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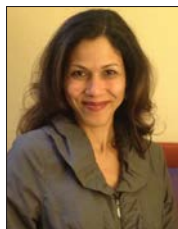
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### OPA President's Column

## OPA's Year: An Appreciation

Eleanor Gil-Kashiwabara, PsyD



I can't believe that this will be my very last President's Column! There are so many things I would like to write about as I pass the baton to your very capable

(and wonderful) President-Elect, Dr. Mary Peterson. But I will spare you the lengthy version of my reflections on the past year and just summarize some **thoughts and highlights**.

The first thing I would like to highlight is our **annual conference**, which just took place on May 9th and 10th at the Convention Center in Portland. The theme of our conference was *Thriving in a New Practice Paradigm*, which emphasized OPA's efforts to keep things current and relevant for its members in the context of the rapid changes occurring in healthcare as well as in this digital era. The programming was excellent, including general sessions addressing the impact of technology on our brain and our emotional development, and breakout sessions addressing healthcare reform, integrated care, ethics, and compassion fatigue, to name a few topics. We also had many student attendees and a great student poster session. Dr. Mary Peterson was the Conference Chair (which is one of the responsibilities of the President-Elect), and I want to take this moment to acknowledge all of her amazing efforts in putting together the type of conference that reinforces to all of us why we are members of OPA! Thank you, Mary!

One of the things I enjoy the most at our conferences is...lunchtime! Ha! Yes, I love to eat but the lunch hour is also when we get to acknowledge the good work of fellow psychologists and agencies by presenting our OPA awards to these very deserving recipients. Personally, I enjoyed having the opportunity to acknowledge our Labby Award recipient, Dr. Scott Pengelly, and to see the Public Education Committee give their award to Dr. Shoshana Kerewsky. I was also thrilled to learn about the great work of our Diversity Committee Award recipient, Dr. Ruth Bichsel. As I noted at the conference, it is so exciting to see our Diversity Committee, which was established in 2006, thriving and active on so many fronts related to diversity and equity. To have a Diversity Award that is now presented every year at our OPA Conference (this was year 3) is a testament to OPA's commitment to honoring and valuing diversity.

I have always appreciated OPA for taking time each year to acknowledge a person or group in Oregon who, although outside the formal field of psychology, has by its actions, theory or research promoted or contributed to the emotional and psychological well being of others through the positive use of psychological principles. This acknowledgment is done each year at our conference with the presentation of the OPA Outstanding Service Award. This year it was my honor to present this award to FosterClub. Wow—what an organization! They do so much

(you should really check them out at [www.fosterclub.com](http://www.fosterclub.com)), but I will just highlight their mission, which is to lead the efforts of young people in and from foster care to become connected, educated, inspired, and represented so they can realize their personal potential and contribute to a better life for their peers. I have been aware of the work of FosterClub for a long while because my work involves intersections with the child welfare world. I have also had a soft place in my heart for the issues faced by foster children because my mother worked for child welfare in Newark, New Jersey for 40 years of her career, and I heard many a story throughout my life about the circumstances and challenges faced by children in foster care. The statistics are staggering, including that 510,000 American children are in foster care. If nothing changes, by the year 2020 it is projected that 22,500 children will die of abuse or neglect (most by their 5th birthday), more than 300,000 children will age out of the foster care system (many unprepared for the workforce), and 75,000 former foster youth who aged out of the system, will experience homelessness (<http://www.fosterclub.com/article/foster-care-statistics>). Children in foster care as well as adults who once were in the system are not always on the radar of providers. I think this group of resilient children, youth and adults should be considered a diversity sub-population. PTSD and suicide attempts are also quite high in this population. I am pleased that OPA recognized the important work that FosterClub is doing. FosterClub recently identified *Mental Health and Wellness* as an area of focus this year, so the award from OPA is especially fitting and relevant. And, it turns out that May is National Foster Care month, so it was nice that the timing of our conference aligned with this. If you haven't been attending to the issue of foster care (whether for children currently in the system or adults who aged out of the system), take some time to learn more by visiting the FosterClub website. And

please let clients and colleagues know about this amazing organization if they are touched by the system in some way, either personally or professionally.

Switching gears, I also want to emphasize what I have learned about the importance of **political action contributions**. I know you heard a lot about this at the conference if you were there, but the necessity of political contributions is a message that can't be stated enough. At our local level here in Oregon, it is important to give to POPAC, which stands for *The Psychologists of Oregon Political Action Committee*. POPAC is the Political Action Committee of OPA, and its purpose is to elect legislators who will help further the interests of the profession of psychology by providing support to political campaigns. As well, OPA actively lobbies on behalf of psychologists statewide. Your contribution helps to ensure that your voice, and the voice of psychology, is heard in Salem. As Katharine Nordal has stated many times, "If you are not at the table, you are on the menu." POPAC contributions ensure that we psychologists are dinner guests and not dinner! I know that it often feels difficult to write a check. I would say that ideally if every individual psychologist can give at least \$50, that would greatly help our political efforts. But if you can only give \$10 or \$20, then please do so—everything helps. Please consider giving what you can... and your profession thanks you! And remember that you can take advantage of Oregon's political tax credit, which your POPAC contribution is eligible for (up to \$50 per individual and \$100 per coupled filing jointly).

It is also important to consider political giving at the national level to the APAPO-PAC (American Psychological Association Practice Organization-Political Action Committee). At the 2014 State Leadership Conference in Washington, DC, the APAPO-PAC gave a presentation to explain the importance of political giving

and the impact that can result from the money raised. In 2013, APAPO-PAC raised over \$210,000 from over 1,650 contributors. This is a giving percentage of 3% of licensed practitioner APA member psychologists. The PACs for dentists, physicians (AMA), optometrists, physical therapists, podiatrists, nurses, social workers, and occupational therapists all raised substantially more money than the APAPO-PAC, with the highest amount raised being \$1,622,072 by dentists (APAPO-PAC, 2014). According to APAPO-PAC, if every eligible psychologist gave only \$25, APAPO-PAC could raise over \$2.5 million and would be one of the top healthcare PACs in the nation. That would definitely guarantee psychology a seat at the table! So, if between POPAC and APAPO-PAC you gave \$75, we could collectively do a lot for our profession and ultimately our clients.

It has been a pleasure serving as your OPA President this past year. I will still be on the OPA Board next year in the role of Past President (our OPA calendar year runs from July 1-June 30). Forming a **CE Committee** and planning the next cycle of OPA CE workshops is one of the tasks assigned to the Past President. I am looking for folks who might be interested in serving on the CE Committee that I will be forming in order to plan the 2015-2016 CE workshops. If you have been interested in getting involved in OPA and this sounds like something you would like to help out with, please e-mail me at [gilkashi@pdx.edu](mailto:gilkashi@pdx.edu). If you expressed interest to me already, thank you! I will be in touch during the summer.

At this time I am reminded of how much **individual and collective creativity, talent, and generosity** our OPA members have. Working on the Board for several years has allowed me to get to know so many amazing people, all of whom are volunteering their time to make a difference to our clients and our profession. At the conference we all

*Continued on page 8*

## OPA Helpful Contacts

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

### **OPA Office**

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### **OPA Lobbyist**

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

3218 Pringle Rd. SE, #130  
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Website: www.obpe.state.or.us

### **OPA's Legal Counsel\***

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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.*

## What's the Big Deal with ICD-10?

*Freda Bax, PsyD, Professional Affairs Committee*

Although the ICD-10 implementation was delayed until October 1, 2015, it is a temporary reprieve and is not a question of if but when. It seems that many providers are confused by the ICD transition, particularly as it emerged on the heels of the DSM transition. In an effort to distill information and provide context to our members, the OPA Professional Affairs Committee (PAC) has pulled together information and resources to (hopefully) reduce the anxiety and confusion around the ICD-10 transition.

First, psychologists (and all other medical/mental health providers) have always used the ICD system for coding. The ICD system numbers and classifies all diagnoses, medical and mental health—similar to a glossary or index. In short, the numbers you have used to designate diagnoses are ICD numbers, currently and most recently from the ICD-9. It is the expectation of ICD developers that various professional organizations/agencies (such as the American Psychological Association, American Psychiatric Association, and American Medical Association, among others) will further define and train providers to appropriately diagnose patients/clients. In our world, the DSM is the manual that further clarifies how providers know when and if a specific diagnosis is relevant and appropriate—similar to a dictionary or encyclopedia. Taken together, the DSM summarizes research, provides conceptualization, and outlines symptom clarification to appropriately use and apply various mental health diagnoses. The ICD is a concise taxonomy of these numbers and names, not meant to be descriptive of how one arrives at the diagnoses.

Second, the transition from the ICD-9 to the ICD-10 is significantly more complicated for medical professionals than for mental health

providers. Why? Because the number of codes/diagnoses is changing from thousands to hundreds of thousands and most of these changes/additions fall within medical parameters. There are a few practical changes in the numbering system that can be helpful to know. For example, many ICD-10 codes are now starting with letters or have a combination of letters and numbers and some codes have more digits than previously, up to 7-digit diagnostic codes with specifiers included. As a result, the new HCFA form (CMS 1500 02/12) has categories for more diagnoses to be listed on the same form and has space for longer codes. Luckily for us, the majority (if not all) of the diagnoses used by psychologists/mental health professionals are listed in the DSM-5. Additionally, the DSM-5 planned ahead for the ICD transition and already includes both ICD-9 and ICD-10 codes.

So, what do you have to do now or before October 2015? That depends. If you have a billing contractor/employee or use an electronic billing system, it will be important to ensure that they are appropriately trained and prepared. Most systems bill for multiple providers and are engaged in learning the updates. If you are in independent practice and manage your own billing/coding, use the DSM-5 (adopted January 1, 2014), keep diagnosing and treating patients as you always have, use the new HCFA form (CMS 1500 02/12 was adopted April 1, 2014), and change the numbers you put on the billing forms from ICD-9 numbers to ICD-10 (the alphanumeric codes in parentheses within the DSM-5) beginning October 1, 2015.

A note regarding DSM-5: Some practitioners have questions about what to do regarding the diagnoses that were present in the DSM-IV-TR and are no longer present in the

*Continued on page 5*



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DSM-5, such as Asperger's Disorder. Since the DSM-5 was adopted at the beginning of this year, it seems expected by our profession in general that psychologists will transition to the most recent version of our diagnostic manual. However, while the ICD-9 codes are still being used for billing, insurance companies do not interpret the numbers we tie to diagnoses any differently than they did when we were using the DSM-IV-TR. Whether 299.80 refers in conceptualization to Asperger's Disorder, Pervasive Developmental Disorder, or Rett's Disorder or whether 299.00 refers in conceptualization to Autistic Disorder or Autism Spectrum Disorder is a clinical issue. However, similar to when testing instruments (such as the Wechsler tests) update, it seems reasonable to expect practitioners to adjust to the most updated information in the field within some time period or risk being considered out-of-date and unethical for using older versions of manuals/research/normative data. According to the Centers for Medicare and Medicaid Services (CMS), the American Psychiatric Association (which maintains the DSM code set) will determine the dates for the discontinuation of use of the DSM-IV-TR.

Additionally, since implementation of the DSM-5, many changes and refinements have been made to the DSM coding system. These revisions have been implemented and posted on the American Psychiatric Association's DSM-5 development website, <http://www.dsm5.org>. There is an option to sign up for coding updates electronically through this website for practitioners who wish to do so.

For more information about the ICD-10 and the future of psychology diagnoses, come hear APA past-president Carol Goodheart, EdD, present on December 5, 2014. Registration for this OPA Continuing Education workshop will be available on the OPA website in early fall at [www.opa.org](http://www.opa.org).

***For further information, please refer to the following references:***

- ICD-10-CM Official Guidelines for Coding and Reporting 2014: <http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014>
- Centers for Medicare & Medicaid Services; Official CMS Industry Resources for ICD-10 Transition: [www.cms.gov/ICD10](http://www.cms.gov/ICD10)
- The ICD-10 Classification of Mental and Behavioural Disorders, Clinical Descriptions and Diagnostic Guidelines, World Health Organization: <http://www.who.int/classifications/icd/en/bluebook.pdf>
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# Bringing Awareness to Internalized Misogyny

Anthony M. Lombardi, Alexander L. Levine, Dawn Potter, Laura Edwards-Leeper, PhD, OPA Diversity Committee

Misogyny can be defined as a shared cultural attitude of fear, or hatred, for the feminine, which includes both the female sex in general and feminine gender expression. For thousands of years, widespread misogynistic attitudes have served as the foundation for female oppression in patriarchal societies (Jeffreys, 2011; Millet, 2012). In particular, misogyny has resulted in oppressive socio-economic political systems that incite sexual discrimination, violence against women, and sexual objectification of women (Jeffreys, 2011; Millet, 2012).

Not surprisingly, misogynistic ideology is most commonly found in men, although women often also hold and express misogynistic beliefs (Flood, Gardiner, Pease, & Pringle, 2007). The etiology of the development of misogynistic beliefs in women has typically been conceptualized as the result of an involuntary internalization of the sexist messages conveyed by a misogynistic worldview (Brown, 1994; Enns, 2004). Considering the majority of humankind exists in societies where people are bombarded—both at the individual and institutional level—with sexist messages for the entirety of their lives, it behooves us to explain exactly how misogynistic our worldview is.

Externalized sexist messages might include beliefs such as, “Women utilize their emotions in decision-making and thereby should not hold positions of authority.” Believing the externalized misogynistic stereotypes and misinformation presented by society, either by deliberate or unintentional means, is the mechanism by which sexist messages are internalized (Szymanski, Gupta, Carr, & Stewart, 2009). For the power inherent in a misogynistic ideology to be transferred from an external to an internal locus of control, women likely must experience repeated

exposure to misogynistic ideologies within different contexts (e.g., media, workplace, political and legal structures). However, the act of receiving misogynistic messages itself does not guarantee that a woman will develop internalized misogyny, nor does it condemn her to a poor quality of life. Rather, misogynistic messages likely interact with a multitude of other personal and contextual variables that determine relative level of risk for an individual (Szymanski, Gupta, Carr, & Stewart, 2009). Although we do not currently understand all variables involved, or how these variables interact with one another to produce internalized misogyny, we can be certain that all humankind, without exception, are affected by misogynistic messages; whether a woman accepts these messages, rejects them, or partially commits to both positions will likely determine how she will react, both psychologically and behaviorally.

Therefore, *internalized misogyny* can be defined as the impact of internalized devaluated gender status on women’s behaviors and psychological wellbeing (Piggot, 2004). As such, women who endorse sexist attitudes that devalue the feminine gender role can be classified as experiencing internalized misogyny. Moreover, women who identify with a highly feminine gender role and endorse internalized misogyny might experience the most hindering effects. Although the scope of this review does not allow for a full description of our research, we were interested in testing that hypothesis and will provide a brief description of our findings. In general, our study suggests that internalized misogyny acts as a moderator for women’s quality of life. We found that women who hold a negative self-evaluation, determined by high levels of internalized misogyny, on average endorse a poorer quality of life than their counterparts.

Internalized misogyny not only affects psychological wellbeing, it also serves to reinforce sexism in general by rebroadcasting the sexist messages that have been internalized (Piggot, 2004). Future research should focus on the relationship between gender role, internalized misogyny, and quality of life, and how this knowledge can impact professional practice.

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## Review: Using *Things to Know Before You Say Go* for Relationship Check-Ups

Karen Paez, PhD

Working with college students, I frequently engage in discussions about preferred learning styles. Are you visual or kinesthetic? Are you an intuitive learner or a sensing one? So when I came to the realization that some of my more concrete and kinesthetic clients weren't reaping the rewards in therapy that the more reflective learners were, I was on the hunt for a new way to reach them. Serendipitously, I met OPA member Dr. Elsbeth Martindale.

Having worked for decades with adolescent clients, Dr. Martindale was accustomed to developing innovative methods for reaching a diverse group of clients with differing needs. She shared with me one such method, a set of cards called *Things to Know Before You Say Go*. The deck of 76 cards offered clients an opportunity to examine their relationship by giving prompts for

discussion in session or beyond.

After seeing the cards, I immediately bought a deck and brought them back to my office. As you can imagine, one of the primary presenting issues for the college population is relationships. It was not long before an opportunity to use the deck in therapy presented itself.

I first used the cards with a 28-year-old female who had recently ended a relationship and was making a difficult decision about whether to return to it. In session, we pulled out the cards and she sorted through the deck, identifying the top five cards she felt were most important to explore before making her decision. We examined each card in depth, allowing her the time to answer the question prompts. The hour was over before I knew it and my client was asking where she could order a deck of the cards so she could continue

the process outside of session.

Over time, I used the cards with a variety of clients of different ages and backgrounds, finding that they worked well by helping to encourage a deeper examination of a relationship and leading to more substantive decision-making about whether to continue relationships, return to relationships, or make longer-lasting commitments.

If you're interested in trying a new approach to working with clients who need a more interactive, kinesthetic experience to deepen their reflection, I encourage you to check out Dr. Martindale's *Things to Know Before You Say Go* cards: <http://couragetobloom.com/ttk-cards>. In fact, you might even find yourself drawn to the cards for your own personal use.... I know I did.



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# The Face of Psychology

Tony Farrenkopf, PhD, OPA Public Education Committee

The OPA Public Education Committee presents the face of psychology to the public via multi-media appearances, public presentations and Facebook. I have found public education one of the more rewarding activities in my 35-year career, a tribute to our noble profession in making psychology a household word and a service to our society/community in giving psychology away.

We are looking for a few good psychologists to join our group of seasoned professionals (Drs. Tony Farrenkopf, Kevin McGovern, Sandy Ramirez, Ann Clarkson, Nancy Williams) and high-energy doctoral students (Stephanie Van Orden, Cindy Marino, Margherite Gaulte, Morgan Anderson, Shannon Anderson). We have expanded with regional representatives Dr. Connie Umphred in Pendleton and Dr. Robert Fallows in Albany/Corvallis. The committee meets the third Monday of the month, 6:00 pm-7:15 pm at Legacy Good Samaritan Hospital in Portland.

As part of the APA Public Education Campaign, we have issued press releases on back-to-school stress, psychotherapy works, holiday stress, aftermath of shootings, Stress in America survey, psychologically healthy workplace award, tax day tension, healthy sleep, and stresses on women and men.

Past year media commentaries have included the Cleveland kidnapping case, parents shaming their children, youth playing the “knock out” game, sex survey regrets of

women and men, Sandy Hook School and Clackamas Town Center anniversaries, New Year’s resolutions and “Blue Monday,” the NE Portland serial flasher, predatory sex offenders, parenting tips, and more. In October 2013, we offered a media training workshop to psychologists, with KGW Newschannel 8 reporter Pat Dooris.

Public presentations have included health and resource fairs, aging and memory, sheriff crisis intervention training, police burnout prevention, and healthy relationships. Over the past years, we have recognized several professionals for their public education missions: Drs. Michael Conner, Jim Mol, Thomas Doherty, Robin Shallcross, KXL Newsradio FM 101, and Dr. Shoshana Kerewsky for 2014.

Our OPA PEC Facebook weekly postings have included psychotherapy works, winter blues, Philippine typhoon, World AIDS Day, the benefits of gratitude, national sleep awareness week, heart health, teens stress, tax stress, cyber bullying, willpower and self control, healthy relationships, and many more. Check out and Like our Facebook page.

And then pass it on and give it away to your audience and the public.

And then join our PEC committee for this most meaningful and rewarding enterprise.

Contact Tony Farrenkopf, 503.225.0498, [tony\\_farrenkopf@yahoo.com](mailto:tony_farrenkopf@yahoo.com) or Kevin McGovern, 503.644.6600, [dockbm@aol.com](mailto:dockbm@aol.com).

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*Presidents Message, continued from page 2*

have an opportunity to hear about the amazing work our students of psychology and psychologist peers are doing. It is truly inspiring! **Please get involved if you can.** There are so many ways to do so and we want new voices as well as seasoned voices, students through late career. Feel free to contact me or the OPA office if you would like to know more about which committees you might be able to get involved with. We are largely volunteered and together we can do—and be—more.

On that note, I will end this column with an expression of gratitude. I thank you all for the honor of serving as your OPA President and am so excited for what OPA will do next. Have a wonderful summer!

### References

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# Dear EC: Ethical Considerations in Cultural Adaptations to Treatment

OPA Ethics Committee

Dear EC,

*I recently joined a practice that requires the use of evidence-based treatments. In the past, I have had difficulty keeping non-dominant culture clients engaged in treatment when strictly adhering to such protocols, which are typically not developed with such clients in mind. Further, I feel if applying a blanket approach to treatment is inconsiderate of individual and cultural differences. How can I continue to be ethical and competent in my practice when using evidence-based treatments?*

Sincerely,  
Culturally Conscious

Dear Culturally Conscious,

Your question raises a very important and timely discussion. In recent decades, the literature commenting on the tension between evidenced-based treatments and cultural competence has continued to grow. In the context of limited available research of evidence-based treatments with diverse and multicultural populations, many clinicians identify with the same bind you feel. As with any dilemma, it is important for us to consider what the American Psychological Association (APA) Ethics Code (APA, 2002) states. Generally, under Principle A (Beneficence and Nonmaleficence), we are urged to promote the well-being of those with whom we work and to do no harm. We are also implored under Principle E (Respect for People's Rights and Dignity) to have respect for cultural and individual differences. These general principles highlight the importance of ensuring that our work is not only beneficial to clients but that we also take care to consider and respect the multiple facets of client diversity that may impact treatment. More specifically, our ethics code stresses the importance of considering our own boundaries of competence (Ethical Standard 2.01) and seeking

appropriate training, education, and supervised experience when working with populations or treatments with which we are unfamiliar. If making a particular cultural adaptation to treatment is outside the scope of your competence, the APA urges you to seek support before and during this process, or to consider referring your client to a clinician specializing in this arena.

In addition to the ethics code, we must also consider relevant APA treatment guidelines and policies. The APA Task Force on Evidence-Based Practice defined evidence-based practice in psychology as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2005, p. 5). Given this definition, adapting interventions to be more culturally congruent is a vital component of evidence-based practice. These adaptations are best made when considering clinical expertise in the context of relevant literature. The APA Guidelines for Practitioners are an appropriate place to start when making adaptations to treatment, and they can be found here: <http://www.apa.org/practice/guidelines/index.aspx>. Among these are guidelines for practice with gay, lesbian, and bisexual clients; persons with disabilities; and older adults. Additionally, the APA's guidelines for multicultural practice (2002) address multiculturalism and diversity in a variety of contexts relevant to psychologists. Guidelines 1, 2, and 5 are directly related to applying culturally appropriate adaptations to treatment. The APA multicultural guidelines are as follows:

**Guideline 1:** Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from

themselves.

**Guideline 2:** Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals.

**Guideline 3:** As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

**Guideline 4:** Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.

**Guideline 5:** Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices.

**Guideline 6:** Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

Given that cultural considerations are at the core of what constitutes ethical and evidence-based practice, how do we most effectively apply these guidelines to meet our client's needs? Whaley and Davis (2007) defined cultural adaptation as “any modification to an evidence-based treatment that involves changes in the approach to service delivery, in the nature of the therapeutic relationship, or in components of the treatment itself to accommodate the cultural beliefs, attitudes, and behaviors of the target population” (p. 571). There are a variety of approaches to applying cultural adaptations to evidenced-based treatments.

*Continued on page 10*

Domenech-Rodríguez and Bernal (2012) provided an overview of existing models, frameworks, and guidelines for cultural adaptations. The authors highlighted the work of Ricardo Muñoz, noting that Muñoz and colleagues have incorporated specific elements into their culturally adapted interventions that have consistently resulted in positive outcomes. Those elements are as follows and are worth considering when developing and applying cultural adaptations of your own.

- Collaborate with ethnocultural within-group members when developing interventions.
- Acknowledge and integrate relevant cultural values into interventions.
- Incorporate religion and spirituality, as relevant, in treatment procedures.
- Encourage discussions of acculturation and negotiate cultural differences.
- Acknowledge the existence and impact of racism, prejudice, and discrimination in the lives of clients.

Although standardized care often seeks to avoid discrimination by providing consistency and quality care to all clients, these standardized guidelines are often too rigidly applied, assuming that all clients are alike, promoting cultural blindness that does not provide the best care for all clients (Engebretson, Mahoney, & Carlson, 2008). Cultural adaptations to evidence-based treatment protocols are one way to address this issue. Such adaptations are congruent with our ethics code, with the various practice guidelines, and with evidence-based practice in psychology. When applying cultural adaptations, we invite you to reference the materials and links provided. In particular, Gallardo and McNeil's (2009) *Intersections of Multiple Identities: A Casebook of Evidence-Based Practice with Diverse Populations* is a text that is highly regarded for assisting clinicians in gaining competence in this arena. Further, as indicated by our ethics code, seeking additional consultation or supervision from clinicians more experienced in working with these approaches and populations is vital to the provision of culturally competent services.

Thank you for your thoughtful question, Culturally Conscious.

Buffy Trent, MS & Jeffrey Schloemer, MA  
OPA Ethics Committee Student Members

### References and Useful Readings

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## OPA 2014 Awards

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Every year, OPA recognizes outstanding individuals and organizations through its award ceremonies at the Annual Conference. Below are this year's recipients.

### **Outstanding Service Award.**

This year's awardee was *FosterClub*. Eleanor Gil-Kashawabara has described the organization's activities in her President' Column.

**Labby Award.** The Labby is the association's most prestigious award. It represents an OPA member who has shown outstanding contributions to the development of the advancement of psychology in Oregon. *Dr. Scott Pengelly* is the 2014 Labby Award recipient. He exemplifies the merits the award calls for through his years of service and contributions to the development and advancement of psychology.

Scott is a clinical health psychologist who provides integrated behavioral health care with Pain Consultants of Oregon, a regional pain treatment center in Eugene. His practice specializes in treating chronic pain, with neuroplasticity and brain embodiment, enhancing human performance, and reducing the toxic after-effects of trauma.

The Olympic Games in London were the 14th Olympics for which he has helped prepare athletes and coaches: Nine summer Olympics, three winter Olympics, and two summer Paralympics. He was team psychologist for the Tokyo Giants baseball team in Japan. Clients also include singer-songwriters in Nashville, ballet dancers, classic pianists, violinists and guitarists. In China, he helped CEOs excel.

His athletes range in age from six-year-olds to athletes in their 60s. Ninety-seven percent of those athletes have achieved personal records, national records, world records and medals in multiple Olympics and major tournament victories in more than 30 sports from more than 40 nations.

Scott is a Past President and current member of the Board of Directors of the Pain Society of Oregon. He joined the Oregon Psychological Association in 1987. He began serving OPA as a member of Ethics Committee from

1993-2004, including serving as chair from 2002-2004. He served on the OPA Board of Directors from 2005-2006, as Treasurer of OPA from 2006-2008, and as OPA Liaison to Oregon Board of Psychologist Examiners from 2008-2012. He has served on the OPA Legislative Committee since 2005.

In 1984, he was the inaugural recipient of the Runners World Award in Sports Medicine for contributions in Sport Psychology. That same year, he put Oregon psychology on the front page of the *Wall Street Journal*. In 1993, the Lane County Psychologists' Association recognized him as Psychologist of the Year. He received the Claudine Naffziger Award for distinguished contributions to psychology in Oregon in 2003.

In 2012, Sacred Heart Hospital, Riverbend in Eugene honored him with their provider Guardian Angel Award for treatment of chronic pain, uncommon support and compassion. In September 2013, he received the Pioneer in Pain Medicine Award from the Western Pain Society and Pain Society of Oregon for his dedication, expertise, and leadership in the field of Pain Medicine.

Recently, Scott has been active in Lane County's Coordinated Care Organization's work on chronic pain and integrated behavioral health.

Previously, he served as a naval officer for two tours in the Middle East.

**Diversity Award.** The Diversity Committee honored *Dr. Ruth Bichsel* with its Diversity Award. Dr. Bichsel is a Native American psychologist who is an advocate for cultural awareness and inclusion. She integrates her passion for diversity into her work as an educator, clinician, author, and trainer. Dr. Bichsel is Interim Coordinator and incoming Director of the Substance Abuse Prevention Program at University of Oregon.

**Public Education Award.** The Public Education Committee selected *Dr. Shoshana Kerewsky* to receive the PEC Award for her outstanding efforts at "giving psychology away." This award is given to a psychologist who offers expertise, time and energy to the community at large or to certain segments of it. Sometimes this is

done by working with the media, being interviewed for radio, television or printed articles. Sometimes the psychologist volunteers time with service organizations or non-profit groups to present workshops or lectures on mental health topics. Another example of "giving psychology away" is participating in collaborative activities with other organizations and providing a mental health perspective. Each year, the PEC asks for nominations of psychologists who may meet the criteria to receive this award. They hope that their OPA colleagues will be inspired by the experiences of the recipients and join the effort to "give psychology away!"

Shoshana is a faculty member in the University of Oregon's College of Education, where she teaches in the following programs: Counseling Psychology, Couples and Family Therapy, Family and Human Services (of which she is also the Director), and Substance Abuse Prevention. She is an HIV trainer for the American Psychological Association's HIV Office for Psychology Education. Her areas of interest also include health psychology, professional ethics, human diversity, cross-cultural learning and training, and the training of counselors and other helping professionals in both undergraduate and graduate courses. In addition to teaching many courses in the Counseling Psychology and Human Services Department, she has also taught in the Women in Transition Program at Lane Community College for many years. Shoshana has presented on HIV in Vietnam at the University of Social Sciences and Humanities in Hanoi and at the Royal University of Phnom Penh in Cambodia. In December of 2013 she took a group of University of Oregon students to Cambodia to learn about working with diverse populations in that country. Shoshana has dedicated many years of her life to educating students, the public and professionals about psychology. She is the perfect blend of professionalism and volunteerism in her efforts to "give psychology away!"

# 2014 OPA Annual Conference

## OPA 2014 Conference Highlights

The OPA 2014 conference held in Portland, Oregon was a great success with 224 attendees, student poster sessions, exhibitors, great educational sessions, and more! The conference featured up to 12 hours of continuing education credits in all kinds of topic areas pertaining to psychology, and allowed for excellent networking time. Presentations were also made at the conference for the Labby Award, State Legislator of the Year Award, Community Service Award, Diversity Award, Public Education Award and volunteer recognition. See the photos for more highlights.



**Scott Pengelly receives the Labby Award from Eleanor Gil-Kashiwabara.**



**Eleanor Gil-Kashiwabara and Nancy Williams present Shoshana Kerewsky with the Public Education Award.**



**President Eleanor Gil-Kashiwabara and President Elect (as well as Conference Chair) Mary Peterson.**



**Scott Pengelly, Cliff Johannsen and Tony Farrenkopf enjoy time together at the reception.**



**Conference attendees network during the reception.**



**Eleanor Gil-Kashiwabara with Ruth Bichsel and Shahana Koslofsky honoring Bichsel's receipt of the Diversity Award.**



**Chris Wilson with student poster session winners Shaun Davis, Bethany Webb, Jessica Roshak, and Savannah Hamilton.**



**Conference chair Mary Peterson welcomes attendees to the Conference.**



**Wendy Bourg presents Representative Mitch Greenlick with the State Legislator of the Year Award.**

# 2014 OPA Annual Conference



*Eleanor Gil-Kashiwabara presents Julie Nelligan with her past president's gavel plaque.*



*Students presenting their poster session research include Buffy Trent, Brooke Kramer and Ashley Schwartzman.*



*The two SK's!!! Shahana Koslofsky and Shoshana Kerewsky proudly sporting their name badges.*



*Bethany Webb receives a plaque of appreciation for her service as student representative on the OPA Board from Eleanor Gil-Kashiwabara.*



*Eleanor Gil-Kashiwabara presents Celeste Bodner, Chief Executive Officer, and Timothy Bell, Director of Policy & System Change Work (as well as an alumnus of FosterClubs) of FosterClub with the Outstanding Service Award.*



*Students presenting their poster session research.*



*Chris Wilson with student poster session winners Buffy Trent, Brooke Kramer, and Bethany Webb.*

# OPA Continuing Education Workshops

The Oregon Psychological Association sponsors many continuing education programs that have been developed to meet the needs of psychologists and other mental health professionals. The Continuing Education Committee works diligently to provide programs that are of interest to the wide variety of specialties in mental health. Below is a list of the upcoming education

offerings. All workshops are held in Portland, OR unless otherwise noted. Full information and registration for the fall workshops will be available in early summer at [www.opa.org](http://www.opa.org).

The Oregon Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. OPA maintains responsibility for this program and

its content. Letters of completion will be awarded to participants who attend the entire workshop. No partial credits are given. OPA workshops should be satisfactory for Oregon Licensed Social Workers' and LPC's continuing education requirements. Approval for any other licensing or regulatory bodies must be completed by individual attendees.

## 2014-2015 Schedule

### September 19, 2014

**Power Dynamics in Sexual & Intimate Relationships**

*by Marty Klein, PhD*

### October 17, 2014

**Psychotherapists on the Internet: Digital Dilemmas, Clinical Questions, and Ethical Inquiries**

*by Keely Kolmes, PsyD*

### November 7, 2014

**Culturally Responsive Cognitive Behavior Therapy**

*by Pamela Hays, PhD*

### December 5, 2014

**ICD Diagnosis: The New Horizon**

*by Carol Goodheart, EdD*

### January 30, 2015

**Reach: Pushing Your Clinical Skills & Effectiveness to the Next Level**

*by Scott Miller, PhD*

### February 20, 2015

**Positive Psychology & ADHD Coaching: Focusing on What is Right with People**

*by Alan Graham, PhD*

### March 20, 2015

**Ethical Issues in Small Communities: Expanding the Definition and Discussion**

*by Janet Schank, PhD*

### April 10, 2015

**Reducing Stress with Mind/Body Skills Acquisition**

*by Alice Domar, PhD*

### May 1-2, 2015

**OPA Annual Conference**

*Hilton Eugene Conference Center - Eugene, OR*

### June 5, 2015

**Treating Complex Trauma in Adolescents & Young Adults**

*by John Briere, PhD*

If you are interested in diversity CE offerings, cultural competence home study courses are offered by the New Mexico Psychological Association (NMPA) to OPA members for a fee. Courses include: Cultural Competency Assessment (1 CE), Multicultural Counseling Competencies/ Research (2 CEs), Awareness-based articles (3 CE), Knowledge based articles (3 CE), Skills-based articles on counseling (3 CE) and Skills-based articles on assessment (3 CE). Go to [www.nmppsychology.org](http://www.nmppsychology.org) for more information.

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

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

## PSRB Recruitment – Child Psychologist

The Psychiatric Security Review Board's Juvenile Panel, also known as the JPSRB, has an upcoming vacancy for the psychologist member. This position will become available in January 2015. As a result of the application process, the process by which the selections are made, the Governor's appointment of new Board members, the overall selection period may take up to several months. There is a statutory requirement regarding the types of members who will be appointed by the Governor to serve as Juvenile Psychiatric Security Review Board panel members. With regard to the requirements for the psychologist member, pursuant to ORS 161.385, the Governor shall appoint "a licensed psychologist who is experienced in child psychology and the juvenile justice system and not employed on a full-time basis by the authority or a community mental health program."

The Psychiatric Security Review Board (PSRB) was created in 1978 to assume jurisdiction over persons in Oregon found to be "guilty except for insanity" of a crime. The Board's jurisdiction is equal to the maximum sentence provided by statute for such a crime. In 2005, the Legislature created a juvenile panel of the PSRB to assume jurisdiction over youths who are found "responsible except for insanity" of a crime. Both panels monitor the progress of those placed under the board's jurisdiction and determine their appropriate placement.

All ten Board members are appointed by the Governor and confirmed by the Senate to four-year terms. Board members receive a stipend of \$334 for each day of work plus travel reimbursement. Typically, a JPSRB member works one day every other month.

With a statutory mandate of public safety, the JPSRB currently supervises 18 youth who were placed under its jurisdiction after successfully asserting the insanity defense—responsible except for insanity. Clients live in a wide range of residential settings, from hospital level of care to group residential placements. The JPSRB conducts its business primarily through administrative hearings, similar to bench trials, with attorneys representing the clients and the State.

You may apply for this position by submitting your letter of intent to the Governor at <http://www.oregon.gov/gov/Pages/boards.aspx>.

If you have any questions about the Board or expectations regarding this position, please contact Juliet Follansbee, Executive Director, at [juliet.follansbee@psrb.org](mailto:juliet.follansbee@psrb.org) or at 503.229.5596.

## OPA Announces 2014-2015 Board of Directors

The following OPA members were elected to serve as the new officers for the **2014-2015 Board of Directors** and will take office on July 1st:

Chris Wilson, PsyD – President-Elect  
Shahana Koslofsky, PhD – Treasurer  
Wendy Bourg, PhD – Secretary

The following OPA members were elected as **Directors for the 2014-2015 Board:**

Freda Bax, PsyD (second term)  
Ryan Dix, PsyD

**Remaining Board members will include** (with the title that will go into effect on July 1, 2014): Mary Peterson, PhD, President; Eleanor Gil-Kashiwabara, PsyD, Past President; Teri Strong, PhD, Director/APA Rep; Brad Larsen, PsyD, Diversity Committee Chair; Karen Paez, PhD, Ethics Committee Chair; Robin Henderson, PsyD, Legislative Committee Chair; Spencer Griffith, PsyD, Director and Professional Affairs Committee Chair; Maria Sophia-Aguirre, Director; Lori Queen, PhD, OBPE Liaison; Maritza Cobian, Student Representative; Shannon Young, PhD, Lane County Chapter Rep; Rebecca Breiholz, PhD, Southern Oregon Chapter Rep; Connie Umphred, PhD, Eastern Oregon Chapter Rep; and Linda Schrader, PhD, Central Oregon Chapter, Rep.

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**INTERESTED IN TRAINING IN TREATING SEX ADDICTION?**

- The Advanced Training in Problematic Sexual Behaviors can be completed by the end of October.
- Level 1 is offered online and Level 2 is offered at the SASH Conference in October.
- Classes offered online are: Overview of PSB, Assessment Strategies in PSB, Theoretical Conceptualizations and Treatment Approaches,
- Legal, Professional and Ethical Considerations, Sexual Pharmacology, Cybersex, Responding to Relapse, Sensitivity and Awareness of Diversity.
- Level 2 will be offered prior to the SASH Conference in Portland, OR - October 21, 22, 2014. There will be case studies over the course of the 2 days.
- We will cover these cases using the material covered from Level 1. The two day program will be case studies engaging participants in discussion and experiential exercises focused on developing skills in treating some of the most common issues (e.g., pornography, partners, females with PSB, gay couples, and young adults) faced by therapists treating problematic sexual behavior.

*SASH is committed to bringing ongoing educational opportunities via the conference and online to increase S-PSB and ATPSB certificate holders knowledge of issues this population faces and expanding their treatment knowledge.*



# APA Adopts a More Efficient Governance System

*From the APA Governance Affairs Office*

Over the past several years, the APA Council has been working on developing a more nimble, efficient, and responsive governing system, as part of the APA Good Governance Project (GGP). This project was an outgrowth of the strategic plan focused on optimizing organizational effectiveness. APA's existing governance system is a 1950's model built for a world where twice-annual meetings was sufficient for conducting the business of the Association. The new model, proposed after a thorough assessment with input from many different groups, has 3 primary goals: Nimbleness, strategic alignment across the organization and increased member engagement. Under this model, members will have a more direct voice in the decision-making process and more opportunities for service.

In February 2014, Council voted to begin a 3-year trial delegation of authority to the Board of Directors for financial and budgetary matters, oversight of the CEO alignment of the budget with the Strategic Plan, and internally focused

policy development. The Board composition changes with 6 member-at-large seats now open to election from and by the general membership, the addition of a public member, and the guarantee that both a student and early career psychologist voice will be present. Two seats are reserved for members of the Council Leadership Team to ensure a bridge between the two bodies.

This change frees Council to focus on strategic and emerging issues affecting psychology, and be engaged in higher level strategic dialogues that inform the development of policy and strategic directions. The work of Council will be managed by a newly created Council Leadership Team (CLT). Understanding member wants and needs related to the topics at hand will be an integral element of the deliberation process. In addition to this change in function, Council plans to consider a change in its structure this August. The current proposal retains a single seat for each division and state, province, and territory, and adds a handful of member-at-large student and early career representatives. The

attributes of the at-large seats will be determined based on an annual needs assessment to determine what would best help create a balanced Council.

These changes, coupled with a more efficient triage system, improved integration of technology, a formal leadership pipeline, and development program and other enhancements, will allow APA to be more responsive to the needs of its members, to allocate resources more efficiently and to address emerging issues in a rapidly changing environment head-on. Members will have the opportunity to vote on new bylaws language this fall that will optimize APA's governance system for the 21st century.

For additional information on the implementation of the Good Governance Project, please visit <http://www.apa.org/about/governance/good-governance/index.aspx> or contact Nancy Gordon Moore, PhD, MBA, Executive Director, Governance Affairs at [nmoore@apa.org](mailto:nmoore@apa.org).

## Professional Affairs News

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

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

To find them:

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

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

## Join OPA's Listserv Community

Through OPA'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.

## OPA is on the Web!

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

## Psychologists of Oregon Political Action Committee (POPAC)

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

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

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

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# OPA Classifieds

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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 akotspnd@qwestoffice.net.

Office Space for Rent: Beautiful office in 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 practitioners. Rent includes wifi, copier, fax, & access to large group room. Call or email 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](http://www.pscpacific.org). Phone: 503.352.2400, Portland, or 503.352.7333, Hillsboro.

## PROFESSIONAL SERVICES/EQUIPMENT

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

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

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

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

## VACATION RENTALS

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

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

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](mailto: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](mailto:karen@manzanitaville.com) or, go to [www.manzanitaville.com](http://www.manzanitaville.com).

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

We are pleased to announce the OPA Public Education Committee [Facebook page](#).



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

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

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

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

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

### Advertising Rates & Sizes

Advertising Rates & Policies  
Effective September 2013:

1/4 page display ad is \$100

1/2 page display ad is \$175

Full page display ad is \$325

Classifieds are \$25 for the first three lines (approximately 50 character space line, including spacing and punctuation), and \$5 for each additional line.

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

All display ads must be emailed to the OPA office in camera-ready form. Display ads must be the required dimensions for the size of ad purchased when submitted to OPA. All ads must include the issue the ad should run in and the payment or billing address and phone numbers.

## OPA Ethics Committee

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

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

Alex Duncan, PsyD, ABPP, Chair  
503.807.7180

Sally Grosscup, PhD  
541.343.2663

Jenne Henderson, PhD  
503.452.8002

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

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

### The Oregon Psychologist

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

The Oregon Psychologist is a newsletter published four times a year by the Oregon Psychological Association.

The deadline for contributions and advertising is listed elsewhere in this issue. Although OPA and The Oregon Psychologist strive to include all advertisements in the most current issue, we can offer no guarantees as to the timeliness or accuracy of these ads, and OPA reserves the right not to publish advertisements or articles.

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

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

## 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

Jonathan Lurie, PhD  
503.261.1850

Kate Leonard, PhD  
503.292.9873

## 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.

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

- **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.

## PAC Notes - On the Web

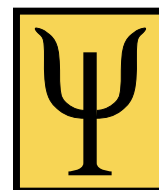
The Professional Affairs Committee (PAC) would like to remind OPA Members of content available on the OPA website ([www.opa.org](http://www.opa.org)). In the Members Only section, the PAC has a subsection with an assortment of resources for members. Included are articles related to practice by PAC members, 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!

## Check Us Out!

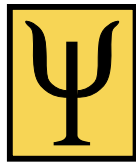
Now you can find diversity information and resources on the OPA website! The OPA Diversity Committee has been working hard to make this happen. You can also learn more about the OPA Diversity Committee and our mission on this site. So go ahead and check us out online.

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

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



Oregon  
Psychological  
Association



## Welcome New and Returning Members

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**Christopher Bartel, PsyD**  
Portland, OR

**Martin Fisher, PsyD**  
Portland, OR

**Lauren Ranney**  
Portland, OR

**Terra Bennett-Reeves**  
Hillsboro, OR

**Laura Fisk, PsyD**  
Newberg, OR

**Blake Riddell, PsyD**  
Hillsboro, OR

**Rebecca Breiholz, PhD**  
Ashland, OR

**David Haven, PsyD**  
Portland, OR

**Jenjee Sengkhammee, PhD**  
Portland, OR

**Kim Bui**  
Portland, OR

**Michael Irvine, MA**  
Portland, OR

**Scott Senn, PsyD**  
Beavercreek, OR

**Susannah Castle, PsyD**  
Portland, OR

**Nalini Iype**  
Portland, OR

**Michael Shrifter, PsyD**  
Lake Oswego, OR

**Brian Chao, PsyD**  
Portland, OR

**Colleen James**  
Beaverton, OR

**Alyshia Smith, PsyD**  
Hillsboro, OR

**Leah Chapman, MA, QMHP**  
Eugene, OR

**Lauren Justice**  
Portland, OR

**Christopher Smith, PhD**  
Corvallis, OR

**Natalie Chapman, MS**  
Beaverton, OR

**Ryan Kuehlthau, PsyD**  
Portland, OR

**Craig Thorsen, PhD**  
Eugene, OR

**Cody Christopherson**  
Ashland, OR

**Sahara Miller**  
Portland, OR

**Mark Tilson, PhD**  
Portland, OR

**Rachel Conway**  
Beaverton, OR

**Karen Muller, PhD**  
Medford, OR

**Jill Waldman, PsyD**  
Portland, OR

**Ana Cragolino, PhD**  
Portland, OR

**Julie Oyemaja, PsyD**  
Portland, OR

**Chelsea Waldo**  
Hillsboro, OR

**Mary Jill Doyle, MA, LPC**  
Beaverton, OR

**Tyson Payne, MA**  
Newberg, OR

**Luann Warren-Sohlberg, PhD**  
Lake Oswego, OR

**Erin Driskill, MSW**  
Portland, OR

**Samantha Place**  
Beaverton, OR

**Cari Whitlock**  
Wilsonville, OR

**Laura Edwards-Leeper, PhD**  
Hillsboro, OR

**Lauren Prottas**  
Beaverton, OR

**Elizabeth York**  
Portland, OR