The Oregon Psychologist

Bulletin of the Oregon Psychological Association

1st Quarter 2014 Volume 33, Number 1

What's Inside

OPA President's Column

OPA Creates Healthcare Reform Taskforce

Eleanor Gil-Kashiwabara, PsyD

Though we are well into the start of 2014, I begin this column with wishes to fellow OPA members for a happy new year. Many individuals use the opportunity of the New Year to commit to resolutions for the year ahead, turn over a new leaf, or to start a new project/activity. This is likely the case as well for many organizations. In OPA's case, I would like to draw your attention to a new task force that has been organized, the OPA Healthcare Reform Taskforce (co-chaired by Dr. Robin Henderson and myself). Healthcare Reform is not new to OPA given the tireless work being done by our various committees. However, the coordination of our organizational efforts, better access to information, and improved communication with our membership around the issues affecting psychologists in Oregon as they relate to healthcare reform is the logical next step that has been taken via the creation of this taskforce. You can read more about the OPA Healthcare Reform Taskforce in this issue to learn about the efforts and next steps we mapped out during our kickoff meeting held on January 17, 2014. It is an exciting way for OPA to start the New Year, and we welcome your feedback.

Some of you may remember (and if your memory is like mine, many won't ;-)) my stated emphasis on healthcare reform and diversity as my presidential initiatives for my year as OPA President. Supporting the establishment of the OPA Healthcare Reform Taskforce (Thank you, Drs. Robin Henderson and Mary Peterson and all of the Healthcare Reform Taskforce members and OPA Board members) is one way in which I am emphasizing the stated initiatives. With regard to diversity, the other stated initiative, there is much to be done because, as many understand, diversity learning never ends. We at OPA are fortunate to have a thriving Diversity Committee, currently chaired by Dr. Shahana Koslofsky. This year (2013-2014) the Diversity Committee is focused on establishing ties with the (broader) community. One way in which it plans to do so is by increasing its visibility at OPA conferences and other community events. It is exciting to see how the Diversity Committee's presence has grown over the years. We now have a Diversity Award that is presented at the OPA Conference, have a consistent presence at the Portland Pride parade each year, and provide a diversity consultation service to our membership. I can't wait to see what else our Diversity Committee is working on!

In my support/encouragement of diversity learning, I would like to recommend a book as "required reading" because it brings to life what it is like to be an individual from an ethnic minority group facing the many challenges related to blatant discrimination and being raised in poverty, while somehow managing to reach the highest level of success in a field. This book is Supreme Court

Continued on page 2

Presidents Message, continued from page 1

Justice Sonya Sotomayor's (2013) memoir, *My Beloved World*. What an amazing read! I will admit that I have a personal bias in that Justice Sotomayor is Puerto Rican from the Bronx. Myself being of Puerto Rican and Cuban descent from urban New Jersey (right outside of New York City), I feel an instant connection to aspects of her story—though, obviously, I am no U.S. Supreme Court Justice! Sotomayor lost her father at age 9 and from then on was raised by a single mother. Like my own mother (also a single mom from the time I was 7½), Sotomayor's mother defeated some pretty tough circumstances in Puerto Rico in order to arrive on the U.S. Mainland in hopes of a better life than what was destined for her in Puerto Rico. I haven't felt so moved by a book in a while. I realize not everyone will feel the personal connection to her story, though some most certainly will, but I think she does such an amazing job of helping people to better understand through her story what circumstances are like for some individuals and how difficult it is for some families to escape the intergenerational aspects of poverty and in some cases, trauma. Learning about diversity is definitely far more multidimensional than reading a book, but I think this is an important read for a perspective that I believe will touch your heart and mind. Please add this to your reading list!

The one concern I have about recommending a book that is ultimately a story of success is that some might think that people simply need to try hard to overcome the odds and that people born into a disadvantaged circumstance, or circumstances (as is often the case), simply need to work hard to succeed. While yes, it is true that hard work is a key to success for most, Sotomayor's story is most definitely the exception, not the rule. The constant work she had to do in order to get on equal footing with her peers at Princeton University and later at Yale University's School of Law was overwhelming because she simply was not exposed to equitable opportunities, educational and otherwise, growing up in the Bronx. There were so many things, much bigger lessons, she had to learn besides her coursework. Throughout her book is an emphasis on gratitude for her family, both by blood and her extended network of friends that became family, for their unconditional love and support. And there you have it—a major piece that can make a difference in the life of a person facing systemic disadvantage: Family support. Yet she goes on to describe the cousin (Nelson) she grew up with, who was virtually her twin in every way, raised in the same family with the same love, who ultimately died at a young age related to a heroine addiction.

> *If I try to understand in my heart how it could happen that two children so closely matched could meet such different fates, I enter a subterranean world of nightmares–the sudden panic when Nelson's hand slips from mine in the press of the crowd, the monster I evade but he cannot.*
>
> *Reason seems a better defense against the pain. Let me understand in my logical way what made the difference between two children who began almost as twins, inseparable and, in our own eyes, virtually identical. Almost but not quite: he was smarter; he had the father I wished for, though we shared Abuelita's special blessing. Why did I endure, even thrive, where he failed, consumed by the same dangers that surrounded me? (Sotomayor, 2013, p. 253).*

The above describes a major question that psychologists and other mental health professionals grapple with—what is it that allows some to succeed where others do not. Resilience? Mentoring? Discipline? Family Support? All of the above? Some of the above? Other factors? We have many ideas and much research to show what lends itself to resilience and success. And I do not discredit these things that we know; in fact, they are important pieces of the puzzle that help to explain, for example, how a Puerto Rican girl raised in public housing in the Bronx, born to an alcoholic father and then raised by a single mother, is able to become the first Latina Supreme Court Justice.

However, there is still much that we do not know. I was very recently at a conference where we discussed at length "toxic stress," which is defined as "strong, frequent and/or prolonged activation of the body's stress-response systems in the absence of buffering protection of adult support"

Continued on page 3

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
Email:
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, JD
Cooney, Cooney and Madigan, LLC
12725 SW 66th Ave., #205
Portland, OR 97223
503.607.2711
Email: pcooney@cooneyllc.com

**Through OPA's relationship with Cooney, Cooney and Madigan, LLC 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 their services, you will receive their services at discounted rates. When calling, please identify yourself as an OPA member.*

Presidents Message, continued from page 2

(Shonkoff, Boyce & McEwan, 2009, p. 2256). Extreme poverty, severe maternal depression, and chronic neglect are among the major risk factors for toxic stress, which interrupts the brain architecture so profoundly that it impacts other organ systems and leads to stress-management systems with lower thresholds for responsiveness throughout the life-span. Such lower thresholds for stress-response increase the likelihood and frequency of stress-related disease and cognitive impairment well into the adult years (Shonkoff et al., 2009). While some may be able to fight hard against the risk factors that lend themselves to toxic stress, many cannot. Unfortunately, many of these risk factors "live" together, for example, poverty and maternal depression. Current approaches include early childhood initiatives, such as home visiting, geared toward reducing early childhood toxic stress (in part as a form of adult disease prevention). Our work as psychologists too must include an understanding of how to provide accessible tools that can buffer against the risk factors impacting the health and mental health disparities that continue to be experienced at disproportionate rates by our poor and/or ethnic and racial minority community members. We still have work to do. It starts at an even more basic level with being open to understand the point of view of another. While this applies to our everyday work as psychologists and applies to all of our clients, we can get stuck in the work we do with specific populations or problem areas of focus, which can sometimes limit our perspective.

We all have more to learn and I ask each of you to take a step in the direction of diversity learning by reading Sotomayor's book, or taking a diversity CE, or having a conversation with someone you normally might not approach. This is a small step but collectively makes us stronger as a profession—and most of all as humans—in our quest for equitable access to health and well-being.

References

Shonkoff, J. P., Boyce, W. T., & McEwan, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA, 301*(21), 2252-2259.

Sotomayor, S. (2013). *My beloved world*. New York: Alfred A. Knopf.

OPA Attorney Member Benefits

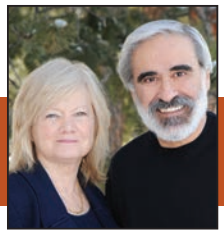
Through OPA's relationship with Cooney, Cooney and Madigan, LLC as general counsel for OPA, members are entitled to one free 30-minute consultation per year. If further consultation or work is needed and you wish to proceed with their services, you will receive their services at the discounted OPA member rate. Please call for rate information. They 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 them at 503.607.2711, 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.

Do More Than Save Their Marriage ... Change Their Lives!

Introducing the Crucible®
Treating Extra Relational Affairs Workshop

- Innovative, differentiation-based, approach offers unique interventions that resolve the aftermath of affairs and help each individual grow through the process.
- Learn how to use "mind-mapping" and interpersonal neurobiology to help couples achieve personal and relational change at a rapid pace.
- This workshop earns: Three Day Workshop 19.5 CE's for Licensed Psychologists. Marriage & Family Health Center (MFHC) is approved by the American Psychological Association to Sponsor continuing education for psychologists. MFHC maintains responsibility for this program and its content.
- Class size is small so your participation and learning opportunities are enhanced.



April 25 - 27, 2014 in San Diego-LaJolla, California • **Space is limited. Register today!**
Presented by best-selling author David Schnarch, Ph.D. and Ruth Morehouse, Ph.D.

Crucible® Institute

For more information, or to register, email mfhc@passionatemarriage.com, call 303.670.2630 or visit www.crucible4points.com.

Also enrolling for Passionate Marriage Couples Enrichment Weekend (CEW)
Dallas March 28 – 30, 2014 • Denver May 2 – 4, 2014 • San Diego September 26 – 28, 2014

Introduction to the Healthcare Reform Task Force

Healthcare Reform Task Force

"News you can use" may be a common phrase, but that is the goal of our newly created Healthcare Reform Task Force (HRTF).

In an effort to share relevant news about healthcare reform in Oregon, we've created a task force whose goal is to gather and communicate information about how psychologists can navigate the current and upcoming changes in care. OPA President Eleanor Gil-Kashiwabara and OPA Past President Robin Henderson, currently Director, Government Strategies, St. Charles Health System, are co-chairing the task force and are interested in bridging the communication and relationship between Oregon healthcare services and our members. The HRTF will be providing information and updates on access, changes in services for the OHP, Medicare, and the privately insured population. We are interested in providing useful information, so please send us your questions and share information you've gathered at the local level and we will provide updates in future newsletters. In addition, the HRTF will be hosting a session at the OPA Annual Conference and we look forward to sharing a conversation about opportunities and challenges in the new models of care and finance.

Some of the basics:

1. Regional Coordinated Care Organizations (CCOs) administer all medical care (including mental health and substance abuse) for all OHP members. The CCO determines the panel of providers for their regional plan.
2. There are 16 CCOs in Oregon and it's important for you to know how the CCO in your area is contracting for services.
3. The list of CCOs can be found at http://www.oregon.gov/oha/OHPB/pages/health-reform/providers/index.aspx. Each CCO also has a Clinical Advisory Panel, which usually includes a behavioral health representative. Additionally, CCO boards are required to have a behavioral health representative on their board by statute. You may want to find out who the CAP/CCO representative is in your area.
4. The Primary Care Medical Home (PCMH) is the model for healthcare delivery, for OHP, Medicare, and privately insured patients. This is good news for psychologists because behavioral health is a required service within the PCMH in order to receive higher reimbursement. It's helpful to know how behavioral health services are being provided within the PCMHs in your area.
5. The CCOs currently administer coverage for OHP members, and the Governor hopes to move the Oregon Educators Benefit Board (OEBB) and the Public Employee Benefit Board (PEBB) plans into the CCO model in coming years. How and when this will happen is still in negotiation, and will be a key focus for the HRTF.

The Task Force has created three subcommittees that represent the major focus areas determined necessary for next steps: Coherence, Relevance/Collaboration, and Sustainability.

- Coherence (Chaired by Mary Petersen and held by Bryan Sandoval and Ryan Dix)

  This team exemplifies leaders in healthcare reform, training, and collaboration in the field of psychology. They will define psychologists' roles in the area of Primary Care Behavioral Health (PCBH). The group will create training and educational components, based on efficacious research, that are centralized and standardized. A vision for PCBH will emerge. As well, the team will discuss a variety of training models and how they function in the larger picture of mental health.

- Relevance/Collaboration (Chaired by Amy Stoeber and held by Eleanor Gil-Kashiwabara and Teri Strong)

  The Relevance/Collaboration team embodies strong communicators and professionals in touch with a broad spectrum of psychologists practicing across the state. They recognize the need to create linkage between PCBH and private practice providers, as well as coordinating providers in community mental health and larger groups. They seek to support psychologists' practice in diverse areas and identify organizations and members who need support as healthcare reform takes place. The Relevance/Collaboration subcommittee will communicate between the Healthcare Reform Taskforce and OPA members so that members receive current information about the status of reform in our state. As well, these members will attempt to connect with other organizations (such as OFP and OPCA) to create coordinated efforts.

- Sustainability (Chaired by Robin Henderson and held by Spencer Griffith and Lynnea Lindsey-Pengelly)

  The Sustainability team truly exemplifies pioneers in our field. They will seek to look at funding models for psychologists facing reform challenges including, but not limited to, IPAs. The team will attempt to answer the long-term relevance of private and managed healthcare panels in the next five years and create provider business models that are sustainable for practitioners across the state. Finally, they will research and/or create standardized metrics to measure outcomes.

Next, how does the healthcare reform affect the privately insured patients? If you have questions for the HRTF, send them to info@opa.org.

Video Games and the Internet: Where Is the Balance?

Jessica Conwell, PsyD

The use of the Internet and video games has grown rapidly over the last 50 years, bringing increased concerns about how people are impacted both by the content and amount of time spent engaged in these activities. In particular, in the wake of recent shootings, video games are often pointed to as a causal factor.

Since neither of these forms of technology are likely to go away, the challenge becomes finding a balance between entertainment and information-gathering versus problematic use. This article will summarize a presentation given at OPA's 2012 Annual Conference. The content of that presentation was drawn from current literature, my clinical experience working with addictions, and my experience running several video gaming events over the last decade.

Video Gaming

In this article, "video gaming" mainly refers to games played on personal computer (PC) or consoles such as Xbox, PlayStation and Wii. Video games have come leaps and bounds since the first shooter game, Spacewar, was released in 1962. Currently, the video game industry grosses more money than the Hollywood movie industry. In 2011, an estimated $24.75 billion was spent on video gaming which included money spent on content, hardware, and accessories (Entertainment Software Association, 2012).

Video games generally fall into one of five major genres or game types. First-person shooters (FPS) are played from a first-person perspective, meaning as you play, you move around and interact in the game world as if you are seeing through the characters eyes. FPS games are the most popular game type, but are also more likely to have violent content. Real-time strategy (RTS) games are usually played from a top-down perspective, viewed as if you are looking down on a game board and controlling your characters. Massively multiplayer online role-playing games (MMORPG) are played online with other people in a persistent universe that continues to exist whether or not you are currently playing. This genre of games seems to have a higher likelihood of pulling people into problematic use patterns. Simulation (SIMS) range from games that simulate running a theme park to flight simulators that can be high tech enough to earn the player actual flight hours. Finally, sports genre games include sports-based games like hockey, football, and skateboarding.

The Entertainment Software Association (ESA) published a report based on survey data from over 2000 nationally representative households that provides interesting data about video game usage in the United States This study reported that children and adolescents play an average of 9-18 hours of video games a week. The average U.S. household has at least one gaming platform which could include PC, console, or mobile gaming device. This report supports other statistics that estimate 80-90% of adolescents will have at least some contact with video games. In addition, about 40% of parents reported that they play video with their children at least weekly and indicate their reasons include because their children asked them to, it is fun for the whole family, it is a chance for parents to monitor game content, or they enjoy gaming as much as their children do. Some of the survey results challenge the stereotype of what people view as the typically gamer. For instance, the gender gap among gamers is closing. In 2012 it was estimated that 47% of gamers were female, up from 40% in 2010. Also, the average gamer is 30 years old and not an adolescent as many may expect.

The most commonly expressed concerns about video games include violence, desensitization, social withdrawal, physical health concerns, impact on social development and connections. In particular, violence and video games have been a hot topic for several years. In the wake of recent shootings, the media has been very quick to cite video games as a causal factor. However, the research connecting violent video games to aggressive behavior has been inconclusive as a whole. Some research supports a link between violent video games and aggression, while other research has failed to link video games with aggression. For example, one longitudinal study looked at high schoolers over a three-year period and found that sustained violent video game play was predictive of higher levels of

Continued on page 7

Video Games and the Internet, continued from page 6

aggression over time (Willoughby, Adachi & Good, 2012). On the other hand, another longitudinal study found that exposure to violent video games did not relate to depression or antisocial personality traits, but rather, exposure to family violence and peer influences were the best predictors of aggression-related outcomes (Ferguson et al., 2012). Among this research are studies that suggest a link between violent video games and aggressive thoughts; however, how this translates into actual behavior has not been well established. In 2010, when the Supreme Court asked the American Psychological Association for a statement about violent video games, APA declined to provide a statement and indicate that they planned to review their 2005 stance. The 2005 APA statement had suggested a link between violent video games, but in 2010 Jerald Breckler (APA Executive Director for Science) said that "although most of the research in this area supports a connection between violent games and aggression, there is also some credible research to the contrary" (Azar, 2010).

In terms of social concerns related to gaming, the ESA survey reported that 62% of gamers indicate they play with other people online or in person. Additionally, in a survey conducted at a local gaming event, PDXLAN, 84% of gamers reported that gaming is almost always social to sometimes social for them. While some people may play video games in a socially isolated manner, these surveys suggest that many gamers view their playing as social. Several available games allow players to connect by typing to each other in game chat or over headphones in voice chat. Some video games also encourage team play that requires coordination of roles in order to accomplish goals. While video gaming does not replace face-to-face interactions, it can have a social component. In looking at physical impact of gaming, there was not a lot of research, but one study by Jackson et al. (2011) study found that technology use did not predict BMI or body weight. Also, there are indications that active types of games can encourage physical activity (Simons, Bernaards & Slinger, 2012). These game types can include the active sports games or dance-based games played on systems like the Wii or Xbox Connect. Massively multiplayer online games (MMOGs) seem to have a higher instance of reported issues with problematic use. Sublette and Mullan (2012) reported that negative attributes in people with problematic gaming patterns around MMOG include social isolation, increased aggression, and negative academic and social consequences. On the flip side, there were positive aspects reported with MMOGs, including enjoyment, feelings of achievement, friendships, and sense of community. Research indicates that problematic patterns with gaming are more likely to emerge with greater amounts of time spent gaming. A Youth Risk Assessment survey conducted in 2007 and 2009 found a that teens who spent 5 hours or more a day either gaming or online recreationally had a significantly higher chance of sadness, suicidal ideation, and suicide planning (Messias et al., 2011). Risk factors for developing problematic gaming can include greater amounts of game play, higher impulsivity, and lower social competence. Additionally, depression, anxiety, social phobias, and lower school performance may be outcomes of problematic gaming (Gentile et al., 2011).

Video gaming also has several reported positive aspects that can include a sense of accomplishment, as a source of entertainment, social connections, escape from stress, and a release of stress. Jackson et al. (2011) found that video game playing predicted stronger visual spatial skills. In addition, there is research that supports the use of educational video games to aid positive learning gains (Anderson & Barnett, 2013). Another study by Ventura, Shute, and Zhao (2013) found that video game players demonstrated more persistence when working on unsolved problems. In the health care setting, HopeLab has created a game called Re-Mission that helps young cancer patients navigate through treatment by teaching medication compliance, relaxation techniques and symptom monitoring.

Many people will have exposure to video games and a portion of those will develop problematic behavior around their game playing. Turner et al. (2012) found that 85% of students reported playing video games and about 10% of those scored high on a measure of Problem Video Game Playing. The chances of developing problematic use of video games seem to increase with the amount of time spent gaming. Comorbid mental health issues may also contribute toward developing problematic gaming patterns. However, there are many who play video games without negative impact, and in fact report several positive benefits of playing for enjoyment.

Internet Use

The Internet has grown in leaps and bounds since its inception in the 1960's. Through the Internet we have greater access to information, both wanted and unwanted. The PDXLAN survey reported the top uses of the Internet include games, watching videos, playing music, purchasing products or services, and keeping in touch with friends. Among the majority of the population who use the Internet there is a subgroup of people who report overuse of the Internet to the point that it is problematic for them. A literature review of research indicated a prevalence rate of between 1.5% and 8.2% of people who report excessive Internet use. The review also found a high comorbidity of excessive Internet use with psychiatric disorders, especially depression, anxiety, social anxiety, and ADHD (Weinstein & Lejoyeux, 2010). In particular, the use of social networking sites and online games were linked to problematic Internet use (Leung & Lee, 2012).

Assessment and Intervention

While there seems to be consensus that Internet use and gaming can be problematic, there is not yet agreement in calling either behavior an addiction. Currently, there is not a uniform set of criteria for diagnosing video game or Internet addiction. In addition, there are mixed opinions about whether the symptoms meet dependence criteria,

Continued on page 8

Video Games and the Internet, continued from page 7

particularly with withdrawal and tolerance. Some reports suggest that there may be psychological withdrawal evidenced by symptoms of irritability, mood changes, cravings, and obsessions when not able to use technology, but opinion on this remains mixed. Terms used to describe pathological use include obsessive behavior, Internet use disorder, and problematic technology use. While there are many books and articles on the topic of Internet and gaming addiction, this is still considered an emerging area of assessment and treatment. Research is starting to validate some assessment measures. Kimberly Young, PhD has created one measure of Internet addiction, the Internet Addiction Test (IAT), that has had some initial studies supporting its validity. Currently there are a few measures used in research as well as some websites that have a type of red flag checklist. With similar markers as substance use, many of these assessments ask about symptoms that include:

- Losing track of time while online or playing video games
- Hiding and/or lying about Internet or video game use
- Interfering with sleep/work/school/relationships which may be indicated by decreased or lack of participation
- Have others expressed concern about the person's use
- Continuing to use regardless of serious consequences
- Failed attempts to cut down
- Using gaming or the Internet as a long term escape from problems
- Loss of jobs or relationships

Much like working with addictions, collateral information can be very helpful. When available and, of course with appropriate releases, this can include talking to parents, partners, spouses, and close friends. Since problematic Internet use and/or video gaming may include comorbid affective disorders including depression, anxiety and social anxiety, it is important to assess for these issues as well.

When it comes to addressing problematic use, some people may be able to work within a harm reduction model that helps them moderate their use. Others may need to find a way to completely abstain. This is likely to be more realistic with video games than with the Internet use. However, even if there is a legitimate need to be on the Internet for work or school, there are ways of limiting problematic Internet activities. For people of all ages, some beginning interventions can include encouraging real-life activities, therapy, and addressing comorbid mental health issues. Below are some helpful tips for parents:

- Encourage parents to take an interest in and maybe even play some of the video games their children are playing. This can help them see what games the child or adolescent is playing, as well as a chance to see how they interact with the game content. In addition, it sends a message that the parent is not necessarily against all gaming, just the problematic patterns. It can be a way to connect since it usually feels good to have someone take an interest in something you like.
- Locate computers and gaming devices in a common area of the house instead of the bedroom. This allows for better supervision of what is going on in game or online. There may also be some useful information if your child or adolescent suddenly turns of the monitor or changes screens when you walk into the room.
- If problems emerge, set clear limits and involve adolescent in that process when possible.
- Encourage children and adolescents to engage in real life activities and foster social connections.
- As necessary, set time limits on technology use. The American Academy of Pediatrics recommends a maximum of two hours of screen time a day for children. This includes screen time related to watching TV, video gaming, and recreational use of the computer that is not related to education. This

Continued on page 9

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

Video Games and the Internet, continued from page 8

appears to be a guideline for younger children, so this may increase at appropriate levels with age.

- An additional parental resource is the Entertainment Software Rating Board (ESRB) system for video games that provides guidelines about which games are appropriate for which ages. The rating system has three parts: 1) rating category that suggests age appropriateness; 2) content descriptors; and 3) interactive elements. Each packaged game that is purchased will have an icon with this information. Additionally, there is an ESRB website that offers further information, as a mobile application that can be downloaded to Apple or Android phones.

There are a variety of tools that can be used by parents to help set limits. Some video games offer the option to set parental controls within the game or in a website based control panel. World of Warcraft, a popular MMORPG, is an example of this. A parent can go to the game makers' website, Blizzard, and set up very specific limits for when a child or adolescent can play based on times during the day or how much total in a day or week. Additionally, software and website blockers can be installed on computers to monitor, block, or limit certain activities. Gecko Monitor is an example of monitoring software that can be installed on a computer to keep track of what websites and applications are being used on that system. Web Blocker is an example of a tool that can be used to block Internet sites based on a specific web address or based on content.

There are also other tools available such as locks for power cables that go to the TV, computer, or game console. For younger children there is a system called Play Limit that uses tokens to access TV or gaming systems. Another resource for parents is the book, *How to Help Children Addicted to Video Games: A Guide for Parents,* by Brent Conrad, PhD. This book has very practical information on tools and methods to use when addressing Internet and video game use.

While many resources do exist, it is important to keep in mind that none of them are 100 percent foolproof. They all have the potential to be worked around if someone is determined enough. For adults, some of the same tools can be used, such as the software-based blockers or web based tools. There are applications for mobile devices that will allow a person to set the amount of time they want to spend on tasks such as email, social media, etc. One important aspect of assessment with adults is determining how much time they really need to be on the Internet and which types of Internet activities may be necessary. For instance, there are jobs that require a fair amount of Internet use and may even involve social media aspects.

Research on interventions is in the early phases, but preliminary data indicates that psychological and pharmacological interventions show positive effects on problematic video gaming and Internet use (Winkler et al., 2013). Research using Bupropion in both adolescents and adult has shown positive results (Kim et al., 2012; Han et al., 2010). Initial research also indicates that treating comorbid mental health issues can have a positive impact. One example found that using methylphenidate to treat ADHD in children with comorbid excessive Internet use had positive outcomes by decreasing the amount of Internet usage (Han et al., 2009). In terms of treatment models, Young (2007; 2011) developed a CBT-IA model (Cognitive Behavioral Therapy - Internet Addiction) that takes a harm reduction approach. This three-phase model includes 1) behavior modification to decrease amount of time online; 2) CBT to address denial and rationalizations; and 3) identifying and treating coexisting disorders. When a higher level of care is indicated, there are some options. Currently, there are only a few residential treatment settings that specifically address pathological Internet and video game use. Restart Internet Addiction Recovery Program in Fall City near Seattle, Washington has a 45-day program that is the first dedicated treatment center to address these issues. In Florida, CARE is a dual-diagnosis addiction recovery program with specialty track in Internet Addiction. Wilderness therapy for adolescents has also been mentioned as an option for treatment. However, inpatient and wilderness options are expensive at $10,000 - $80,000 and may not be feasible for many families. More and more therapists are beginning to address these issues in therapy. Additionally, there are a few community based resources such as the On-Line Gamers Anonymous community,

Continued on page 10

Video Games and the Internet, continued from page 9

which provides 12-Step-based support to help with overuse of video games and the Internet. Support is provided through on-line forums, Skype, chatrooms, and in some cities, face-to-face meetings. In addition, On-Line Gamers Anonymous has resources on their website for family members.

The use of the Internet and video gaming has become very common in the last 50 years, bringing both positive and negative aspects. While many seem able to use these forms of technology without issues, a subset of people are negatively impacted by their use of video games or the Internet. Research indicates that the risk of problematic use increases with high amounts of time engaged in these activities. In addition, certain types of online activities, such as gaming online and social media, seem more likely in problematic use patterns. Using this information, we can begin to help the clients we work with find a balance in their technology use.

References

Anderson, J. & Barnett, M. (2013). Learning physics with digital game simulations in middle school science. *Journal of Science Education and Technology*. doi:10.1007/s10956-013-9438-8

Azar, B. (2010). Virtual violence: Researchers disagree about whether violent video games increase aggression. *Monitor on Psychology, 41*(11), 38. Retrieved from http://www.apa.org/monitor

Entertainment Software Association. (2012). Essential facts about the computer and video game industry. Retrieved from http://www.theesa.com/facts/pdfs/esa_ef_2012.pdf

Ferguson, C. J., San Miguel, C., Garza, A., & Jerabeck, J. (2012). A longitudinal test of video game violence effects on dating violence, aggression and bullying: A 3-year longitudinal study of adolescents. *Journal of Psychiatric Research, 46,* 141-146.

Gentile, D. A., Choo, H., Liau, A., Sim, T., Li, D., Fung, D., & Khoo, A. (2011). Pathological video game use among youths: A two-year longitudinal study. *Pediatrics, 127,* 319-329

Han, D. H., Hwang, J. W., & Renshaw, P. F. (2010). Bupropion sustained release treatment decreases craving for video games and cue-induced brain activity in patients with Internet video game addiction. *Experimental and Clinical Psychopharmacology, 18,* 297-304. doi: 10.1037/a0020023

Han, D. H., Lee, Y. S., Na, C., Ahn, J. Y., Chung, U. S., Daniels, M. A., Haws, C. A., & Renshaw, P. F. (2009). The effect of methylphenidate on Internet video game play in children with attention-deficit/hyperactivity disorder. *Comprehensive Psychiatry, 50,* 251-256. doi: 10.1016/j.comppsych.2008.08.011

Jackson, L. A., von Eye, A., Fitzgerald, H. E., Witt, E. A., & Zhao, Y. (2011). Internet use, videogame playing and cell phone use as predictors of children's body mass index (BMI), body weight, academic performance, and social and overall self-esteem. *Computers in Human Behavior, 27,* 599-604. doi: 10.1016/j.chb.2010.10.019

Kim, S. M., Han, D. H., Lee, Y. S., & Renshaw, P. F. (2012). Combined cognitive behavioral therapy and bupropion for the treatment of problematic on-line game play in adolescents with major depressive disorder. *Computers in Human Behavior, 28,* 1954-1959. doi: 10.1016/j.chb.2012.05.015

Leung, L., & Lee, P. S. (2012). Impact of Internet literacy, Internet addiction symptoms, and Internet activities on academic performance. *Social Science Computer Review, 30,* 403-418. doi: 10.1177/0894439311435217

Messias, E., Castro, J., Saini, A., Usman, M., & Peeples, D. (2011). Sadness, suicide, and their association with video game and Internet overuse among teens: Results from the Youth Risk Behavior Survey 2007 and 2009. *Suicide and Life-Threatening Behavior, 41,* 307-315. doi: 10.1111/j.1943-278X.2011.00030.

Simons, M., Bernaards, C., & Slinger, J. (2012). Active gaming in Dutch adolescents: A descriptive study. *The International Journal of Behavioral Nutrition and Physical Activity, 9,* No Pagination Specified. doi: 10.1186/1479-5868-9-118

Sublette, V. A. & Mullan, B. (2012). Consequences of play: A systematic review of the effects of online gaming. *International Journal of Mental Health and Addiction, 10,* 3-23. doi:10.1007/s11469-010-9304-3

Turner, N.E., Paglia-Boak, A., Ballon, B., Cheung, J., Adlaf, E.M., Henderson, J., Chan, V., Rehm, J. Hamilton, H., and Mann, R. (2012). Prevalence of problematic video gaming among Ontario adolescents. *International Journal of Mental Health and Addiction, 10*(6), 877-889.

Ventura, M., Shute, V., & Zhao, W. (2013). The relationship between video game use and a performance-based measure of persistence. *Computers & Education, 60,* 52-58. doi: 10.1016/j.compedu.2012.07.003

Weinstein, A. & Lejoyeux, M. (2010). Internet addiction or excessive Internet use. *American Journal of Drug Alcohol Abuse, 36,* 277-83. doi: 10.3109/00952990.2010.491880.

Willoughby, T., Adachi, P. J., & Good, M. (2012). A longitudinal study of the association between violent video game play and aggression among adolescents. *Developmental Psychology, 48,* 1044-1057. doi: 10.1037/a0026046

Winkler, A., Dörsing, B., Rief, W., Shen, Y., & Glombiewski, J. A. (2013). Treatment of Internet addiction: A meta-analysis. *Clinical Psychology Review, 33,* 317-329. doi: 10.1016/j.cpr.2012.12.005

Young, K. S. (2011). CBT-IA: The first treatment model for Internet addiction. *Journal of Cognitive Psychotherapy, 25,* 304-312. doi: 10.1891/0889-8391.25.4.304

Young, K. S. (2007). Cognitive behavior therapy with Internet addicts: Treatment outcomes and implications. *CyberPsychology & Behavior, 10,* 671-679. doi: 10.1089/cpb.2007.997

For All Life's Occasions

- Replacing your income
- Transferring wealth to heirs
- Paying mortgages and loans
- Covering funeral expenses
- Paying education expenses
- Supporting aging parents
- Paying credit card debt
- Covering family living expenses
- Bestowing to a charity

Life insurance can play a key role in supporting the life events of your loved ones should you die prematurely. **Trust Group Term Life Insurance**[1] can give you the assurance that once you're gone, your loved ones won't be left wondering how to pay the bills.

Every life has its own story, and The Trust can help you choose the right coverage to meet your needs throughout your journey.

Great Coverage at Affordable Premiums Including:

- **Inflation Safeguard —** designed to prevent changes in the cost of living from eroding your death protection.[2]
- **Living Benefits —** allows early payment of death benefits if you become terminally ill.
- **Disability Waiver of Premium —** pays the premium if you become totally disabled.

THE TRUST

www.apait.org • 1-800-477-1200

[1] Available in amounts up to $1,000,000. Coverage is individually medically underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group. Plans have limitations and exclusions, and rates are based upon attained age at issue and increase in 5-year age brackets.

[2] Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.

APA Council Representative Report

Teri Strong, PhD

Redesigning the governance structure of APA, determining the association's priorities regarding healthcare reform, considering the petition for a new APA division, and training for Council members on transgender issues were among the highlights of the recent meeting of the APA Council of Representatives, held in Washington, DC, from February 19-22.

As was reported in the September/October issue of *The Oregon Psychologist,* the Council of Representatives initiated the Good Governance Project (GGP) more than three years ago (see "Good governance" in the February APA Monitor at http://www.apa.org/monitor/2014/02/good-governance.aspx. The GGP was designed to achieve the following goals: To increase the alignment of the association's governance with APA's strategic plan, to enhance nimbleness of governance, and to increase member engagement. In August, Council voted to form an Implementation Work Group (IWG) to further refine the recommendations of the GGP. The IWG was composed of 20 members plus Melba Vasquez, Chair and Bill Strickland, Vice Chair, representing diverse backgrounds and organizational perspectives. Members of Council, the Board of Directors, and other members who have relevant experience were included. Council received the following recommendations from the IWG at the February meeting:

- **Technology:** Seek to create a culture of experimentation and adoption of technology to bridge time and spatial dimensions to conduct Council business and communicate effectively with members.
- **Leadership:** Recommend training initiatives that focus on essential skills for effective leadership for APA governance, and to further Psychology at the national and international levels. The importance of leadership pipeline and leadership training and development were highlighted.
- **Triage:** Developed a flow chart to assist Council in decision-making and moving issues forward to more timely resolution.
- **Refocus Council:** Focused on the creation of a Council Leadership Team (CLT), which would be engaged in managing the workflow of Council, including management of mega issue discussions (selection process, preparation, and discussion facilitation).
- **Council, Boards and Committees:** Focused on defining the roles and responsibilities of APA boards and committees under the new structure, including the process of selection/election of members, reporting relationships, and relationships between the various boards and committees.
- **Fiduciary Roles:** Focused on the shift of fiscal fiduciary roles from Council to the Board of Directors and outlined an implementation of the trial transfer of these fiscal fiduciary roles on a three-year trial basis.
- **Board/Assessment of Needs and Slate Development Committee (ANSD):** Recommended forming the ANSD to vet candidates for Boards and Committees.
- **Council Structure:** Proposed two scenarios that, once approved by Council, would be implemented in 2015.

After significant debate at the February meeting, Council did not finalize the new structure. Instead, the IWG was instructed to continue to receive feedback from members of Council, and from the association, and develop a proposal for Council's consideration at the August, 2014 meeting. Any alteration in the structure of Council would necessitate a bylaws change, which would require the approval of the membership.

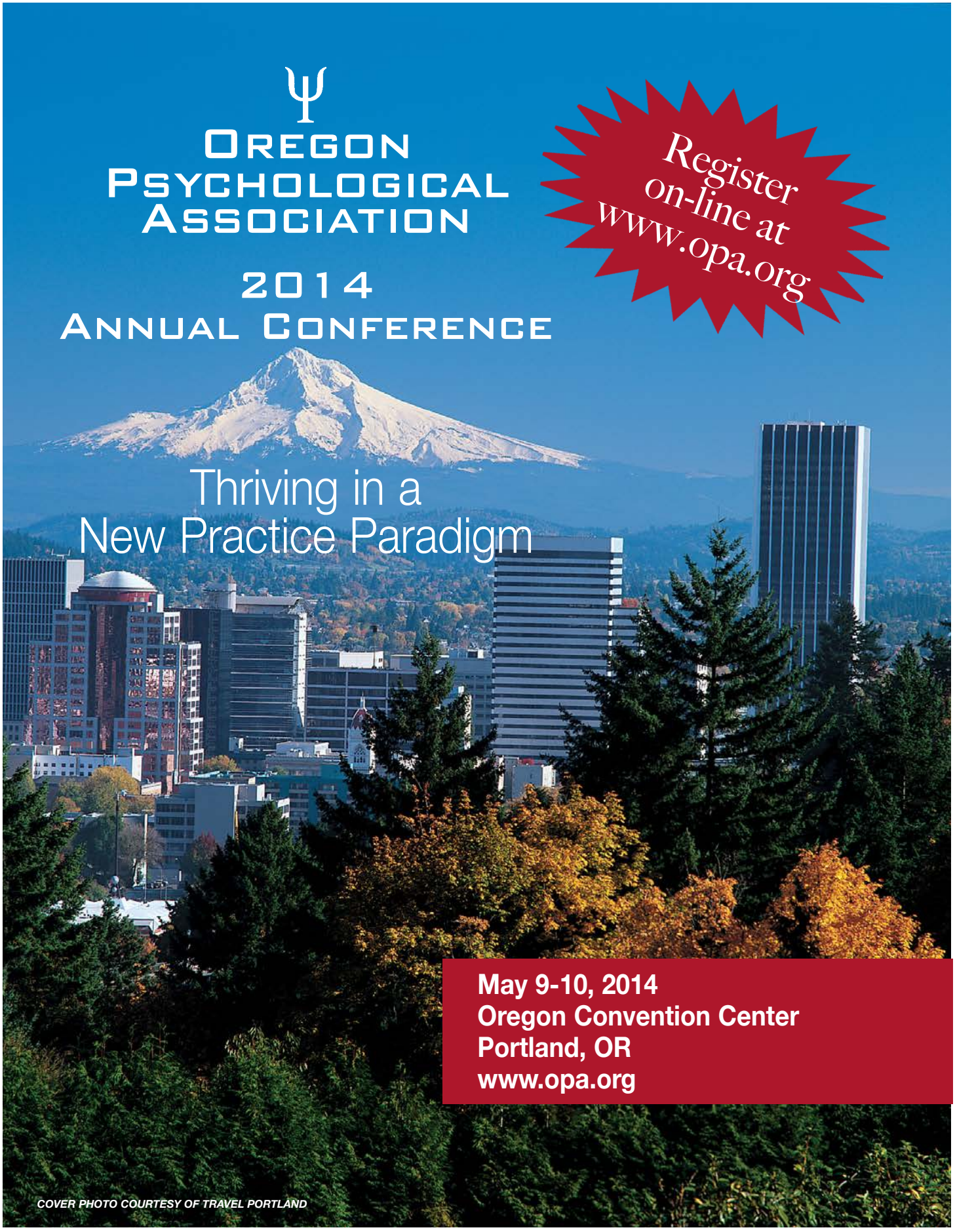
Council identified healthcare reform as a "mega issue" for the profession and dedicated significant time during the meeting to identifying and prioritizing issues of most importance to the association and the membership. The APA governance staff is compiling the results of these discussions and a report to OPA members will be forthcoming.

The Society for Technology and Psychology (STP) petitioned Council for recognition as a new division of APA. Representatives from STP argued that their mission is significantly different from any existing divisions, citing their emphasis on innovation in developing new technologies, for both research and practice. They also argued that their activities are in line with the strategic plan of APA to become a STEM discipline. Representatives from Division 46, Society for Media Psychology and Technology, spoke against the petition, stating that the activities of the proposed new division are redundant with their mission and activities. After considerable debate, the petition to approve the new division was denied. Members of STP and Division 46 were encouraged to work together to further the goals of both organizations, as innovation in technology is critical to the future of APA.

Additional issues addressed by Council include:

- Approved as APA policy the document *Health Service Psychology: Preparing Competent Practitioners.* This policy describes the competencies that a psychologist working in a health delivery setting should possess.
- Adopted an official definition of early career psychologists as those psychologists within 10 years of earning their doctoral degrees. A standard definition was sought

Continued on page 14


Ψ
Oregon Psychological Association
2014
Annual Conference
Register on-line at www.opa.org
Thriving in a New Practice Paradigm
May 9-10, 2014
Oregon Convention Center
Portland, OR
www.opa.org
COVER PHOTO COURTESY OF TRAVEL PORTLAND

APA Council, continued from page 12

to improve consistency in awards criteria and allow for better data collection about early career members.

- Approved the revised *Principles for the Recognition of Proficiencies in Professional Psychology* (http://www.apa.org/ed/graduate/specialize/proficiency-principles.aspx).
- Provided funding for APA to create an online application system for psychology graduate programs. The platform will create a centralized system for the submission, processing and review of student applications and faculty recommendations for use by students, programs and reviewers.
- Adopted as APA policy a new Resolution on Gun Violence Research and Prevention. The resolution is focused on reducing gun violence through a comprehensive, science-based public health approach.
- Endorsed a document entitled *Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree* (http://www.americangeriatrics.org/pha/multidisciplinary_competencies/multidisciplinary_competencies778926) developed by the Partnership for Health in Aging, of which APA is a member. The document is designed to guide multiple health professions in understanding the competencies needed to provide care to older adults.
- Received the *Report of the Task Force on Trafficking of Women and Girls*. The report's aim is to raise awareness among psychologists and the public about human trafficking; make recommendations to enhance research, education, and training; and urge psychologists to apply scientific research and expertise to influence public policy and enhance services to survivors of trafficking.
- Received the report *Assessing and Evaluating Teacher Preparation Programs*. The report calls for the use of valid and efficient tools in the measurement of teacher preparation programs and teacher effectiveness.

Please contact Teri Strong, APA Council Representative for Oregon, at tstrong@cascadehealth.org, if you have any questions or would like further information on issues presented here or on any topic related to the activities of APA.

The author acknowledges Rhea Farberman, PhD, APA's Executive Director of Public and Member Communication, for providing information that was incorporated into this report.

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.

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.

Cultural Considerations for Working with Service Members and Veterans

Malinda Trujillo, PhD, OPA Diversity Committee

The current number of military personnel in the United States is over 3.6 million (Military One Source, 2012). According to the Oregon Department of Veterans Affairs (2013), there are currently 328,138 veterans living in the state of Oregon. As a psychologist, chances are you will treat clients who are currently serving in or have served in the military. Veterans and military personnel are integral parts of the society and culture of Oregon and the United States. However, military culture, and cultural competence in relation to it, often goes unrecognized when psychologists learn about cultural competence. A key factor in the ongoing process of becoming a culturally competent psychologist is acknowledging, understanding, and validating the many intersecting identities and roles your client may experience. Serving in the military or being a veteran is an important cultural factor to consider when working with your clients. As a VA psychologist many of my clients have said, "Being in the military is not just a job, it's a way of life." Like all cultures, the military has its own meanings, values, symbols, rituals and language. When I first began working in the VA, I had to adapt my cultural lens to incorporate the unique experiences of veterans and service members. Below are a number of cultural considerations that have helped me on my continuing journey of cultural competence with military culture.

Always err on the side of discussion. Military culture, like any culture, is complex. If you don't understand a phrase or acronym a client uses, then ask them what it means. Acknowledge whether you are a service member, veteran, or civilian. Don't be afraid to acknowledge that you may not know what it's like to experience combat, deployment, and military life. Approach your client's own unique experiences with a gentle curiosity. When asking about military stressors/trauma it is better to ask indirectly. Even if veterans have experienced trauma/stressors, they may see their experiences as "normal" or "what everyone experiences" who serves in the military or in combat. The National Center for PTSD recommends asking about military related stressors in the following manner: "Did you have any particularly intense or difficult experiences that stick with you?" or "Were there any assignments or events that your fellow service members found really challenging, or that stick with you now?" (Watson, 2009). Additionally, don't just assume that because your client is a service member or veteran, their military/veteran status is a salient part of their identity. Ask them about their identification with the military/veteran culture.

Put aside Politics. Regardless of your personal beliefs about the government, military, and current/past conflicts, honor the veteran for the service and sacrifices they that they have made. As a civilian, it can be hard to understand what it means to be a service member. The first article of the United States Military Code of Conduct typifies what it means to be a service member. The first article states, "I am an American, fighting in the forces which guard our way of life. I am prepared to give my life in their defense" (Powers, n.d).

Common Cultural Themes among the Military Branches. Duty, honor, and country are core values of military service. Discipline and hierarchy is the key to military life. Each service member has his/her position and duties. Each service member is taught to follow orders and call other service members by their appropriate title. When working with service members/veterans, ask them what they prefer to be called. Service members are taught to place the group above the individual (Hsu, 2010). They value collectivism over individualism. Service and duty are the backbone of military life. According to Dr. James Sardo, who is a psychologist for the Portland VA Medical Center and has previously served with the military as a deployed psychologist in both Iraq and Afghanistan, "Excellence and integrity are at the core of military service. Service members are expected to excel in everything they do. Even the smallest customs matter, such has how you wear your uniform or salute an officer. Service members are taught to have integrity in every task

Continued on page 16

Services Members and Veterans, continued from page 15

performed and every interaction. They are taught that whatever you do, act as if your commander is standing behind you." Service members are like psychology graduate students. They are achievement-oriented and will go above and beyond what is asked of them when performing their job and interacting in their various professional and personal roles.

Each Branch of the Military Has Its Own Unique Culture. While service members share common cultural themes, each branch (Army, Air Force, Navy, Marine Corps, and Coast Guard) of the service has its own unique motto, mission, and values. Like any cultural community, the military has rituals and symbolism. For example, the insignia and badges on a uniform display rank, duty, and honors. It can be helpful to learn about the different symbols, rituals, mottos, and values for each branch of the service.

Not Everyone is a Soldier. Many civilians use the generic term "soldier" to refer service members. However, each branch has a unique name for its enlisted service members: Army, Soldier; Air Force, Airman; Navy, Sailor; Marine Corps, Marine; and Coast Guard, Coast Guardsman.

Ask about Job-in-Service, Rank, and Military Status. The majority of military personnel (85%) are classified as enlisted, so they perform specific duties. Their rank ranges from E1-E9, which includes noncommissioned officers and petty officers. Warrant officers (2%) are the highest-ranking enlisted service members who perform highly specialized duties. Commissioned officers (14%) have a bachelors degree or above and are responsible for management and leadership (Watson, 2009; Hsu, 2010). Active duty service members work for the military full time and may be separated from family due to deployments. National Guard and Reserve serve 39 days per year; they attend monthly drills and two

Continued on page 17

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.

Services Members and Veterans, continued from page 16

annual week-long trainings. They may be called suddenly to active duty (Watson, 2009). According to Dr. Sarah Suniga, a psychologist for the Portland VA Medical Center who has previously served with the military as a deployed psychologist in Afghanistan, "There is a significant difference between the roles and duties of an officer and an enlisted service member, but they are both respected."

Women Are Service Member/ Veterans, Too. Women have served in or supported every conflict since the American Revolution. Currently women comprise 14.5% of the Active Duty force and 18.0% of the Selected Reserve force (Military One Source, 2012). Although it has only recently been made official, women have been performing combat related duties, especially in the more recent conflicts. By January, 2016 women will be able to apply to all military occupational specialties, including combat specialties (Lopez & Henning, 2013).

Ethnic Diversity. According to the most recent demographic data (Military One Source, 2012), "30.3% of Active Duty members identify themselves as a minority (i.e., Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, multi-racial, or other/unknown)." Latinos are not considered a minority race designation and are analyzed separately as an ethnicity. Currently overall, 11.3% of the Active Duty force identifies as Latino or "Hispanic." Rates are similar among the Reserve and Guard. Native Americans have a higher representation in the U.S. military than in the general population. Ethnically diverse service members have served honorably in every conflict since the American Revolution. Ethnically diverse service members have also experienced institutional oppression and prejudice within the military. Here are some examples that service members have shared with me: (1) The military was not fully integrated until the Korean War; (2) African Americans would fight in an integrated unit and then come home to Jim Crow laws and segregation; (3) Latinos who spoke little or no English were drafted and sent to Vietnam in an English-only speaking unit; and (4) Native Americans served in various conflicts at the same time the U.S. government/military was oppressing their culture and forcing them to live on reservations. The U.S military is currently fully integrated and values diversity. However, there are still some regions of the country where ethnically diverse groups make up a majority of a unit, such as in Puerto Rico.

Service Members/Veterans Face Many Stressors. Service members face many stressors, including multiple deployments, threat of bodily harm or loss of life, grief/loss, separation from family, and separation from civilian roles and jobs.

Military Sexual Trauma. Another stressor that service members face is military sexual trauma (MST). According to the National Center for PTSD (2013), "In both civilian and military settings, service members can experience a range of unwanted sexual behaviors that they may find distressing. These experiences happen to both women and men. MST is the term used by the Department of Veterans Affairs to refer to experiences of sexual assault or repeated threatening acts of sexual harassment." In response to MST, the VA and the Department of Defense (DOD) have created specialized positions to help advocate for and treat service members and veterans who have experienced MST.

There is a significant paradigm shift between a "combat zone" and "home zone." When service members are deployed or on active duty they have set roles, structure, and hierarchy to follow. During active duty and combat, the following skills are fostered: Teamwork, cohesion, targeted aggression, tactical vigilance, emotional control, confidentiality, responsibility, discipline, and order. The civilian world or "home zone" can be a stark contrast to military life. The U.S. civilian world values individualism, uniqueness, commercialism, emotionality, togetherness, and unpredictability. Transitioning between the two cultures has the same kind of acculturation stressors that people moving to a new country often experience. It is important for clinicians to honor the strengths and resilience of each culture and to help clients foster an integrated identity in relation to their civilian and military culture (Watson, 2011; Hsu, 2010).

Willingness to Seek Mental Health Treatment—Changing the Stigma. Just as with our larger culture, mental health problems and the seeking mental health treatment were historically stigmatized in the military. In the past, service members feared seeking mental health treatment for fear of "looking weak" or vocational repercussions. In the past decade, the military and the VA have worked proactively to change cultural values in relation to mental health and seeking treatment. The military and VA have fostered mental health treatment and helped to decrease stigma in the following ways: Building a culture of support for psychological health; embedding psychological training throughout military life; embedding mental health providers in military units and medical clinics; ensuring a full continuum of evidenced-based mental health care for service members and their families; providing resources which support mental health and well-being; and establishing visible leadership and advocacy for mental health. Additionally, each branch of the service has created programs to help foster resilience and cognitive flexibility for veterans and their families. These resilience programs help mentally prepare service members and their families for military life, combat, deployments, and reintegration/post deployment stressors. However, as the military moves away from the

Continued on page 18

Services Members and Veterans, continued from page 17

current conflicts and transitions to peacetime, leadership will change, the military will downsize, and this may impact the culture around mental health and seeking treatment.

Family, Extended Family, and Battle Buddies. Military culture impacts the family system. Family members face the same stressors that service members do. In addition to the unique stressors of military life, service members and their families must also face the daily stressors that all people face. Family members are a key factor in developing the psychological health of service members. Family members usually recognize stressors and mental health concerns before the service members recognize them. Family members play a pivotal role with service members and veterans seeking help. When you are working with service members and veterans, integrate the family into the care. There are significant consequences when service members and their families do not have access to mental health treatment and social support for issues such as marital problems, divorce, substance abuse, child adjustment concerns, and interpersonal violence. Despite facing many stressors, service members and their families place a high value on collectivism and communalism. Family members and fellow veterans have been integral in creating the many social services available to veterans. When service members are deployed, a wide network of friends and family send letters and care packages to support them. Additionally, the spouses, children, and extended family members of service members reach out to other military families and form tight-knit communities who support one another physically, emotionally, spiritually and financially.

This sense of family and communalism extends beyond family and friends to the service members unit and branch of service. When service members are deployed, they spend every day with their unit and engage in all vocational and personal activities together. Service members are assigned a specific "battle buddy" (i.e., partner) who supports them during all aspects of military life. Service members are dependent on each other in everything including their life. This may provide service members with a sense of meaning, belonging, loyalty, and purpose. However, if one member of a unit is not functioning, this can impact the safety and well-being of the entire unit. Additionally if a service member doesn't feel they fit into their unit or get along with their battle buddy, this may lead to isolation and depression. When service members come home from deployments, feelings are often mixed because they are coming home to one family and leaving another. When working with veterans, it's important to ask about how they related to their unit and military life.

References

Hsu, J. (2010). *Overview of military culture.* Retrieved from http://www.apa.org/about/gr/issues/military/military-culture.pdf

Lopez, C. T., and Henning, J. (2013). *Army describes plans for integrating women into combat.* Retrieved from http://www.army.mil/article/105814/

Military One Source. (2012). *2012 Military demographics of the military community.* Retrieved From http://www.militaryonesource.mil/12038/MOS/Reports/2012_Demographics_Report.pdf

National Center for PTSD. (2013). *Military sexual trauma.* Retrieved from http://www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp

Powers, R. (n.d). *Oath of enlistment.* Retrieved from http://usmilitary.about.com/od/joiningthemilitary/a/oathofenlist.htm

Oregon Department of Veterans Affairs (2013). *Veteran statistics.* Retrieved from http://www.oregon.gov/odva/info/Pages/stats.aspx

Watson, P. J. (2009). *Understanding military culture* [Lecture Slides]. Retrieved from http://www.ptsd.va.gov/professional/continuing_ed/military_culture.asp

Resources

List of Military Resources: This website contains links to resources for US Troops and Veterans and the sites of US military branches. http://www.ptsd.va.gov/public/web-resources/web-military-resources.asp

Resources for Women Service Members/Veterans

SWAN: Service Women's Action Network: "SWAN's mission is to transform military culture by securing equal opportunity and freedom to serve without discrimination, harassment or assault; and to reform veterans' services to ensure high quality health care and benefits for women veterans and their families." http://servicewomen.org/

The New Warrior: Combat Stress and Wellness for Veterans and Family

Information to help recently deployed service members and their families. http://www.ptsd.va.gov/public/videos/combat-stress-wellness.asp

Women Who Served in Our Military: For Veterans and Families Video that discusses the role of women in the military. http://www.ptsd.va.gov/public/videos/women-served-military.asp

Family Resources:

The primary objective of the virtual Family Readiness Group website is to empower soldiers, their families, and extended families that are experiencing frequent and long deployments, to enable them to become more knowledgeable and self-reliant. http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/FamilyReadinessGroup-FRG/Default.aspx

The National Military Family Association is the leading non-profit organization focusing on issues

Continued on page 20

Dear EC: My Smartphone is Grabbing Client Information and Sending It *Where?*

OPA Ethics Committee

Dear EC,

Just when I started to get past my ambivalence about technology and begin to enjoy it, I have a nagging sense that I could be taking risks professionally that I barely understand. And it seems that retreating back to more secure methods of communication isn't even an option. Can you highlight some of the more important ethical considerations?

Sincerely,
Technically Nervous

Dear Technically Nervous,

Each year during the second week of January, the Consumer Electronics Show (CES) occurs in Las Vegas, where tens of thousands of new products are unveiled to the general public. This year's media coverage of the event described a staggering array of technological advances. For anxious and sleep-deprived new parents worried about the well-being of their infant during the night, one of the new "wearable devices" is a sleeper that will track baby's temperature, breathing, and movements, and transmit the data to the parents' bedroom. New smartphone apps will allow regulation of a house's temperature, stove, or refrigerator while the owner is still at work. In the health care realm, the ability to monitor data is unprecedented: A patient swallows a small capsule, and medical staff can constantly track temperature and other vital signs; insulin-dependent patients can wear "smart" contact lenses that constantly monitor glucose levels in the eyes. In the more public sphere, impossibly small digital cameras and GPS devices on smartphones enable mass surveillance on a previously unknown scale (NPR Staff, 2014).

Amidst the excitement of daily product announcements at CES, reporters frequently raised questions about the security and privacy of the data collected by the new technology and joked about such possible scenarios as someone's refrigerator or fax machine sending rogue emails. Disconcertingly, a frequent answer was, "We develop the technology first; we figure out security issues later" (NPR Staff, 2014). A lawsuit recently prompted Apple to backtrack and refund credit card charges made by preschoolers playing games on their parents' smartphones (Henn, 2014). Other news stories have detailed massive retail data breaches (e.g., at Target), and the Edward Snowden story continues to raise new questions on the unprecedented scale of surveillance by the National Security Administration.

Given the exponentially increasing ability to collect highly personal and minute information about individuals, with or without the individual's consent, the importance of defining ownership of such information has also come into focus. Reports such as "Putting the Brakes on Who Can See Your Car's Data Trail" (Naylor, 2014) describe the implications of data sharing from Internet-connected vehicles and appliances, while online retail giant Amazon recently announced a new patent for predicting purchases for individual consumers and moving the merchandise to an area in their fulfillment center even prior to the customer placing an order (Quinn, 2014). With the advance of digital media, confidentiality of health care records takes on a new dimension. For example, information stored on a company's server may legally belong to the company, not to the health care provider or the patient/client. Subpoenas to discover information (e.g., in insurance claims, civil litigation, divorces) "have become standard practice in litigation." Consumers grossly underestimate the "huge dossiers" of information that online service providers can accumulate about them and how that information can be used (Cha, 2010). Privacy is an increasingly obscure concept.

And so, "Technically Nervous," your sense of uncertainty about the pace of technological development, and concerns about the potential risks, may simply indicate good common sense and ethical awareness. Stephen Behnke, PhD, JD, director of APA's Ethics Office, notes that the intersection of electronic media and professional practice "isn't an area that we have gotten into the habit of thinking about," but is also an area that carries particular risk because the "technology is out ahead of us" and case law and ethical code haven't caught up yet (Martin, 2010). Paul Cooney, JD, OPA's Legal Counsel, frequently encourages psychologists to be particularly attentive in areas of practice where there is significant risk and where legal guidelines have not yet been established. Not doing so, he cautions, "is a way to risk having that emergent case law named after you."

Although the ethical standards on Privacy and Confidentiality (4) and Multiple Relationships (3.05) are certainly critical to an examination of professional practice in the age of the Internet and digital technology, perhaps the most fundamental standard to this discussion is Maintaining Competence (2.03). The field has reached consensus that the question is not whether or not we will be using technology, but rather, how ethically we will be using technology. To maintain competence in this rapidly developing area, we must seek out new resources and update our knowledge on a regular basis. Importantly, we need to get into the habit of asking ourselves better questions as we move through our professional day (e.g., "If I take this clinical file to my self-service copier at my local business center because I just got a records request and my office copier is broken, what happens to the digital file in that copy machine after I'm done?" "What does it mean that Google 'grabs' data from my computer?"). We also need to develop the habit of holding ourselves accountable for finding understandable answers to those

Continued on page 20

Services Members and Veterans, continued from page 18

important to military families. http://www.militaryfamily.org

This website provides links to resources that may be helpful to families of veterans and service members dealing with trauma or PTSD. http://www.ptsd.va.gov/public/web-resources/web-families.asp

LGBTQ Resources:
This is a Military Partners and Family Coalition, which provide resources with an LGBTQ lens. http://www.milpfc.org/

Military Rank Chart:
http://www.defense.gov/about/insignias/enlisted.aspx

Department of Defense Task Force on Mental Health Report: This link provides a summary of the status of mental health treatment in the military and the goals for improving mental health care for service members and veterans. http://www.health.mil/dhb/mhtf/MHTF-Report-Final.pdf

Deployment Resources:
The Deployment Health Clinical Center fosters psychological health and deployment-related health care for service members and their families. http://www.dcoe.mil/

Provides guides to help service members and their families prepare for reintegration and deployment concerns. http://www.ptsd.va.gov/public/PTSD-overview/reintegration/index.asp

Didactics on Military Culture:
http://www.ptsd.va.gov/professional/continuing_ed/military_culture.asp
http://www.apa.org/about/gr/issues/military/military-culture.pdf
http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/index.html
http://www.militaryfamily.org/get-info/new-to-military/military-culture/

PTSD and Military Related Online Courses with Free CE:
These courses are developed by the National Center for PTSD Home Base series (From the War Zone to the Home Front). Non-VA clinicians can attend and can earn continuing education credits.
http://www.ptsd.va.gov/professional/continuing_ed/warzone_homefront_2013.asp
Videos/resources where veterans from all services eras who live with PTSD discuss their recovery process in regard to PTSD.
http://www.ptsd.va.gov/apps/AboutFace/

Free Coping Skills Apps for Cell Phones and Computers:
http://www.t2.health.mil/products/mobile-apps
http://www.ptsd.va.gov/public/reintegration/returning_from_the_war_zone_guides.asp

Military Sexual Trauma:
http://www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp
http://maketheconnection.net/conditions/military-sexualtrauma?gclid=CI3IkIztqbwCFYhbfgodOzoA0w
http://www.mentalhealth.va.gov/msthome.asp

Dear EC, continued from page 18

questions and applying them to our practice. Modern technology has many benefits to offer to the practice of psychology, especially if it is accompanied by a mindset of moving slowly, asking good questions, and holding ourselves accountable for what we do and don't understand yet.

References

American Psychological Association. (2003). *Ethical principles of psychologists and code of conduct*. Retrieved from http://www.apa.org/ethics/code/index.aspx

Behnke, S. (July/August 2008). Ethics in the age of the Internet. *APA Monitor on Psychology,* 74-75.

Cha, A. E. (May 29, 2010). What sites such as Facebook and Google know and whom they tell. *Washington Post*. Retrieved from http://www.washingtonpost.com/wp-dyn/content/article/2010/05/28/AR2010052804853.html

Henn, S. (January 28, 2014). A glimpse of the face of computing, three decades on. *All Things Considered,* National Public Radio. Retrieved from http://www.npr.org/2014/01/28/267797281/a-glimpse-at-the-face-of-computing-three-decades-on

Martin, S. (July/August 2010). The Internet's ethical challenges. *APA Monitor on Psychology,* 32.

Naylor, B. (January 17, 2014). Putting the brakes on who can see your car's data trail. *All Tech Considered,* National Public Radio. Retrieved from http://www.npr.org/blogstechconsidered/2014/01/22/264996671/putting-the-brake-on-who-can-see-your-cars-data-trail

NPR Staff. (January 6, 2014). CES 2014: Toothbrush? Bed? Car? Put some Internet on it. *All Tech Considered,* National Public Radio. Retrieved from http://www.npr.org/blogs/alltechconsidered/2014/01/06/260189445/ces-2014-toothbrush-bed-car-put-some-internet-on-it

Quinn, A. (January 20, 2014). Book news: Amazon wants to ship products before you even buy them. *The Two Way,* National Public Radio. Retrieved from http://www.npr.org/blogs/thetwo-way/2014/01/20/264187990/book-news-amazon-wants-to-ship-products-before-you-even-buy-t

The Examination of Therapist Countertransference to Reduce Stress

Jonathan Lurie, PhD, OPA Colleague Assistance Committee

Even though many of us feel more effective with clients with whom we can identify, the influence of the therapist's personality and motivation on the therapeutic process remains a relatively neglected area of inquiry. While much psychoanalytic literature focuses on the transference phenomenon in therapy, there is much less writing on countertransference. Until the 1980's it was discussed more generally, and often with the feeling that it is a normal but unfortunate aspect of the work, perhaps to be minimized to avoid contamination of the therapeutic environment. More recently, the interpersonal schools have focused on the importance of the therapist's personality and the notion of collaboration between the patient and therapist. Despite this more recent acceptance of the practitioner's psychic tendencies as germane to the work, the therapist's core conflicts are treated with care and slight distaste in professional circles. Somewhat like the guest we admire for their courage in overcoming trauma, but find upsetting when they bring it up. Sussman (2007) suggests that this is related to positioning ourselves as "helpers," as opposed to "those needing help." If we are to be able to provide a crucible in which our patients can heal, we must be strong enough to contain the power of the unconscious forces unleashed in the therapy. This position tends to leave us alone with the pain of our patients. Others suggest we view our problems as "resolved" and therefore in need of little attention (Sedgwick, 2013), leaving us only slightly vulnerable to the suffering of our patients but integrated enough to use more prosaic forms of self-care such as exercise and vacations as adequate relief from over-identification and other pitfalls of inappropriate countertransference. And yet, we often speak of burnout, or the phenomena of exhaustion or symptoms associated with being affected by our patients' processes. Many psychologists are aware of the need for self-care, but as a profession we shy away from ongoing psychological care or even the level of professional support typical of many other disciplines.

The concept of the "Wounded Healer" can provide a way to think about the role of our personal problems in our clients' work and provide a starting point for addressing the problem of professional exhaustion. This idea suggests that the flaws and wounds of the healer actually inform her ability to be effective with clients. Further, the resolution of problems is not a prerequisite to help others. If we openly use our conflicts and ongoing attempts at resolution as ways to understand our patients, we are opening a door to a deeper kind of connection and motivation to change in both patient and therapist. This idea has antecedents in Greek mythology and Shamanism, and has been occasionally discussed among analysts since the beginning of the field. In 1929, Jung states: "We have learned to place in the foreground the personality of the doctor himself as the curative or harmful factor.... What is now demanded is his own transformation" (Sedgwick, 2013, p. 7). It is in how we are like our clients, not in how we are different, that the power to change is often accessed in therapy. Later in his career, Jung, in exploring the mutative elements of psychotherapy, says; "The psychotherapist ... should clearly understand that psychic infections ... are the predestined concomitants of his work, and thus fully in accord with the instinctive disposition of his own life" (Sussman, 2007, p. 23). Here, Jung presages recent movements in conceptualizing the therapeutic encounter as a collaboration on both the conscious and unconscious levels.

Sedgwick (2013) appropriately asks how we avoid veering into narcissistic or exhibitionistic tendencies if we are using our own struggles as guideposts in accessing our patients' processes. There is no simple solution for this question. On a concrete level, our very presence as a consistent professional force in our patients' lives provides a moderate boundary. Our adherence to strong professional and ethical principles further frames the

Continued on page 23

OPA Classifieds

PATIENT TREATMENT GROUPS

I am looking for WAIS-R Picture Completion/Block Design booklets for use in a NIA funded research project. If you are willing to sell or donate a booklet, please contact me: email howiesod@ohsu.edu or telephone 503.494.7701. Diane Howieson, PhD.

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 secretarial 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.

Shared office space available in Lake Grove/ Oswego Thursdays & Weekends. Quiet, wooded building plenty of parking, perfect for adult therapist lauriemarzell@comcast.net 503.655.9493.

Ofc spc NW Ptld; crt yd, prkng; f/t-$625; 503.222.3313

Office Space for Rent: Beautiful office Beaverton off Hwy 26 at 158th & Cornell avail all days Tues, Wed, & Sat. Located in a Class A office bldg with on site parking. Wall of windows, lots of natural light & shared waiting room with other mental health & alt. medicine practioners. Rent includes wifi, copier, fax, & access to large group room. Call or e-mail 503.621.2313 or DrKoslofsky@gmail.com.

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.

Women's Recovery Group. Allies in Change's Women's Recovery Group provides support to women who have been or are in an abusive romantic relationship. Women learn about the dynamics of abuse, common beliefs, & how to best manage the relationship & their own healing process from the abuse. Health insurance accepted. Sliding scale fee. Phone: 503.297.7979 - Web: www.AlliesinChange.org.

Consultation group on sexual health and intimacy: Increase your comfort and skills when discussing and treating sexual concerns. Provides a forum for clinical consultation, training, readings. Whether you are brand new, or you have already caught the bug for this vitally important field, I invite you to consider this group. Begins April 7, meets every other Monday from 6-7:15pm at my SE Portland office at a cost of $55 per meeting. Karlaina Brooke, PsyD, Certified Sex Therapist 503.740.4922

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.

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.

Beautiful Manzanita Beach Getaway. Sleeps 6 (2 bedrooms and comfortable fold-out couch), & is available year-round. Wood stove & skylights, decks in the front & back of the house. Clean & comfortable. Centrally located; a few short blocks to beach, main street, & park. Golf & tennis nearby. No smoking/pets. Call 503.368.6959, or email at karen@manzanitaville.com or, go to www.manzanitaville.com.

OPA Workshop Calendar*

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

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

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

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

Therapist Transference, continued from page 21

relationship safely. But in terms of the work itself, there is the acceptance that our own issues are part of our ongoing process in working with clients. We can explore in detail how our emotional responses and identifications with patients affect them. This can occur in supervision with colleagues and consultants. We can even take our secrets out of the closet for use in consultation groups as we explore ways to allow them to be valuable in the therapy.

Just as we take on many transference-based identities for our patients, we can be role models for them. If we conceptualize ourselves on the same road to greater integration, just at a different spot, we are sharing the change process in a more intimate way. Actively making this awareness a part of our professional lives can protect us from stagnation, burnout and stress related difficulties in our work as well as provide clearer signals about when we need professional help ourselves.

References

Sedgwick, D. (1994/2013). *The Wounded Healer: Countertransference from a Jungian perspective*. New York, NY: Routledge.

Sussman, M. B. (2007). *A curious calling: Unconscious motivations for practicing psychotherapy (2nd ed.)*. Lanham, MD: Jason Aronson.

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 page 23 of this newsletter.

Oregon Psychological Association

Welcome New and Returning Members

Gabrielle Alvarez
Portland, OR

Laine Atcheson
Hillsboro, OR

Emma Aton
Portland, OR

Lauren Best
Hillsboro, OR

Robert Burch, PhD
Bend, OR

Lynn Collins, PhD
Portland, OR

Michelle Combs, PsyD
New York, NY

Cynthia Connolly, PhD
Portland, OR

Kameron Dill, PsyD
Portland, OR

Mark Dillon, PhD
Portland, OR

Doreen Dodgen-Magee, PsyD
Tualatin, OR

Jay Edwards, PhD
Portland, OR

Judith Emerson, PhD
Beaverton, OR

Susan Evans, PsyD
Portland, OR

Allison Foerschner
Hillsboro, OR

Jillian Freitas, BA
Beaverton, OR

Bret Fuller, PhD
Portland, OR

David Gleave, MA
Portland, OR

Linda Gonzales, PhD
Aurora, OR

Ryan Grassmann
Portland, OR

Chelsea Hagen
Hillsboro, OR

Vanessa Hara
Portland, OR

Holly Hetrick, PsyD
Newberg, OR

Lindsay Heydenrych, PsyD
Tigard, OR

Bethany Higa, PsyD
Portland, OR

Melody Howe, BA, BS
Hillsboro, OR

Erin Iwamoto
Vancouver, WA

Sandra Jenkins, PhD
Portland, OR

Matthew Johnson, PsyD
Puyallup, WA

Dominique Marguerite, PhD
Lake Oswego, OR

Meghan Marty, PhD
Portland, OR

Noelle McCown, PsyD
Glendale, CA

Judith Milburn, PhD
Talent, OR

Miller Fred, MS
Portland, OR

Joel Nigg, PhD
Portland, OR

Claire O'Laughlin, PhD
Portland, OR

Marc Parker
Portland, OR

Shagun Pawar
Hillsboro, OR

Christine Payne, PhD
Lake Oswego, OR

Pepita Payne, PsyD
Portland, OR

Molly Persky, BS
Portland, OR

Jason Richards, PsyD
Portland, OR

Steven Rolnick, PhD
Eugene, OR

Susan Schreiber, MA
Beaverton, OR

Sonya Shepsis, PsyD
Portland, OR

Barbara Steif, PhD
Portland, OR

Olivia Torres, BS
Portland, OR

Brian Tucker, PsyD
Portland, OR

Marina Valdez, PhD
Portland, OR

Bella Vasoya
Beaverton, OR

Sarah Voruz, PsyD
Portland, OR

Staci Wade-Hernandez, PsyD
Salem, OR

Lauren Whitelaw, PsyD
New York, NY

Seth Williams, PsyD
Beaverton, OR

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.

Oregon Psychological Association

Continuing Education Workshops • Spring 2014

April 11, 2014

PSYCHOTHERAPY RELATIONSHIPS THAT WORK: TAILORING THE TREATMENT TO THE INDIVIDUAL PATIENT

Presented by John Norcross, PhD, ABPP
Distinguished Professor of Psychology at the University of Scranton and Adjunct Professor of Psychiatry at SUNY Upstate Medical University

Embassy Suites Portland Airport Hotel
7900 NE 82nd Avenue • Portland, OR 972201

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

Psychotherapy will maximize its effectiveness by targeting the most powerful sources of change: the therapeutic relationship and the patient him/herself. This workshop will provide integrative methods for adapting or tailoring therapy to individual clients and their singular contexts. Participants will learn to reliably assess and rapidly apply 5+ evidence-based means for constructing the "relationship of choice." Discover how research and practice converge in relational responsiveness that demonstrably improves treatment success.

Workshop Objectives

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

- Determine a client's treatment and relationship preferences in ways that improve outcomes.
- Secure real-time client feedback in session regarding therapy progress and relationship satisfaction.
- Assess a client's stage of change within one minute and tailor treatment to that stage.
- Avoid use of discredited relational behaviors that contribute to treatment failure.
- Apply evidence-based methods to determine the relationship of choice for a patient.

Workshop Schedule

I. A Primer on Integration and Responsiveness
- Accounting for Psychotherapy Success (and Failure)
- Are There Any Universal Relationship Stances?

II. What Works in General: Evidence-Based Relationships

III. What Works in Particular: Evidence-Based Responsiveness
- patient preferences
- reactance level
- real-time client feedback
- culture
- stages of change
- coping style

IV. What Does Not Work: Discredited Relationship Behaviors

V. Case Consultation and Clinical Examples
- Your Practice Examples
- Limitations and Alternatives
- Conclusions and a Parable

Register at www.opa.org

About the Presenter

John C. Norcross, PhD, ABPP, is Distinguished Professor of Psychology at the University of Scranton, Adjunct Professor of Psychiatry at SUNY Upstate Medical University, a board-certified clinical psychologist in part-time practice, and an internationally recognized authority on behavior change and psychotherapy. Author of more than 400 scholarly publications, Dr. Norcross has co-written or edited 22 books, most of them in multiple editions. These include *Psychotherapy Relationships that Work, Psychologists' Desk Reference, Handbook of Psychotherapy Integration, Self-Help that Works, Leaving It at the Office: Psychotherapist Self-Care, the Insider's Guide to Graduate Programs in Clinical & Counseling Psychology, and Systems of Psychotherapy: A Transtheoretical Analysis,* now in its 8th edition. He has also published two self-help books: *Changeology* and *Changing for Good* (with Prochaska and DiClemente).

Dr. Norcross has served as president of the American Psychological Association (APA) Division of Clinical Psychology, the APA Division of Psychotherapy, and the International Society of Clinical Psychology. He has served on the Board of Directors of the National Register of Health Service Psychologists as well as on APA's governing Council of Representatives. Dr. Norcross edited the *Journal of Clinical Psychology: In Session* for a decade and has been on the editorial boards of a dozen journals. Dr. Norcross has also been a clinical and research consultant to a number of organizations, including the National Institutes of Health. He has received multiple professional awards, such as APA's Distinguished Career Contributions to Education & Training Award, Pennsylvania Professor of the Year from the Carnegie Foundation, the Rosalee Weiss Award from the American Psychological Foundation, and election to the National Academies of Practice. His work has been featured in hundreds of media interviews, and he has appeared multiple times on national television shows, such as the *Today Show, CBS Sunday Morning*, and *Good Morning America.* An engaging teacher and clinician, John has conducted workshops and lectures in 28 countries.

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.

147 SE 102nd • Portland, OR 97216 • 503.253.9155 • 800.541.9798 • FAX 503.253.9172 • e-mail info@opa.org • www.opa.org