerns, healthcare, and community and statewide mental health services
- Provide advocacy support for minority psychologists or psychologists working with underserved populations, and community members
- Increase recruitment, retention, mentoring and participation of diverse members within OPA.

Assistance when needed. The Colleague Assistance Committee strives to provide support and avert impairment. They provide members with consultation on a range of issues including conflicts with colleagues, clinical concerns, potential complaints or lawsuits, venting, concern about impairment, client suicide, colleague behavior, family conflicts, problems in the business of psychology, and any distress affecting the capacity or enjoyment for work. Questions and referral requests to the colleague assistance committee are confidential under ORS 41.675 and are not shared with OPA or OBPE. No demographic information is kept on callers.

Connection with other psychologists. It can be difficult to connect with other psychologists

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Oregon Psychological Association

WHO ARE WE?

The Oregon Psychological Association (OPA) is a professional not-for-profit association whose purpose is to advance psychology as a science and a profession in order to promote human knowledge and welfare, to foster and maintain high standards of practice, and to make information available about psychology.

OPA is comprised of psychologists and associates who advocate for psychology on local, state and national issues affecting both the profession and the world we live in. OPA functions through the active volunteer work of our membership.

- Connection
- Collaboration
- Advocacy
- Continuing Education

WHAT MEMBERS ARE SAYING ABOUT OPA

"OPA guides you to do the right thing — for your clients, for the community, and for yourself."

"The listserv is a phenomenal resource for finding immediate assistance for obscure services for our patients."

"Having thirty minutes of free legal advice per year is enough to save you from many sleepless nights."

"OPA membership provides an opportunity to make a difference in your professional community."

"I have met my favorite psychologists by working together on an OPA committee."

"Thanks to the listserv, wonderful staff support, continuing education opportunities and committee work, OPA is the best family a professional psychologist could ever have."

Oregon Psychological Association

OPPORTUNITY IS THE BENEFIT

OPA Member Benefits

- Top quality continuing education opportunities featuring nationally known speakers, as an APA-approved sponsor
- Complimentary legal consultations
- Complimentary ethics consultations
- Complimentary diversity issue consultations
- Complimentary colleague assistance consultations
- Web-based referral program
- Powerful legislative advocacy
- Access to colleagues via our email listserv for networking and information sharing
- Extensive on-line membership directory for networking and referrals
- Annual conference
- Networking and practice building opportunities
- Practice management information
- Involvement on OPA committees
- Newsletter with high-quality and timely information regarding the profession
- Public outreach highlighting psychology and what psychologists do
- Contact with the American Psychological Association and the Oregon Board of Psychologist Examiners regarding psychologist concerns
- Exciting career connections
- Discounted rates for OPA events
- Diversity through regional chapters and town hall meetings

Joining OPA empowers you!

147 SE 102nd Avenue • Portland, OR 97216
503.253.9155 or 800.541.9798 • Fax 503.253.9172 • Email: info@opa.org • Website: www.opa.org

Trailblazers for the Future

Pat DeLeon, PhD, JD, former APA President

Our 121st Annual APA Convention in Honolulu, Hawaii was truly exciting *and* provided a timely glimpse into the future of psychology. The energy and enthusiasm of the next generation was palpable, as was their appreciation for the critical importance of becoming actively engaged within our nation's *healthcare* arena. The community mental health center movement had its beginning with the inspirational vision of President John F. Kennedy; the community health center movement was a feature of President Lyndon Johnson's Great Society, when psychologist John Gardner served as Secretary of the then-Department of Health, Education, and Welfare. Over the years, almost all training and service delivery programs treated mental health and substance-use as fundamentally separate and distinct from physical health care. Increasingly, however, enlightened clinicians and health policy experts (including the Institute of Medicine) have called for active integration, with the development of holistic, patient-centered clinical initiatives recognizing the critical importance of the psychosocial-economic-cultural gradient of care.

The Times They Are A-Changin': President Obama's signature Patient Protection and Affordable Care Act (ACA) will provide for the largest expansion of mental health and substance-use coverage in a generation, with 32.1 million Americans gaining access to these services, while another 30.4 million currently with some coverage gaining federal parity protection. Under ACA, insurance offered in the new marketplace must cover a core set of "essential health benefits," including mental health and substance-use disorder services. The coverage for behavioral health services must be generally comparable with coverage for medical and surgical care. Ken Pope recently shared a similar perspective, noting that in 2009 public and private mental health spending totaled approximately $150 billion, more than double its level in inflation-adjusted terms in 1986. Perhaps most telling – listening to the Washington Redskins recently, two of their former quarterback commentators talked about the efforts of The Purple Heart Foundation to make readily available services for veterans suffering from PTSD and/or considering suicide. They were talking to a mainstream audience, not to the professional journal readership.

Visionaries: Oregon's health leaders have long been in the forefront of shaping our nation's evolving healthcare environment. In 2002, the State of Oregon requested a Section 1115 Medicaid waiver to develop an effective "safety net" for your most needy citizens, recognizing the need for holistic and "wrap-around" care. Your 2009-2010 efforts to enact prescriptive authority (RxP) legislation, although not yet successful, places future generations in an enviable position to demonstrate their "value-add"

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if you are busy doing research, teaching, or treating patients. OPA provides opportunities to meet and make connections with other psychologists by joining committees, attending continuing education events, and networking at the annual conference.

Continuing education. Did you know that OPA brings in nationally recognized experts in their fields—experts such as John Briere, Scott Miller, and Melba Vasquez? Did you know that when you attend a full-day CE workshop sponsored by OPA, you get a free lunch and a chance to network with other psychologists? Did you know that if you participate in a committee, you get a discount on CE workshops? Cultural competence CEs through the New Mexico Psychological Association are also available online in the comfort of your home or office. Just log into the OPA website.

***The Oregon Psychologist*.** Our newsletter provides wonderful information about what other psychologists are doing around the state, ideas for improving your practice, discussion of substantive issues related to the practice of psychology, exploration of ethical dilemmas, and information on the work of OPA's committees.

Electronic communication. The OPA website lists information about your practice (which the public can access for referrals), as well as back issues of *The Oregon Psychologist,* online CE opportunities, practice management resources, information on contacting the committees, and more. OPA also offers a listserv. If you would like opportunities to network, find referrals, and a great forum for discussing interesting cases, sign up for the listserv today.

Giving back to our psychology community. OPA is run by volunteers, people who spend their time working on committees or sitting on the OPA Board. By joining a committee you get the joy of participating in a worthwhile cause that benefits the entire community. You will meet and get to know other psychologists, and you will receive a discount on continuing education workshops and registration for the annual conference as a thank you for your hard work. Committees matter; they are what makes OPA work. If you would like to volunteer for a committee, please contact Sandra Fisher at info@opa.org.

Becoming a member of OPA gives you all this and more. It's worth the investment. Join today!

Recovering Self-Identity Amidst Long-Term Unemployment

Dave Gallison, MS, LPC

This topic, recovery from long-term unemployment, gets harder for me to write about the longer the tail of the "Great Recession" drags on. As a career counselor in private practice, I see the devastating effects on my clients who have been unemployed six months or more, particularly those in their forties and fifties. The frustration and shame is etched in the contours of sorrowful faces, down-turned shoulders and low voices that come from multiple rejections and being forced to tap retirement accounts to meet current living expenses.

From years of work in career counseling and outplacement, I am well-versed in how to teach my clients all the ways to access the "hidden job market," network effectively, and find new opportunities. But the sheer scale of *this* recession—at the current rate of adding 144,000 new jobs a month, it will take 15 years *just to get back to pre-recession levels*—suggests the employment landscape has been altered by a tsunami.

Without a Job, Who Am I?

While the best-prepared or fortunate few may get back into the workforce at some semblance of their former employment, for many—middle-aged men in particular—the reduction in income and job status may prove to be permanent. More importantly, the involuntary job loss affects not just financial viability, but cuts to the core of identity and meaning in life. This is succinctly captured by a recent book title, *Without a Job Who Am I? Rebuilding Your Self When You've Lost Your Job, Home, or Life Savings* (Twerski, 2009). Life as those former job holders knew it, and the world of work, might never be the same again. Indeed, counselors like me may relay the new conventional wisdom that "all future jobs are temporary" and *can end at any time.*

Clients dealing with such a radical, frequently painful change in their external world may be forced to face inward, to one's self-identity, the last remaining place that is under one's control. This possibility of self-renewal is essential to moving forward. Job loss and sustained unemployment sap confidence and undermine quality of life, feeding a vicious cycle that inhibits employment prospects as well.

Proceed in Parallel

What to do? With clients who come to me, I proceed on parallel tracks—**develop and execute** a job search campaign that is more focused and effective, *and* help clients **adapt** to major changes in their lives and **rebuild** their sense of meaning and identity. Job seeking for long-term displaced workers in this period of sustained record unemployment is, in itself, a subject for another article, let alone several counseling sessions. However, if we can progressively address the emotional, physical and even spiritual effects of job loss, then we can begin to reverse the spiral of self-doubt that stifles effective job-seeking behaviors.

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Trailblazers, continued from page 5

in health care; at the St. Charles Health System, Robin Henderson is demonstrating what psychology can contribute. In 2011, the State established the Oregon Health Insurance Exchange Corporation, which is increasingly becoming the implementing vehicle for ACA. Earlier this summer, representatives from the 16 states that have elected to run state exchanges met with officials from the Administration. According to Hawaii's Coral Andrews, they were very pleasantly surprised to hear President Obama himself join their conference call, requesting a personal briefing on the progress (and tribulations) they were experiencing. With expected retirements, the next Chairman of the Senate Finance Committee, which has jurisdiction over Medicare and Medicaid (i.e., major components of ACA), will most likely be Senator Ron Wyden, a longtime friend of psychology and professional nursing. Colleagues James Werth, Jr., Greg Hinrichsen, and Mary Polce-Lynch served with him as APA Congressional Fellows. We would suggest, therefore, that those who does not appreciate the President's personal commitment to having all Americans have access to quality healthcare or who hope for Obama Care to be "defunded," simply have not been paying attention to the monumental importance of this national vision.

Having retired from the U.S. Senate staff after 38+ years with Senator Daniel K. Inouye, I have become quite interested in what "senior colleagues" are doing. This fall, my wife and I will be visiting Oregon simply because we have never been there before together. Oregon is the home of former APA President and health psychologist extraordinaire Joe Matarazzo. It was a distinct pleasure to work closely with Joe as a member of the APA Board of Directors and over the years on behalf of health psychology. Today, whenever I go to the Uniformed Services University of the Health Sciences (USUHS) (DoD) in my part-time capacity as Distinguished Professor, I particularly appreciate his vision in establishing their Department of Medical Psychology. The local folklore is that four decades ago, while on the founding Board of Regents, Joe successfully convinced each of his fellow Regents to vote to establish the department, losing only the USUHS President's vote. Oregon's vision has served, and will continue to serve, the nation admirably.

Recovering Self-Identity, continued from page 6

Is there an Alternative to the Status Quo for the Long-term Unemployed?

I have found a few ways to help clients accept the reality of job loss and its attendant disruption of lifestyle, family, relationships, etc. To start with, we are often not aware of the values we operate under until our bubble bursts. Job loss and the struggle of long-term unemployment can cause us to re-evaluate. Instead of "Will I measure up to my neighbors and obtain the American Dream?" maybe we should ask why we even judge each other by material gain. Why do we overly identify with *what we do* rather than *who we are?* Can we possibly live fulfilled lives with less money? Instead of overly identifying with our jobs, what about giving more to the other roles in our lives such as parent, family member, volunteer, etc.? As Elbert Hubbard reminds, "We work to become, not to acquire."

Time for an Activity Adjustment

Awareness of misguided values can begin to free up a consciousness that was formerly brainwashed by false aspects of our culture and possibly consumed with over-working. Once freed up, how do you help clients recover self-worth, zest for living, while still unemployed (or at least in the time not spent looking for work)? In *The Joy of Not Working: A Book for the Retired, Unemployed and Overworked* (2003), a whimsically titled *and* inspiring book, Ernie Zalinski suggests the loss of work makes apparent the need to replace three things:

1. Structure
2. Purpose
3. Sense of Community

For instance, losing the *structure* provided by workplace routines can be unsettling to those now unemployed. As a result, clients may benefit from directed coaching about ways they can rebuild their own newly-rewarding routines: Daily exercise, working as a volunteer, and taking college courses as well as scheduling job search activities.

While having a *purpose* is subtler than structure needs, it is perhaps more essential to happiness and fulfillment. If a client is not aware of their purpose in life, then I may direct the client to exercises like writing a mission statement or to various forms of contemplation or readings to explore the deeper self. For many, meaning can be found in contribution, in living for something larger than self.

And finally, because work tends to provide ready friends and after-work activities—one's *sense of community*—the period between jobs will require deliberate cultivation of friends and social relationships if balance is to be restored. I have been surprised by how much support and validation my clients report after a referral to any of the numerous area job search support groups. And, seeking involvement with a group—be it church, community-related, interest or sport, etc.—reduces isolation and can add structure and reinforce one's sense of purpose.

Let me bring this full circle: There is life after layoff and its personal, structure-altering and an economic jolt. The inner work for a client to realize they are more than their job and to rebuild self-worth is essential to getting back on the career track after long term unemployment.

References

Twerski, A. J. (2009).*Without a job who am I? Rebuilding your self when you've lost your job, home, or life savings*. Center City, MN: Hazelden.

Zalinski, E. (2003). *The joy of not working: A book for the retired, unemployed and overworked— 21st century edition*. *New York:* Ten Speed Press.

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.

Central Oregon Association of Psychologists
Regional affiliate of the Oregon Psychological Association

FALL WORKSHOPS

Psyche and System: Integrating Play Therapy and Family Therapy in Theory and Practice

PRESENTED BY MARY ANNE PARÉ, M.ED.
6 hours of Continuing Education Credit
Friday, October 25th, 2013
9 am until 4 pm
Location: Bend Golf and Country Club
61045 Country Club Drive, Bend, Oregon
— and —

Helping to Create Healthy Relationships: Utilizing a Modular Approach in Individual and Couples Therapy

PRESENTED BY DOUGLAS GOLDEN, PHD
6 hours of Continuing Education Credit
Friday, December 6, 2013
9 am until 4 pm
Location: The Phoenix Inn, Phoenix Room
300 NW Franklin, Bend, Oregon 97701

Questions and inquiries can be directed to the COAP board at bendworkshop@yahoo.com

OPA Awards Program

The OPA Board of Directors will soon be beginning the process of selecting awards candidates for the 2014 awards program.

The following is a listing of the awards, what they represent, and some recent recipients. If you know of someone that you would like to nominate, please submit a brief summary of the candidate and why you feel they should receive the award. Summaries can be submitted to the OPA office and will be forwarded on to the board. Nominations need to be received by January 3, 2014. Please email your nomination to OPA at info@opa.org

OPA AWARDS

Labby Award: Presented to an OPA member for outstanding contributions to the development of the advancement of psychology in Oregon.

2013 recipient was Robin Henderson, PsyD.

Outstanding Service Award: Presented to a person or group within Oregon outside the formal field of psychology which has, by its actions, theory, or research, promoted or contributed to the emotional and psychological well-being of others through the positive use of psychological principles.

2013 recipient was the Eugene Relief Nursery.

Public Education Award: Any licensed psychologist in Oregon and active OPA member who has participated in at least one public education activity in the preceding year is eligible for the award. Examples of public education activities include being interviewed by the media on a psychology-related topic or presenting at a conference or event for community members (not just other psychologists). Self-nominations are accepted. Members of the Public Education Committee are not eligible.

2013 recipient was Robin Shallcross, PhD.

Diversity Award: This award recognizes a licensed psychologist with a record of a strong and consistent commitment to diversity through their clinical work, research, teaching, advocacy, organizational policy, leadership, mentorship and/or community service. Diversity is defined in its broadest sense and includes work with a wide range of minority populations and efforts related to social justice, inclusion, equity as well as cultural awareness and competence. The awardee must be licensed in Oregon and be in good standing with OBPE.

2013 recipient was Charles Martinez, PhD.

OPA Elections - Nominations Sought

The OPA Nominating Committee will soon be working on developing the slate of candidates for the 2014-2015 board of directors. If you would like to serve on the board as a director, or would like to recommend someone for the board, please contact the chair or the OPA executive director by January 3, 2014. The board will be reviewing and approving the slate of candidates at their January board meeting to send to the membership for approval.

All board members attend six board meetings per year and volunteer for other OPA activities. If you would like to know more about the responsibilities of a board member, please contact either of the people listed below.

Nominating Committee Chair
Julie Nelligan, PhD
503.757.3863
dr.nelligan@julienelligan.com

Or

OPA Executive Director
Sandra Fisher, CAE at
503.253.9155 or 800.541.9798
or via email at info@opa.org

Join OPA's Listserv Community

Through APA's resources, OPA provides members with an opportunity to interact with their colleagues discussing psychological issues via the OPA listserv. The listserv is an email-based program that allows members to send out messages to all other members on the listserv with one email message. Members then correspond on the listserv about that subject and others. It is a great way to stay connected to the psychological community and to access resources and expertise. Joining is easy if you follow the steps below. Once you have submitted your request, you will receive an email that tells you how to use the listserv and the rules and policies that govern it.

How to subscribe:

1. Log onto your email program.
2. Address an email to listserv@lists.apapractice.org and leave the subject line blank.
3. In the message section type in the following: subscribe OPAGENL
4. Hit the send button, and that is it! You will receive a confirmation via email with instructions, rules, and etiquette for using the listserv. Please allow some time to receive your confirmation after subscribing as the listserv administrator will need to verify your OPA membership before you can be added.

Questions? Contact the OPA office at info@opa.org

Why Does Diversity Matter?

Shahana Koslofsky, PhD, Chair, Diversity Committee

As a white psychologist who grew up in a unique family situation that included exposure to racial and economic diversity from a young age, I grew up with an increased understanding of the importance people's various experiences can play in their lives. I learned that as a white person I have a race which impacts how people view me and how I interact with others. In my professional life, this understanding translated into an increased commitment to culturally informed work and diversity in all of the work that I do. However, I am often confronted by other psychologists who question the role of diversity in their practices and in their lives. Consequently, it is not uncommon for me to be asked, "Why does diversity matter?" I decided to write this article to see if I could find a thoughtful way to respond to this often-asked question. I have highlighted the typical types of responses I have gotten from colleagues over the years.

I don't see color; I treat everyone the same. Many well-intentioned individuals adopt the so-called color-blind stance whereby the belief is that culture does not matter in treatment, and in fact, to be "fair and just" we should treat all clients the same. However, this is an approach that can actually do harm. The harm results from the fact that a color-blind stance fails to recognize the individual experiences, beliefs, and values that clients have that contribute to who they are. Failure to recognize these unique and individual attributes interferes with our ability to adequately understand and connect with our clients. This lack of understanding includes failure to understand the resources that clients have and the challenges that clients face when attempting to implement treatment recommendations; the world views and beliefs that clients have that can support their work with us or that are inconsistent with the recommendations we make; the individual histories that people have that enrich their lives; and perhaps most harmful of all, a failure to recognize how differences in the therapy room can impact psychotherapy treatment.

A color-blind stance is also problematic because it fails to acknowledge the variability that exists between and within groups, variability that includes a variety of factors that Hays (2008) sums up with her acronym ADDRESSING: Age, developmental disability, disability (acquired), religion, ethnicity, SES, sexual orientation, indigenous heritage, national origin, and gender.

The biggest support for culturally informed work as opposed to a color-blind stance comes from the emerging cultural adaptation literature (Griner & Smith, 2006; Bernal, Jimenz-Chafey, & Domenech Rodriguez, 2009). This literature describes the importance of integrating relevant cultural variables into treatment. While this area of inquiry is still relatively new, there is preliminary evidence to suggest that culturally adapted interventions are an effective treatment option. One example of a culturally adapted treatment is offered by LaRoche, D'Angelo, Gualdron, and Leavell (2006), who discuss the development of culturally adapted guided imagery for use with Latino clients. In their article, the authors discuss how traditional guided imagery is individualistic and if one were to use the color-blind approach to therapy one would use this individualistic guided imagery with all clients. However, for more allocentric (group-focused) clients, it is more culturally congruent to use a guided imagery that is relationally focused. In this pilot study of the use of this more relationally focused guided imagery, La Roche and his colleagues found increased treatment compliance and reduced anxiety symptoms with their Latino clients.

One final consideration regarding a color-blind stance has to do with the failure to address the important aspects of power, privilege, and oppression, all of which play a role in client's lives (Mcintosh, 1989). The constructs of power, privilege, and oppression are powerful forces and this short essay cannot do justice to discussing them in great detail. However, we cannot discuss culturally informed work and diversity without acknowledging the influential role all of these forces can play in clients' lives both outside of therapy as well as within the therapeutic relationship. At a minimum level, this includes being aware of how power, privilege, and oppression factors outside of the therapy room support or inhibit clients' ability to implement treatment recommendations and how differences and similarities along these constructs in the therapy room can impact treatment.

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Diversity, continued from page 9

An example of the former idea could be feeling frustrated when a client is consistently late to treatment, recognizing they do not own a car and so they take the bus, but then not offering to change their appointment time to one that works better with the bus system.

An example of the latter idea comes from my practice, where I routinely ask clients how they feel working with a white female therapist in order to acknowledge the power and privilege I have in session. Once, I asked a Chinese-American female client this question, thinking she would be most aware of our racial and ethnic difference. However, she responded, "I don't care that you are white; however, I noticed you have a wedding ring on and I wonder if you can understand what I am going through as a single woman." I was then able to be mindful of the fact that for this client the fact that I was from the dominant relationship group (married) was a source of power for me. This helped me consider how this power could impact our work together in many ways. For example, it helped me pay particular attention to the treatment recommendations I made to make sure they were not coming from a place of trying to make my client fit into the dominant married culture. This information also helped me later on in treatment when the client had difficulty following through with treatment recommendations. I used the information this client shared at the start of treatment to inform our conversation about her difficulties and we were able to discuss the fact that she was concerned that the recommendations were coming from a place of someone with more power than her (a white married woman with a graduate degree) judging her for being single rather than from someone committed to helping her reach her self-defined treatment goals. Once we discussed this power differential, I was able to link my recommendations to the client's self-developed treatment goals and she was able to embrace the treatment recommendations as her own and make her desired changes.

In the end, a color-blind stance fails to recognize important client variables that both enrich and hinder our clients' lives. Such a stance can harm our clients and interfere with the therapeutic alliance and overall treatment effectiveness.

Here in Oregon, diversity is not a part of my practice. When this statement is used as an explanation for why diversity is not relevant here in Oregon, it is problematic for two reasons. First, when using the ADDRESSING model discussed above, we can see that diversity impacts all of our practices every day. While we may not be working with clients who are diverse in all the aspects described in the model, it is unlikely that our clients do not possess some of the the elements of the ADDRESSING model. Similarly, it is likely that we as therapists are not matched with all of our clients along all elements of the ADDRESSING model. Lastly, this statement does not address the ways that diversity can impact our client in ways that we might not see. For

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Welcome New and Returning Members

Gail Anderson
Deer Island, OR

Nancy Asher, PhD
Portland, OR

Landon Berger, PsyD
Hillsboro, OR

Kristin Berggren, PsyD
Portland, OR

Robert Beridha
Ashland, OR

Kristen Besler
Beaverton, OR

Barbara Breck, PhD
Beaverton, OR

Jesse Burrell
Newberg, OR

Christina Cammarata, PhD
Portland, OR

Anne Clark, PsyD
Portland, OR

Shaun Davis, BA
Yamhill, OR

Lyanna Diaz
Tualatin, OR

Anthony Duncan
Portland, OR

Frederick Grossman, PhD
Portland, OR

Beverly Henkel
Beaverton, OR

Patrice Jacob
Sherman Oaks, CA

Tracy Marsh, PhD
Los Angeles, CA

Laura Milner, PsyD
Portland, OR

Grant Moncrief
Portland, OR

Loren Pankratz, PhD
Portland, OR

Tanya Prather, PhD
Portland, OR

Melissa Rindge
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Thomas Shaffer, PhD
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Caitlin Speck
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Audra Stave
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Kristin Valerius, PhD
Clackamas, OR

Veronica Vazquez, PhD
Portland, OR

Sagit Vishnia, PsyD
Smithtown, NY

Jennifer Watson, PsyD
Portland, OR

Christine Wilkes, PsyD
Portland, OR

Nancy Zemirah, PsyD
Aloha, OR

Ruth Zuniga, PhD
Hillsboro, OR

Diversity, continued from page 10

example, being part of a family that has adopted a child internationally, being a member of an interracial couple, and/or having a non-visible identity such as sexual and gender identities or being a member of a non-standard religion. So, even when we think diversity is not in our practice, the likelihood that our patients are diverse in either visible or non-invisible ways is quite high.

An example of what this looks like in practice comes from my own practice when I had expectations about my own ability to connect with a client based on our shared contextual variables. For example, as an Italian-American from the East Coast, I expected that when a client identified herself as a similarly aged Italian-American woman from the East Coast, I would instantly have an increased understanding of who she was and be able to form a stronger therapeutic alliance. However, as we spoke in treatment about what the client's experience as an Italian-American woman was like, it became clear that we had very different experiences and beliefs associated with this identity. What I experienced as a proud and positive ethnic experience that served as a source of support, my client experienced as a negative and shameful experience that contributed to her distress. Had I assumed that the client's identity was a source of strength for her, I could have made ineffective and inappropriate treatment recommendations (e.g., increase time with your family, look for ways to connect with the local Italian-American community). This also could have interfered with the therapeutic alliance since the client could be left feeling like I, the therapist, did not understand her (e.g., why is my therapist telling me to connect with my family when I don't want to be close with my family?).

The other concern about the statement that diversity is not a part of practice here in Oregon is related to the misconception that Oregon does not have large diverse populations. Data from the US Census 2010 is now being analyzed and the results are clear; Oregon is racially diverse and the diversity is increasing. When taken together, communities of color make up 22% of the Oregon population (Curry-Stevens, personal communication, 2013) and while many people believe this diversity is limited to Multnomah County, Multnomah is actually only the eighth-most diverse county in the state (Racial Equity Report Working Group, 2011), meaning this racial diversity is spread throughout the state.

In the end, diversity is a part of all the work all psychologists do in Oregon.

I took a class on diversity in graduate school so I don't need more CEs in this area or I don't need to discuss it or study it anymore. When I hear this statement, I am reminded of the quote, "Life is a journey, not a destination." I can say the same about cultural competency and diversity; diversity and cultural competency training are lifelong journeys of learning and awareness. Here, I recommend people access the ideas set forth by the construct of cultural humility which suggests, "cultural competence in clinical practice is best defined not by a discrete endpoint but as a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves" (Tervalon & Murray-García, 1998, p. 118). I would argue that many people do not leave graduate school and say, "I have learned all there is to know about CBT, anxiety, trauma, etc., so I will never read another article or attend a CE workshop on those topics." Rather, as psychological professionals we continue to engage in learning to enhance our ability to work with and treat these issues. The same applies to cultural competency; this is a dynamic and evolving topic that requires us to engage in ongoing learning and awareness.

I would be remiss in discussing the importance of diversity and cultural awareness in the work we do if I did not make reference to the myriad of professional guidelines that discuss the importance of culturally informed work and link it to ethical and evidence-based practice. These guidelines include the APA's Ethical Principles of Psychologists and Code of Conduct (2010) (Standard 2 Competence; Boundaries of Competence, Standard 3 Human Relations; Unfair Discrimination, Sexual Harassment, Standard 9 Assessment; Interpreting Assessment Results), APA's Presidential Task Force on Evidence-Based Practice (2006) which defines EBP as "the integration of the best available research with clinical expertise in the context of patient characteristics, ***culture***, and preferences" (p. 273); APA's Multicultural Guidelines on Education, Training, Research, Practice, and Organizational Change for Psychologists (2002), and most recently the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (2013) developed by the US Department of Health and Human Services.

In sum, attention to diversity factors in all of the work we as psychologists do is an essential part of working ethically from an evidenced-based perspective.

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Dear EC: Ethics Are Not Complicated, So Why Use the Committee?

Ethics Committee

Dear EC:

I have been looking over the APA Ethical Principles and Code of Conduct (EPCC). They appear fairly straight forward and clear. Don't have sex with your patients, keep good records, practice evidence-based treatment, do good things. Other than for education, which I can get from reading or attending a workshop, why consult with the OPA Ethics Committee?

Signed,
"It's not that complicated"

It is great that you have been reviewing the APA EPCC from time to time. It is a good way to keep these principles and standards in mind as you continue to practice as a psychologist. It is true that most EPCC guidance is easy to discern, such as avoiding sexual intimacies with current or former patients. However, not all of them are as clear. Many of the standards are written broadly in order to apply to psychologists in varied roles depending on the context.

One of the difficulties of using the EPCC is that, like any endeavor involving human judgment, it is subject to bias, and in many instances we are unaware of such influences on our cognitive processes and decision-making behaviors. Consultation with a colleague or members of the OPA Ethics Committee can serve as a check on your biases. Pope and Vasquez (2011) in their well-known steps of ethical decision-making, make a point in step 8 that you should "Consider whether personal feelings, biases, or self-interest might affect our ethical judgment" (p. 119).

When we approach an ethical issue in our everyday practice, we frequently employ a non-rational or intuitive process. We seldom slow down our thinking, or use a linear mechanical process such the one proposed by Pope and Vasquez. However, this more intuitive approach is vulnerable to our personal biases as a function of its automatic and non-reflective process manifesting in errors in judgment.

Non-rationale or intuitive process involves the use of heuristics. Heuristics can be thought of in everyday terms such as making an educated guess, using a rule of thumb, or employing common sense in problem solving. When tasks require an inordinate amount of complicated thinking, we employ shortcuts. However, using heuristics can result in cognitive biases that result in errors in thinking, judgment and effective decision-making.

Daniel Kahneman, PhD (a psychologist and winner of the Nobel Prize in economics, along with colleague Amos Tversky, PhD), helped to bring to clarity these models of human decision-making. His most recent book, *Thinking, Fast and Slow* (2011), offers some insight into the two systems that drive the way we think, specifically fast, intuitive, emotional thinking and slower, more deliberative, and logical thinking.

There are a number of heuristics that best illustrate the cognitive biases that we might erroneously use when we are considering ethical dilemmas. Among the most well-known are:

Anchoring Effect. Anchoring involves relying too heavily on the first piece of information offered. Suppose I asked you, "Do ethics complaints result in more than 55% sanctions or less? What number would you estimate?" Placing an anchor of 55% will influence your response to the second question. (The actual number is less than 1% in Oregon.)

Availability Effect. Availability Effect is associated with judgments based upon the relative ease with which something comes to mind. Another way to think of it is that if it is easy to recall, our judgment may be too large or we may overestimate. An example might illustrate this best. There was a recent active shooter incident at a shopping mall in SE Portland. After the event, the number of referrals to my practice with a presenting diagnosis of PTSD increased. They were not directly associated with that specific incident. However, the local media had dramatically focused on these types of emotional responses. Or consider the situation where you have recently returned from a professional workshop on assessing for ADHD. You see several patients who display signs of inattention, haltingly speech, psychomotor agitation, and difficulties performing serial threes and serial sevens. You are more likely to consider a diagnosis of ADHD than situational anxiety.

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Presidents Message, continued from page 2

spouse. Oh yes, perhaps of most importance is not being so hard on myself—because the utopia of circumstances I just described may not (and often don't) all happen at once.

I think we psychologists are getting better at modeling this balance. For instance, the 2013 APA Convention, which, as many of you know, was held this summer in Honolulu, Hawaii, ended its programming at 2 PM each day so that attendees could take time to enjoy the beach and other beautiful sights and events on the island. Besides going to workshops and meetings, I did relaxing things such as attending an APA luau, and (dare I admit), spending time at the beach with a pal for the entire day without setting foot into Convention Land! And guess what? I still got a lot out of the Convention, including CEs and great networking.

I will close with a plug for OPA (did you really think I could write a column without doing this?) as it relates to contributing to our professional needs in the work/life equation. OPA can help in the arenas of networking/connection with others in your field via great CE workshop and conference opportunities and the listserv. OPA provides diversity and ethics consultation and has a wonderful Colleague Assistance Committee. Please read the section on OPA member benefits for more about what OPA can do to help Oregon psychologists feel supported in their professional lives.

Thanks for reading! Now, off to yoga class ;-)

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Representativeness Heuristic. This involves making judgments based upon the probability of a situation or event under uncertainty. Let's look at an illustration. Tom is described as a young, intelligent, single 24 year-old Latino male who currently lives with his middle class parents. He is an only child. Growing up as a teen, he was involved in a local gang and has several tattoos. He has completed an associate's degree in psychology, taking four years to complete the requirements. He wants to go on and obtain a bachelor's degree. He has been working as a shipping and receiving clerk at a warehouse in NE Portland during college to gain life experiences. He is feeling frustrated with not being able to find an entry level job in a field related to psychology. He has been receiving warnings at his current work for showing up late and not performing to the boss's expectations. On a scale of 1-10 with 10 being high, how likely is he to succeed in overcoming this situation and continue on in his career direction in psychology? What parts of the description influence your decision?

Many other types of heuristics and cognitive biases may be present. Examples for further thought include Familiarity Heuristic, Affect Heuristic, Control Heuristic, Contagion Heuristic, Effort Heuristic, Choice-Support Bias, Naïve Diversification, Peak End Rule, Recognition Heuristic, False Consensus Effect, Scarcity Heuristic, Confirmation Bias, Dilution Effect, and Source Credibility Bias. We all have blind spots and biases that affect our decision-making, especially in critical situations such as addressing and resolving ethical dilemmas. Consulting with multiple colleagues or members of the OPA Ethics Committee may offer you an opportunity to compare perspectives and identify any biases you may be unaware of in your dilemma.

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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.

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Learning Diagnosis with *Brain on Fire: My Month of Madness*

Sara Rabinovitch, BA, Jessica Linscott, BA, and Shoshana D. Kerewsky, PsyD

As part of the Mental Health and Diagnosis graduate course offered last winter at the University of Oregon, Professor Shoshana Kerewsky added a novel twist to teaching diagnostic skills to her counseling psychology doctoral students. Typically, diagnostic courses might present dry written vignettes and videotaped role-plays, while students are asked to pore through the DSM and take scrupulous notes in the margins of worksheets. We were thus somewhat surprised when Dr. Kerewsky assigned us the task of reading the 2012 memoir *Brain on Fire: My Month of Madness,* written by Susannah Cahalan, as a means to develop our diagnostic abilities. In her memoir, Cahalan, a young female journalist at the *New York Post* newspaper in New York City, chronicles the yearlong progression of a rare illness that befalls her and befuddles a team of experts in psychiatry, epileptology, and neuropathy.

The Assignment

Our task was to collaborate with our doctoral peers to create a chapter-by-chapter summary of the bizarre and ever-shifting signs, symptoms, and explanatory theories offered by the patient, her family and friends, and a great many medical specialists. For each chapter, we were asked to produce our own differential diagnosis using DSM-IV-TR criteria, which we would continuously revise as new data emerged. In the end, we would present a final differential diagnosis, including rule-outs, provisionals, and other clinically relevant information. Finally, as this course coincided with the impending release of the DSM-5, we also provided notes toward a DSM-5 diagnosis.

Reading *Brain on Fire* as a tool for learning about mental health and diagnosis gave us the opportunity to develop and then reformulate clinical conceptualizations as more information became available, taking into account social, psychological, and biological factors. It also gave us the experience of incorporating information from various sources, including the writer's own subjective experiences and external accounts of her increasingly erratic behaviors.

The Process

As we reflect on this assignment six months later, we believe this experience was very useful in helping us to develop diagnostic skills. It was also quite challenging and intensive at times. There was so much clinically useful information presented within each chapter, and often the data provided was contradictory, making it difficult to put forth diagnoses with any degree of certainty. A multitude of early and evolving explanations by specialists were offered, and our own clinical impressions were continually revised. Early signs and symptoms were suggestive of Bipolar I Disorder, while other chapters led us to investigate Schizoaffective Disorder, and still others required us to review the potential effects of medical conditions such as epilepsy, a disease with which we were only narrowly familiar. Consistently, rule-outs involved either psychotic or mood disorders due to a medical condition, and Axis IV considerations such as stress due to prolonged medical treatments warranted attention. Cahalan's behaviors presented a mysterious puzzle not only to the litany of doctors and specialists who

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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.

Learning Diagnosis continued from page 14

were consulted, but for the reader as well.

Ultimately, Cahalan was diagnosed with Anti-NMDA Receptor Autoimmune Encephalitis, and she received the treatment she needed to begin the slow, painful process of recovery. Signs and symptoms which initially appeared to provide evidence of a mood disorder or schizophrenia were eventually revealed as the effects of an autoimmune disorder, which led to serious inflammation of the brain and caused psychotic features and affective disturbances.

It was at times chilling to read the poignant and detailed descriptions of Cahalan's psychotic breaks, emotional rage and violent seizures, and frightening to imagine feeling so utterly helpless and out of control. Many of the scenes throughout this memoir were unapologetically graphic. For instance, Cahalan writes, "Everyone is out to get me.... If I don't leave now, I will never get out alive. I grab a handful of electrodes and pull. A patch of hair comes out with it, but no pain registers. Absently, I stare at the virgin roots of my dyed blond hair and then reach for more" (Cahalan, 2012, p. 79). Reading these accounts roused in us a case of "Psychology Student Syndrome," perhaps similar to that which medical students often develop, during which the student becomes convinced that they are suddenly ill with the disease in question. So palpable were Cahalan's descriptions that throughout our readings, one or both of us at times experienced our own feelings of despondency and anxiety. Both of us were struck with the chilling truth that anyone, even Cahalan, as "a healthy, ambitious college grad a few months into her first serious relationship" (Cahalan, 2012, jacket copy) or ourselves, second-year doctoral students, can drop down into madness suddenly and inexplicably. Cahalan described her experiences with precision, richness and clarity; her nimble command of language allowed us to feel empathy for the psychiatric patient's terror during testing and treatment. Such a nuanced portrayal of a deeply personal and harrowing journey enabled us to step into her experience with greater understanding and compassion.

"My body attacked my brain"

Reading Cahalan's account supplied us with a sense of both the gravity and delicacy of the diagnostic process. It underscored the critical need to always consider medical explanations for psychological symptoms. Cahalan's story alerted us to the potential pitfalls of the diagnostic process, and the importance of interdisciplinary collaboration and consultation in order to gather a range of perspectives and opinions. This memoir warns the practitioner against sitting comfortably in the certainty of diagnosis. We are reminded that explanatory and etiological theories are just that: Theories. One of Cahalan's neurologists, Dr. Souhel Najjar, who ultimately diagnosed her with Anti-NMDA Receptor Autoimmune Encephalitis, offered thoughts about the perils of misdiagnosis and the need for further research, noting, "Just because it seems like schizophrenia, doesn't mean that it is" (Cahalan, 2012, p. 226). NMDA research continues, including investigations into the possibility that some forms of schizophrenia, bipolar disorder, and depression could be related to inflammation of the brain.

While summarizing the trying experiences of Cahalan and her family for our peers, we also reflected upon the great need for advocacy and support for the client during the diagnostic process. Cahalan was very lucky to have come from an affluent background and to have excellent medical insurance (her treatments ultimately cost upwards of $1 million). She benefitted from the constant presence of supportive family members, who actively advocated on her behalf and tirelessly tended to her care. Had Cahalan lacked such resources, an erroneous early diagnosis of serious mental illness may have landed her in long-term, institutional care and denied her the medical treatment she desperately needed.

Brain on Fire served as a unique, creative and engaging training tool for developing skills in the diagnostic process. Cahalan's narrative was vivid and provocative. Completing this assignment exposed us to the challenges and complexities inherent to the diagnostic process. As we continue our training in counseling psychology, we will be mindful to attune to the patient's lived experiences, while applying rigorous and systematic scientific methods to mental health diagnosis.

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Reflections on the Vista "Suicide" Bridge Portland, Oregon

Tony Farrenkopf, PhD

The 9th suicide hotspot in the US, Portland's scenic Vista Bridge, spanning a busy roadway and train tracks, has logged 176 jumpers since its existence in 1925, with only one survivor.

In June/July of 2013, attorney Ken Kahn and life coach wife Bonnie and former Portland mayor Bud Clark generated some media publicity about the bridge's public health and safety risk, and a 15 year-old girl jumped to her death. The city transportation department agreed to spend $236,000 on erecting a temporary fence until a permanent barrier could be designed and funded at about $1.2 million. The Kahns organized "Friends of the Vista Bridge" and the local suicide prevention program "Lines for Life" offered several suicide alertness training classes for a volunteer foot patrol – a first!

For several weeks, volunteers patrolled in shifts around the clock, especially between midnight and noon, the suicide peak times. It was an experienced group, more women than men, many with helping professions/ volunteer backgrounds. Walking in pairs in yellow/orange safety vests made for a good presence and support. We talked with a few lost souls (night owls, some homeless and mentally ill people), gave out information on helping resources, and greeted dog walkers and Rose City visitors.

Sadly, at 6 o'clock on August 12, a 51 year-old man stopped his car two-thirds across the bridge with his hazard lights on, peered over the railing, barked, "Stay away from me! Stay away!" at the approaching volunteer, who could only plead, "Please don't do this." Then he leaped over the side to the street below. He did not want our lifeline. He had already shut himself off. We learned later that he had planned this, was estranged from family, unemployed, and had experienced a recent breakup and was drinking again.

I arrived at 8 am, and not only did I walk my three-hour shift, but I also debriefed and supported the volunteers who were affected. That's what I do as a clinical and trauma psychologist.

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.

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APA Council Representative Report

Teri Strong, PhD, APA Council Representative for Oregon

The APA Council of Representatives took action on a wide variety of issues critical to psychology during their recent meeting at the APA Annual Convention July 31-August 4 in Honolulu, HI. Below is a summary of the major actions, including links to more detailed information, when available.

Good Governance Project. Arguably the most significant action of the council was to vote to approve most of the changes recommended by the association's Good Governance Project (GGP), following a three-year period of assessment, research, and engagement with members. According to a summary provided by APA staff, the project was formed to achieve the following goals:

1. To increase the alignment of the association's governance with APA's strategic plan,
2. To enhance nimbleness of governance, and
3. To increase member engagement.

The changes endorsed by the council call for include:

- Enhancing the use of technology to expand communication among governance members and between governance and the general membership.
- Developing a program that would create a new pipeline for leadership in APA governance.
- Creating a triage system that would enable governance to work efficiently and nimbly on new issues, without duplicative efforts.
- Expanding the Council's scope to focus on directing and informing major policy issues and ensuring policy is aligned with APA's mission and strategic plan.
- Delegating responsibility for budget and internal policy matters to APA's Board of Directors for a three-year trial period.
- Changing the composition of APA's Board of Directors to be more representative of APA's membership. The board would include six members-at-large elected by and drawn from the membership, with the candidates selected based on a needs assessment following an open nominations process.

Council also voted that a substantive change in its structure is needed to improve the body's effectiveness and an implementation work group was appointed to further develop two proposed change models in addition to other implementation issues. For additional information, please read http://www.apa.org/about/division/officers/dialogue/2013/09/good-governance.aspx

Psychologists' work in national security settings. Council adopted a resolution that reconciles APA's policies against torture and other forms of cruel, inhuman, or degrading treatment or punishment and those related to psychologists' work in national security settings. This resolution does not create new policy but makes existing policy more internally consistent and comprehensive.

Psychology in Education. Three measures were adopted to strengthen psychology teaching and training across the continuum of psychology education.

Telepsychology Guidelines. Guidelines for the practice of telepsychology were adopted. For more information, these guidelines may be found at http://apapracticecentral.org/ce/guidelines/telepsychology-guidelines.pdf

Other significant actions of Council. Council

- Recognized sleep psychology and police and public safety psychology as specialties in professional psychology.
- Approved continuing recognition of counseling psychology and school psychology as specialties in professional psychology.
- Extended recognition of applied psychophysiology as a proficiency in professional psychology for one year.
- Adopted revised standards for educational and psychological testing.
- Adopted guidelines for psychological practice with older adults.
- Adopted a resolution on counseling in HIV testing programs.

If you have questions or would like more information on any of these actions, please contact Teri Strong, APA Council Representative for Oregon at tstrong@cascadehealth.org

OPA Classifieds

OFFICE SPACE

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

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.

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.

Go to https://www.facebook.com/pages/Oregon-Psychological-Association-OPA-Public-Education-Committee/160039007469003 to visit our Facebook page.

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 September 2013:

1/4 page display ad is $100

1/2 page display ad is $175

Full page display ad is $325

Classifieds are $25 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 emailed to the OPA office in camera-ready form. 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 four times a year. The deadline for ads is listed below. 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**

2014

1st Quarter Issue - deadline is February 1 (target date for issue to be sent out is mid-March)

2nd Quarter Issue - deadline is May 1 (target date for issue to be sent out is mid-June)

3rd Quarter Issue - deadline is August 1 (target date for issue to be sent out is mid-September)

4th Quarter Issue - deadline is November 1 (target date for issue to be sent out is mid-December)

*Subject to change

Diversity, continued from page 11

Hays, P. A. (2008). *Addressing cultural complexities in practice (2nd ed.): Assessment, diagnosis, and therapy*. Washington, DC: American Psychological Association.

LaRoche, M., D'Angelo, E., Gualdron, L., and Leavell, J. (2006). Culturally sensitive guided imagery for allocentric Latinos: A pilot study. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 555–560.

Mcintosh, P. (1989). White privilege: Unpacking the invisible knapsack. *Peace and Freedom, 49*(4), 10-12.

Racial Equity Report Working Group. (2011). *Facing Race; 2011 Legislative report card on racial equity*. Available: http://www.westernstatescenter.org/tools-and-resources/Tools/facing-race-2011-legislative-report-card-on-racial-equity

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of health care for the poor and underserved*, 9(2), 117-125.

US Department of Health and Human Services Office of Minority Health. (2013). *National standards for culturally and linguistically appropriate services in health and health care*. Available: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

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
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, Chair
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

PAC Notes - On the Web

The Professional Affairs Committee (PAC) would like to remind OPA Members of content available on the OPA website (www.opa.org). In the Members Only section, the PAC has a subsection with an assortment of resources for members. Included are articles related to practice by PAC members, guidelines, and a template for professional wills to help get us all compliant, information on APA Record Keeping Guidelines, links to CEUs related to practice, and more!

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 19 of this newsletter.

OPA Workshop Calendar*

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
Couple Power Therapy: Building Lifelong Love with Commitment, Cooperation, Communication and Community in Relationships
by Peter Sheras, PhD, ABPP and Phyllis Koch-Sheras, PhD

January 17, 2014
Ethics and Clinical Supervision
by Carol Falender, PhD

March 21, 2014
Hot Topics in Ethics and Risk Management in Psychological Practice
by Eric Harris, EdD, JD

April 11, 2014
Psychotherapy Relationships That Work: Tailoring the Treatment for the Individual Patient
by John Norcross, PhD, ABPP

May 9-10, 2014
OPA Annual Conference
Featuring Gary Small, MD
Oregon Convention Center - Portland, OR

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

Oregon Psychological Association

Oregon Psychological Association

Continuing Education Workshops • Fall 2013

November 15, 2013

THE CREATIVITY AND STRUCTURE OF FUNCTIONAL FAMILY THERAPY (FFT): AN EVIDENCE BASED FAMILY FOCUSED TREATMENT FOR YOUTH AND THEIR FAMILIES

Presented by Thomas Sexton, PhD, ABPP
Professor & Director
Center for Adolescent and Family Studies – Indiana University

Crowne Plaza Portland Lake Oswego
14811 Kruse Oaks Drive • Lake Oswego, OR 97035

Registration 8:30 - 9:00 am • Workshop 9:00 am - 4:00 pm
With one hour for lunch • 6 CE hours • CE credit level 2

Workshop Description

The successful application of any evidence-based treatment depends on the clinician and their ability to creatively apply the model to unique settings, problems, and families. The process of Family Therapy is complex and requires a relational/systemic focus with a constant balance between the structure and creativity. Evidence based models like Functional Family Therapy (Alexander & Parsons, 1973; Sexton, 2010) depend on the ability of a therapist to translate the model in creative ways that balance the structure of the treatment model and the unique features of the family. In clinical practice FFT is at the same time: structured & flexible, specific & adaptable, model focused & family focused, research focused & clinically driven. In practice FFT is best when the therapist follows the model closely while constantly adapting the model to fit each unique family.

This workshop will address the dialectic relationship between structure and creativity in Functional Family Therapy.

Workshop Objectives

At the completion of this workshop, participants should be able to:

- Compile an overview of Functional Family Therapy (FFT).
- Apply an understanding of the core change mechanisms in the phases of FFT.
- Demonstrate an understanding of the way in which individuality and creativity are central to the structured FFT clinical model.

About the Presenter

Thomas L. Sexton is a Professor in the Department of Counseling Psychology at Indiana University where he is on the faculty of the nationally accredited doctoral program in Counseling Psychology and is Director of the Center for Adolescent and Family Studies (CAFS) and the Center for Evidence Based Practices (CEBP), a national research center for the study and dissemination of research based practices for the treatment of at-risk adolescents and their families. He has presented workshops on Functional Family Therapy and has consulted with mental health systems attempting to integrate evidence-based practices both nationally and internationally. He is author of *Functional Family Therapy in Clinical Practice* (2010) and the *Handbook of Family Therapy* (2003). His interest in family psychology and psychotherapy research have resulted in over 50 journal articles, 25 book chapters, and 4 books. Dr. Sexton is a licensed psychologist (IN), a Fellow of the American Psychological Association, and a Board Certified Family Psychologist (ABPP). He is past president of the Society for Family Psychology, an Editor of the Journal *Couple and Family Psychology: Research and Practice,* and current President of the Diplomate Board for Couple and Family Psychology.

To register go to www.opa.org

Oregon Psychological Association
147 SE 102nd Ave.
Portland, Oregon 97216

Return Service Requested

The Oregon Psychologist
Eleanor Gil-Kashiwabara, PsyD, President • Shoshana Kerewsky, PsyD, Editor
The Oregon Psychologist is a newsletter published four times a year by the Oregon Psychological Association.
The deadline for contributions and advertising is listed elsewhere in this issue. 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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