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OPA President's Column Threat vs. Challenge

Mary Peterson, PhD, OPA President



My dentist is a pretty savvy guy. In addition to the typical exam, we have brief conversations about the impact of a dental office's

color and design on dental anxiety, the changes in perceived comfort in dental chairs, and the list goes on. Recently, I settled into the dental chair and was caught off guard when he asked if I had heard of “positive psychology.” I mumbled in the affirmative and he described Shawn Achor’s keynote presentation at their dental conference. The presentation was well received, and my dentist was intrigued by the difference in outcome when people identified an unexpected or unwanted change as a *threat vs. challenge*. After the instruments were removed from my mouth, we talked about the cross-discipline relevance of perceiving change as a threat or challenge.

You may be wondering how my dental conversation relates to an OPA newsletter article. Here is the link—in the last newsletter, you read about the Board’s July retreat and our commitment to developing a leadership strategy during this pivotal time in our field. We grappled with the challenges and threats to our profession, which seem to parallel the struggles of many psychologists across the country. The majority of our training time was spent identifying the resources we have, and the resources we

need, to adapt and advocate for our profession in the midst of the game-changing Affordable Care Act (ACA).

The Achilles’ Heel of Leadership Training

Most of us left the retreat with an energized focus on future goals. Although energized, I reminded myself that follow-through is the Achilles’ Heel of leadership training. Over the last 20 years, I have participated in at least ten workshops where we worked on strategic plans, teamwork, goal-setting, and leadership development. One leadership retreat involved one of the popular “ropes course” activities; another required us to prepare a meal together, where my culinary skills dictated my assignment to either place settings or dish washing! Over half of these training experiences were a *one-and-done* without any specific next steps. Your OPA Board is committed to a meaningful follow-through from our July training.

We began the follow-through during our September Board meeting. We returned to the priority list we generated during the retreat and the Board members chose to champion different initiatives. Each initiative has a point-person (*italicized below*) and several people are involved in each group. Please join our efforts us by emailing any of the leaders (info@opa.org) to

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 1

discuss meaningful ways you can be involved.

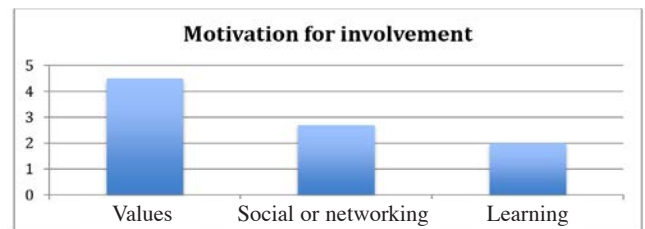
Initiatives

- **Advocacy:** Represent psychology at local, state and federal levels (*Shahana Koslofsky, Mary Peterson, with Maritza Cobain leading student involvement*)
- **Communication:** Disseminate facts to dispel rumors and myths (*Freda Bax & Wendy Bourg*)
- **Coordinated Care Organizations:** Work to involve psychologists in multiple levels of care, increase bi-directional communication (*Robin Henderson, Mary Peterson, Ryan Dix, & Wendy Bourg*)
- **Diversity:** Increase visibility and collaboration on cultural competency continuing education (*Karen Paez, Brad Larsen, Ryan Dix, & Eleanor Gil-Kashiwabara*)
- **Ethics and Diversity:** Explore new ideas for outreach and membership involvement (*Brad Larsen & Karen Paez*)
- **Professional Identity:** Differentiate and communicate our skill set (*Teri Strong & PAC*)
- **Technology:** Explore new opportunities from telepsychology to optimize communication to rural areas (*Spencer Griffith, Ryan Dix, Sophia Aguirre, Brad Larsen, Rebecca Breiholz, Teri Strong, & Maritza Cobain*)
- **Training:** Identify new medium and content for training (*Chris Wilson, Wendy Bourg & Eleanor Gil-Kashiwabara*).
Many of us experience some tension around the "both-and" that is influencing our practice. We value our traditional training, having spent hours immersed in theoretical texts, research, and the development of clinical skills. The current challenge

is to hold *both* our traditional training and to adapt to the changes created by the ACA. Healthcare reform challenges us to move beyond the traditional into the new models of service delivery that may seem at odds with our traditional training. How do we live in both worlds? How do we maintain the integrity of our training and engage in the changes that will keep our practices sustainable? I don't have the answers, but I know that OPA is on the frontline of asking questions, finding answers, and challenging assumptions. Our goal is to serve you, and we will be most effective if we can facilitate the leadership and involvement of our membership.

Tippling Point to Involvement

What are the motivators and barriers to involvement or advocacy for our profession? Results from a recent survey of over 800 psychologists (Webb, 2013) showed the following motivators for involvement:



I wasn't surprised that values were reported to be the most significant motivator for involvement. We tend to be a values-driven group of people because most of us enter the profession with a desire to help people individually or in the larger domain of social justice. During the Board retreat, we focused on ideas and values that you communicated through the listserv, committees, and Town Hall meetings. We wanted our initiatives to reflect those values and interests.

As we encourage member involvement, we realize there are

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SpendWell Marketplace Review

Julie D Frederick, PhD, OPA Public Affairs Committee

A number of OPA members have received emails advertising free listings in the SpendWell program (www.SpendWellhealth.com). The Professional Affairs Committee of OPA contacted SpendWell to gather information about what this program offers psychologists and clients. The information below came from speaking with a SpendWell representative.

SpendWell is a program for employers who provide self-funded health coverage. It is not part of the employees' insurance benefits, but it is part of their health care benefit. It is being offered to employees with a High Deductible Health Plan (HDHP). SpendWell is an "online marketplace" where the employee shops for health care services that they pay for out of their Health Saving Account (HSA) or Health Reimbursement Account (HRA)—an account that is funded by employee and/or employer dollars. The purchases employees make at the SpendWell marketplace are credited toward their insurance deductibles.

SpendWell will include all kinds of health services, including medical, dental, physical therapy, and mental health. For mental health providers the options for services to be delivered include initial appointment, 45 minute session, and 60 minute session. Any providers who participate can set their own fees. When putting fees in the system, providers get feedback on the average rate for a service in their geographical area. Any provider on SpendWell will be considered an in-network provider for employees using SpendWell. This is something the employers agree to when they participate in the program.

The process, as explained on the SpendWell website, is as follows. Employees go to SpendWell to find the services they want, such as an individual therapy session. On the site they can compare prices of different providers and how the expense will apply toward their

deductible. Employees select the provider, buy the services at a fixed price, and pay via an HRA/HSA debit card. SpendWell takes the payment and notifies the provider that the service has been purchased. The employee/client contacts the provider to schedule. After the service is completed, the provider requests and receives payment from SpendWell. The provider and the employee/client never exchange money. The provider does not have to submit claims to the insurance plan or deal with the insurance company in any way. SpendWell takes a 2.9% merchant service fee out of the payment to the provider.

The SpendWell representative said there are no limits on services. Employees can buy as many sessions as they desire until money from their HRA/HAS is exhausted. It is unclear if additional services can be purchased with after-tax money or personal credit cards. The SpendWell representative emphasized that SpendWell is not an insurance benefit. It appears to be comparable to an EAP benefit, which is offered to employees at no cost in addition to insurance benefits.

Advantages:

This seems like a good deal for clients who need services excluded by insurance, such as marital therapy, treatment for V-codes, etc. It might afford more privacy for clients, as no claims are filed with a 3rd party payer. It might allow them to get a better rate for services, or to locate the lowest cost provider.

The advantages to providers are those emphasized in the marketing. SpendWell guarantees upfront payment, no claims, no verification of benefits, no worries about medical necessity and no issues with closed insurance panels. It is promoted as a "direct-pay" option.

Possible Disadvantages:

Employees are limited by the size of their HRA/HSA account for the year, which is often in the range of

\$2000-6000 for the whole family for all health care prior to meeting their deductible. They are also limited by IRS restrictions on the use of HRA/HSA accounts. Once the account is exhausted, treatment may become more costly unless the provider is in-network with the insurance plan. Clients might have a few sessions with one provider only to find they have to go elsewhere to continue treatment using their insurance benefits.

Employers offering this option may provide insurance plans with more restricted coverage, which would be a loss to clients who have ongoing treatment needs. Also, putting employees in charge of their own health care shopping can create an incentive to delay necessary treatment in order to save money for emergencies.

For providers, there will be direct competition based solely on rates. It is unclear if there will be any distinction made between providers with different credentials. This might make the "average cost" in the area sink to the lowest going rate. Providers will need to be very careful to discuss additional charges with clients, such as missed appointments, crisis sessions, subpoenas, or phone calls. There is a risk of being locked into accepting a flat fee for service without knowing ahead of time what service is needed.

Unanswered Questions:

It is not clear if providers must supply any information to SpendWell to secure payment other than verifying that the service was completed. If these services are credited toward deductibles, some information about treatment, such as diagnoses or CPT codes, may be forwarded by SpendWell to insurance companies, compromising client privacy. Many insurance plans only apply charges for covered

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Exciting Opportunity! Skype in the Classroom

OPA Public Education Committee

There is a wonderful new program developed by APA to connect high school students with psychologists in the real world. This is a chance to be a role model and mentor, as well as inspiration to future psychologists! All you need is the willingness to do a little preparation and have enough technical savvy to Skype. The APA facilitators make the connections between you and a classroom teacher somewhere in the world and the rest becomes an interesting and fun adventure.

As part of OPA's Public Education Committee, I was asked to apply for this program and I've already enjoyed a couple of Skype sessions with a great teacher and class in an international school in Japan. The kids are excited to talk to a real psychologist and ask questions about a variety of topics. My class is an AP Psychology class and the students are from several different countries. They have a very comprehensive syllabus which the teacher sent to me so that I can prepare ahead of time

to discuss particular topics. They are also working on research projects this year.

The time commitment is minimal and you can schedule times based upon your own situation, and, of course, time zone. If you are interested in participating in this program or would like more information, please contact me and I will forward your contact information to the APA staff who are facilitating this. Sandy Ramirez: sandyou29@yahoo.com or (503) 730-3702.

Giving Psychology Away—The Public Education Committee Speakers' Bureau

Sandy Ramirez, PsyD, OPA Public Education Committee

Last month I had the opportunity to speak to a group of students at Glencoe High School in Hillsboro about how I became a psychologist and what kinds of things I have done during my career. The teacher had contacted me through their school district's community outreach program. She is hoping to create more such opportunities for her students and there are other teachers who are also interested.

Last winter, a colleague and I presented a mini-workshop on relationships to the SW Portland Rotary. They treated us to lunch and we had a great discussion.

This summer, several of us participated in Sundae in the Park at Sellwood Park, along with a number of other agencies and organizations. We had lots of visitors to our booth and gave out lots of information about mental health topics and resources.

Over the years, the PEC has participated in various media and community events and activities. For the most part, the actual committee members have been the participants. At one time we developed a more extensive list of volunteers who were willing to speak on different topics to media



PEC members Margherita Gaulte, MA; Stephanie Van Orden, MA; Drs. Cyndi Conolly & Tony Farrenkopf staffing the OPA table at Sellwood-Moreland neighborhood fair "Sundae in the Park."

or community groups. This list is quite outdated and we would like to develop a new one that we can use to meet our current needs. If you would like to help the PEC "give psychology away" and you are willing to be responsive to the occasional requests, please send your name, contact information and topics of interest and expertise to Sandy Ramirez: sandylou29@yahoo.com or call if you have questions: 503.730.3702.



PEC members Margherita Gaulte, MA, Stephanie Van Orden, MA, and Cindy Marino, MS, staffing a table at the NAMI Walk.

Psychology and Aging: Resources for an Ever-Growing Population's Needs

Deborah A. DiGilio, MPH, Director, APA Office on Aging

There is a growing need for all psychologists to have a basic understanding of the psychology of aging. People 65 years old and older are the fastest growing segment of the U.S. population and by 2030 will account for 20% of our nation's people. As discussed in the *American Psychologist* article "Aging and Mental Health in the Decade Ahead: What Psychologists Need to Know," the demand for psychologists with a substantial understanding of later life wellness, cultural, and clinical issues will expand in future years as the older population grows and becomes more diverse (Karel, Gatz, & Smyer, 2012). The recently updated *APA Guidelines for Psychological Practice with Older Adults* (2013) note that the demand for psychological services for older adults is expected to rise as Baby Boomers become old, and will continue to increase as cohorts of middle-aged and younger individuals—who are receptive to psychological services—move into old age.

Even if you did not begin practice with the intent of working with older adults, clients do age and their needs often change. Additional issues specific to mid and late life may arise. Also, age-related issues may arise in work with younger clients, e.g., those caring for aging parents, grandchildren being raised by grandparents. Finally, even if you do not work directly with older adults or their families or caregivers, we are all aging. Becoming informed of the science of the psychology of aging will prove useful at a personal level for ourselves and our families.

In terms of psychological practice with older adults, opportunities abound. The number of psychologists who work with older adults is not keeping up with and will not meet the anticipated need. The decade ahead will require an approximate doubling of the current level of psychologists' time with older adults. The need for services is particularly anticipated

to grow in primary care, dementia and family caregiving services, decision making capacity evaluation, and end-of-life care (Karel, Gatz, & Smyer, 2012). However, only 4.2% of respondents of the 2008 APA Survey of Psychology Health Service Providers reported that geropsychology was their current focus and work (APA Center for Workforce Studies, 2010). This workforce shortage is not limited to psychology. The Institute of Medicine report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* (2012) described the dire need for health providers across professions to address the mental and behavioral health needs of older adults. It found that although the aging population continues to grow in number, diversity, and mental health needs, the geriatric mental health workforce is disconcertingly small and is dwarfed by the pace at which the population is growing.

The APA Office on Aging and the Committee on Aging and its working groups have developed a wealth of resources that we believe all psychologists will find useful, for the reasons described above, to prepare for the EPPP, and to earn continuing education credit in aging. The main source of information is the Office on Aging website. It has resources and tools including the *APA Family Caregivers Briefcase*; reports and fact sheets that provide guidance on how psychologists can work in interprofessional teams across health settings with older adults; resources on multicultural aging; strategies for promoting healthy aging across the lifespan; handbooks on capacity assessment; and professional practice guidelines for the aforementioned psychological practice with older adults and the *Evaluation of Dementia and Age-related Cognitive Change*. One document of note, *What Mental Health Providers Should Know about Working*

with Older Adults, summarizes the guidance offered in the APA Guidelines for Psychological Practice with Older Adults and provides links to educational resources for each guideline. There are also consumer education materials and links to other geropsychology websites. Finally, we have developed a fact sheet, *Resources for Psychological Practice with Older Adults and Their Caregivers*, that provides an overview of these available resources for distribution to your colleagues and students.

The APA Offices on Aging and Continuing Education also offer online continuing education programs, including *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists* (4 CE credits), *Blueprint for Change: Achieving Integrated Health for an Aging Population* (2 CE credits), and *What Psychologists Should Know About Working with Older Adults* (7 CE credits). APA Publications offers twelve Psychotherapy Training Videos specific to older adult practice issues (search by subject: aging). If you would like ongoing information about psychology and aging issues, you can also subscribe online to our free, semi-annual e-newsletter, *APA Aging Issues Newsletter*.

For practitioners who wish to specialize in professional geropsychology, more detailed guidance regarding the "Pikes Peak Attitudes, Knowledge and Skills Competencies for Practice in Professional Geropsychology" (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009) and the corresponding competencies assessment tool is available on the Council of Professional Geropsychology Training Programs website.

For more information about aging at APA, please contact me at: ddigilio@apa.org or 202.336.6135. To request additional copies of

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services toward a deductible. Although the SpendWell representative stated there are no limits on services and no denials of payment based on medical necessity, this seems too good to be true. Perhaps, because these are self-funded plans, the employers write allowances into the insurance plan benefits. After so much micromanagement of mental health services, it is difficult to believe the employees are the only people to determine whether or not a service is a covered expense.

Perhaps the best way to find out if SpendWell is a good fit for you would be to sign up and see what happens with one or two clients. Please share your experience with the PAC to help inform other OPA members.

Disclaimer: The PAC is not advertising or endorsing the SpendWell program. The PAC is reporting what we believe to be accurate information obtained by speaking with a SpendWell representative. The information has not been independently verified and may contain errors. This is for information purposes only. Actual user experience may vary. Please make your own comprehensive inquiries prior to enrolling in this program.

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OPA Elections - Nominations Sought

The OPA Nominating Committee will soon be working on developing the slate of candidates for the 2015-2016 board of directors. If you would like to serve on the board as a director, or would like to recommend someone for the board, please contact the chair or the OPA executive director by January 5, 2015. The board will be reviewing and approving the slate of candidates at their January board meeting to send to the membership for approval.

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

Nominating Committee Chair
Eleanor Gil-Kashiwabara, PsyD
503.725.9607
gilkashi@pdx.edu

or

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

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the resources fact sheet, please contact Martha Randolph at mrandolph@apa.org.

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Update from OPA Healthcare Reform Task Force

OPA Healthcare Reform Task Force

The OPA Healthcare Reform Task Force wants to update you on our work. We're committed to advocating for psychologists across Oregon in this ever-changing healthcare market. To that end, we've identified the following goals and invite your involvement and feedback.

Gather Information

Collection of current practice data is continuing through the PAC survey. Your responses to this survey have already provided great insight and will help to guide our next steps.

Support Private Practice

The majority of the OPA Board is in private practice and we're committed to advocating for private practice. Here are some of the things that we're tracking and would like your help.

- Access to panels—can you let us know if you are denied access to a panel? Our legislative committee and lobbyist can advocate if we have specific information. If you're willing, please email the denial information to info@opa.org.
- Changes in reimbursement—truth and urban legends co-exist in these discussions. Can you let us know if you have received a reduction in reimbursement for some services?
- Referral patterns—one of the keys to maintaining successful private practice is to continue to build referral sources. We know that primary care and specialty practices are a rich source of referrals for one another. We would welcome successful strategies for nurturing these relationships that are sufficiently general to be shared.
- Ongoing relevance—we realize there are concerns about the future of private practice. We want to provide relevant information; can you let us know what type of information and/or support would be helpful? Additionally, some members asked for the continuum of care information presented at the spring conference. This presentation will be re-released next month.

Leading Healthcare Reform

We continue to advocate for private practice and simultaneously participate in decision-making for healthcare changes.

- CCOs—the OHP population is a small part of most private practices but most CCOs are funding behavioral healthcare. We want to gather as much information as possible about how the different CCOs are managing their mental health dollars. OPA is staying current through involvement in CCO OR. But we want more info from different CCOs. (For example, I'm on

the clinical advisory panel of the small CCO in our area, and through our advocacy, this county mental health department just began contracting with independent practitioners, for the first time in 15 years, to meet the needs for the newly covered lives in the CCO. Other funding has created new positions for psychologists in integrated care.) If you can share specifics about your CCO (the good and the bad), it will help us to advocate across the state.

- Integrated Care – we know this is an activating topic, but the current and future plans to embed behavioral health in the primary care home requires us to be involved. Currently we are working with CCO OR to define the scope of practice and training for a provider in IC.

As a Board, we feel the pressure of these challenges and many of us spend hours advocating for our profession. But despite our best efforts we may miss aspects without your involvement. We welcome your help in gathering information and ideas to both advocate for private practice and to shape behavioral healthcare within the new context of the ACA.

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A Community Approach to Professional Practice Issues

Casey O. Stewart, PsyD, ABPP, OPA Ethics Committee

Does ORS 676.150 distract from a focus that fosters excellence in psychological services?

Just as Mary Alice Fisher pointed out in her 2009 seminal article that the singular traditional question, “Who is the client?” is a distraction from the fact that psychologists have multiple responsibilities to all parties in a case, this article posits that Oregon Revised Statute 676.150 (2013) may distract from the more important focus of ensuring the provision of competent services to the community. This article discusses the limitations the law creates and describes an alternative approach to ensuring the highest quality of professional practice by relying on the community of psychologists to support one another in striving for ethical excellence and reaching their highest practice potential.

Oregon Revised Statute 676.150 requires licensed health care professionals to report criminal acts and “unbecoming” behavior or behavior “detrimental to the best interest of the public, including conduct contrary to recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or client.” A licensee in Oregon who learns of such conduct and fails to report it within 10 days faces potential licensing sanctions and legal penalties. Following the letter of this law, a psychologist must report any violation of the *APA Ethical Principles of Psychologists and Code of Conduct* (APA, 2010).

In my conversations with other psychologists about this statute, I get the impression that it is viewed by most as undesirable. Many psychologists express concern that the state has overstepped its bounds and taken from them professional judgment regarding matters of practice and ethics. Indeed, colleagues from other states have shared their opinion that the statute is simply another example of the overregulated West. The most

derogatory sentiments about the law come in the form of nicknames, such as the “rat-out law” or the “tattletale rule.” While some of these responses to the law may have a degree of merit, other reactions seem a bit excessive and represent the worst in us. Entire articles have been devoted to explaining why people fail to report unprofessional practice across various fields and the reasons are intriguing (e.g., diffusion of responsibility, fear of retaliation, corruption).

Notwithstanding the role ORS 676.150 might play in protecting the public from serious misconduct, the law may set a frame for thinking about clinical practice that distracts from the complex challenges of maintaining the highest quality of professional services in a community. It sets the bar for professional practice at the floor. This dilemma may be best addressed though a community psychology lens focusing on prevention strategies that emphasize competent communities (Iscoe, 1974). In order to address the more important issue of ensuring the highest quality of professional psychological services, I propose we look to the literature on community approaches to supporting professional competence in psychology and other health care professions.

Johnson, Barnett, Elman, Forrest, and Kaslow (2013) introduced the competence constellation model as “a communitarian strategy for ensuring optimal functioning and protecting psychologists from unintended and unrecognized problems of professional competence” (p. 343). The authors highlighted the importance of psychologists’ inner core (e.g., closest colleagues, mentors, support people), collegial community (e.g., professional friendships), and professional culture (e.g., customs, practice guidelines, ethics, law). The model is essentially a network of individuals proactively engaged in personal and professional

development with the goal of optimal functioning in practice. Ebbe (2014) observed that because psychologists are fallible, they must rely on a network of personal and professional supporters to remain healthy, maintain competence, and to make the best ethical decisions. He likened the communitarian model to other cooperative approaches such as collaborative mentoring or transformational supervision. These approaches emphasize an egalitarian and mutually supportive relationship focused on optimal professional performance. Ebbe described this as a shift from the “individual model” of maintaining competence” and requires that psychologists participate in a peer-review process—as the skilled compassionate critic and in the vulnerable position of being exposed to critique.

Examples of the communitarian approach could be peer-review groups or professional practice groups that engage in continuing education together (e.g., conferences, workshops, book and article reviews). It would include peer supervision or ongoing consultation with trusted colleagues. It can also take the form of participation on boards and committees (e.g., professional guidelines revisions)—groups of licensees focused on professional development. The communitarian approach would include the utilization of Colleague Assistance Programs. These examples illustrate how a network of individuals focused on personal and professional development can work together to enhance competence among the community of psychologists. It should be noted that diversity in the competence constellation is thought to be linked to enhanced group functioning.

Importantly, the communitarian approach recognizes the limits of a profession that places responsibility for sound ethical, legal, and clinical

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practice solely on the individual. The model takes a more interdependent view and places the responsibility for competence on the professional community as well. This approach assumes that we are all citizens who have a responsibility to one another.

Long ago, Pope, Tabachnick, and Keith-Spiegel (1987) reported the results of a national survey of psychologists that indicated that colleagues, the APA Ethical Principles, and training were the most helpful resources in guiding ethical behavior. The authors found that state laws were among the least helpful. Focusing on what not to do frames professional practice in terms of the ethical floor. The law operates on an individual accountability level that simply encourages a practice strategy of avoiding punishment (e.g., remedial ethics [Knapp & VandeCreek, 2006]). The communitarian strategy appears to be a viable solution to creating a higher practice ethic within our profession. It is consistent with a positive ethics approach that does not simply focus on responding to problems but is proactive in that it anticipates and addresses the ways in which imperfect human beings can make errors in practice. It is a network of professionals taking responsibility for one another in an ongoing process of examination and development in the spirit of raising the bar in professional practice.



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Professional Affairs News

Sample Authorization Forms for Members' Use on OPA Website

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

To find them:

- Go to the top navigation menu that says Committees
- Click on Professional Affairs Committee
- Click on Practice Management Forms
- You will be taken to a log in screen, log in
- Once logged in you will be on the Release of Information Forms page and you can click on your choices for the sample forms

OPA Awards Program

The OPA Board of Directors will soon be beginning the process of selecting awards candidates for the 2015 awards program.

The following is a listing of the awards, what they represent, and some recent recipients. If you know of someone that you would like to nominate, please submit a brief summary of the candidate and why you feel they should receive the award. Summaries can be submitted to the OPA office and will be forwarded on to the board. Nominations need to be received by January 5, 2015. Please email your nomination to OPA at info@opa.org

OPA Awards

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

2014 recipient was Scott Pengelly, PhD

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

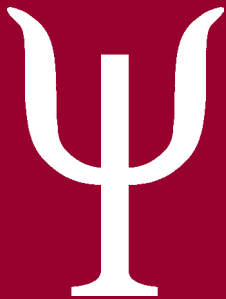
2014 recipient was FosterClub

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

2014 recipient was Shoshana Kerewsky, PsyD

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

2014 recipient was Ruth Bichsel, PhD



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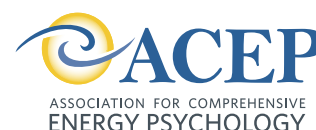
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I Am Not My Hair

Amber Nelson, OPA Diversity Committee

“Homo sum, humani nihil a me alienum puto.” ~Terentius Afer

I am not my hair. India Arie’s lyrics echoed in the depths of my soul, as if someone finally put words to the shadows of my experience, and I cried. For the first time I cried a sigh of relief. I am not alone, I don’t have to be invariably defined by my appearance, the style or texture of my hair. A seemingly unremarkable notion to most, but to the only person of any color in her small school in rural Oregon, this was a novel, and character defining, idea. Inundated daily with invasions of privacy and personal space regarding my parents, my heritage, my stature, my hair, my voice, and my athleticism; I was thrust into a world that knew seemingly little to nothing about me, and acknowledged little to no similarities. I felt alone, misunderstood, unseen, and exposed all at the same time. My differences were perpetually highlighted, and compared to the little exposure to people of color they knew, namely exaggerated media portrayals, and antiquated colloquialisms. I desperately wanted to be just like my white peers, doing whatever I needed to in order to “fit” and close that seemingly ever-increasing gap between me and everyone else.

One day Maria came in to my office crying, “I can’t do it any more! It doesn’t matter how much I change, they don’t accept me!” Maria, a sixteen-year old Mexican American attending a predominantly white high school, had just cut her beautiful, thick, curly hair in a popular style that many of her white peers had done recently. It was not received as well as she had hoped. I couldn’t help but be reminded of a young self, doing anything, and everything in her power to be “just like” everyone else. Looking at the

desperation, despair, and hurt in her eyes, I uttered the words, “You, are not your hair,” and she breathed a familiar sigh of relief.

There is something about human nature that yearns to create separation, or perhaps distinction, whenever and wherever we can, making the dynamic space between us an insurmountable chiasm of difference. Though it can be easy to focus on the various surface aspects of Hays’s (1996) ADDRESSING model, or the unfathomable circumstances that have brought your clients to your doorstep, this only serves to widen the gap between you. Yet, our vicarious encounter with one another directly impacts us.

This space is dynamic, ever-changing, and the authentic space of we is also a space in which we can have intimate rendezvous with diversity. This is the depth of understanding that I am not only influenced by the other, but am reshaped by them, and they by me. What does this do to our understanding of difference? I think it recreates a whisper of the responsibility I have to meet the other where they are and take part in what it means to be we and not me.

Afer’s words, “homo sum, humani nihil a me alienum puto” mean, I am a human being, I count nothing human as alien to me. At first glance this phrase may seem obscure, and perhaps misguided when talking about diversity, or our work as psychological professionals. Yet, I am overcome by the profound meaning of them. “I am a human being, therefore nothing human can be alien to me.” As clinicians we come across people of every make, build, color, and background, and there will be times that we encounter an “other” that feels too different to work with. Though I believe that it is important to work within our scope of practice, and expertise, there is

something about recognizing the humanity within us that binds us together with our clients, that binds us with the other.

“I am a human being, therefore nothing human can be alien to me.” This is how I approach diversity, in its most full and decadent interpretation. I have in me all the capacity to be the best person in society, the bruised, or the batterer. It is a space in which I dwell, and believe that all my fellow beings on this earth reside as well. It is in this humbling space that I most fully understand diversity and what it means to sit with my brother or sister on this journey. This space is where we have opportunity to join our clients, without judgment, and invite them to educate us on who they are. Invite them to a place of being authentic, and to be genuinely seen for *who* they are, beyond the labels by which they are known. I am not my hair. We are not our hair. This understanding of human nature humbles me, yet again, to the reality of our fragile existence. The reality that were I in another environment, with different exposures, and different decisions, I would have the capacity to have the same experience as any one else, gives me the great humility not only to work with the other, but also to deeply see them.

My hope is to spark, if nothing else, consideration to take enough steps back to critically address the way in which we view the other, joining in the space where we see *them* rather than the ocean of difference. I leave you with this challenge: “See what no one else sees. See what others choose not to see.” (*Patch Adams*)

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Why Psychologists Should Still Give to Aid Organizations

Shoshana D. Kerewsky, PsyD, Editor, *The Oregon Psychologist* and past Board President, *Friendship with Cambodia*

Like many readers, I was deeply moved, and very distressed, when I first read the Cambodian memoir *The Road of Lost Innocence* by Somaly Mam (2008). Mam's tragic experiences as a trafficked girl inspired me to donate even more to anti-trafficking causes. I assigned her book to my students. It seemed that every new film on trafficking included a segment on Somaly and her foundation. I was inspired by her courage and tenacity. She made me a better donor, educator, and advocate for human rights.

Also like many readers, I was shocked by allegations, soon substantiated, that important parts of her story were untrue. I felt emotionally manipulated and taken advantage of. I had been lied to. Now I questioned where all of my charitable donations went, and what I was advocating for. My first impulse was to be cynical and disgusted.

In some ways I was lucky. I had already read *A Long Way Gone: Memoirs of a Boy Soldier* (2008), and *I, Rigoberta Menchú* (2010), both memoirs alleged to include inaccurate depictions of some events in the authors' lives. I'd read *Three Cups of Tea* (Mortenson & Relin, 2007) and *A Million Little Pieces* (Frey, 2005). I'd had time to think about and learn more about these distortions. Now I had an opportunity to reflect on Somaly Mam's possible motives.

When I'm angry at someone who has behaved like Mam, I tend to start with my negative assumptions—she's avaricious; she's power-hungry; she's self-serving. I might even assume that she thinks of me and other credulous readers and donors with contempt. From there, I could make a quick jump to reducing my donations and voluntarism. It's natural that we respond to our vulnerability with anger and a sense of betrayal when a person or cause we believe in misrepresents something important to us. Stopping here, however, may lead us to an overgeneralized mistrust that doesn't help us to support real people with real needs. Stopping here distances us from our best natures.

Instead, we need to consider some

of the reasons why memoirists (and organizations and governments) might exaggerate or lie. This helps us to become more informed and sophisticated donors with better skills for separating fact from fiction and evaluating where we want to put our money and time. Yes, some people, and some organizations and governments, lie for their own gain or protection. But not all of them, or even most of them.

It's also true that disaster and misery sell. I've read a lot of memoirs from around the world. Many that are translated into English are about surviving wars, genocides, famines, droughts, and other disasters or extreme adversity. It's no secret that publishers, and sometimes writers or media producers, may opt for a dramatic narrative over an accurate one. An "escape" that is billed as "harrowing" attracts more readers than a calm departure. To give a domestic example, James Frey first proposed *A Million Little Pieces* (2005) as a novel, not as a memoir. However, true-life stories are more compelling to readers, and the book was repackaged and published as a memoir.

There are other reasons that a life story might be unwittingly or intentionally distorted. A number of disaster memoirists, including Beah (2008), have responded to assertions that they fabricated material by stating that they presented the story as best they could recall it, but that at the time they were trying to stay alive, not memorize or account for every objective fact. This may be particularly true of children giving retrospective accounts. Chol-hwan Kang's memoir *The Aquariums of Pyongyang: Ten Years in the North Korean Gulag* (Kang & Rigoulot, 2005) includes two contradictory statements about a physically arduous task the child prisoners were forced to engage in. While neither of his versions seems likely, one is simply impossible. I understand this to be an error of memory (or math), not an attempt to deceive the reader. In another story from the Khmer Rouge genocide (Vitandham, 2005), a then-

child Cambodian memoirist recounts seeing bodies on the ground, frozen and blue, in a locale that online weather records show has never been below 70°. However, I have seen Vietnamese and Cambodian teenagers shivering, sneezing, and miserable in down jackets and mittens at 76°, so I don't doubt that to a child, this could seem to be "freezing." This form of unintentional inaccuracy is like me misremembering my third grade teacher's name. It's wrong, but not malicious.

Sometimes memoirists condense events to increase the drama or tighten the "plot" for storytelling reasons, but again, not as an attempt to mislead. More experienced writers and more scrupulous editors often include a note stating that the order of events may have been changed, for example, or that some conversations or events depicted are representative but fictional. The intention of this note is to be sure the reader knows that at points, the story takes precedent over the truth.

In the more problematic form of this style of autobiography, however, memoirists sometimes add fictional events in order to tell a "better," more illustrative story. The intention is not to deceive the reader, but to tell a story that is compelling and representative. The big caveat here, though, is that in postindustrial Western cultures we place a high value on the "reportage" form of truth in which facts are to be accurate and verifiable. This is not always how "truth" is understood cross-culturally. For example, Menchú (2010) has acknowledged that she described some events in her life inaccurately because this made her story more persuasive and more characteristic of the experiences of people in her circumstances. In her biography *Buddha*, Karen Armstrong (2004) points out that historically, biographies of religious or political figures were not intended to present factual truth, but to tell iconic or archetypal stories attributed to those figures' lives. The biography was not meant to report actual life events, but,

Continued on page 16

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for example, to teach moral precepts, demonstrate points of doctrine, or show lines of spiritual succession.

For me as a contemporary North American raised with an expectation of verifiable, supportable, evidence-based “truth” in personal accounts, this is hard to accept. Ultimately, wrestling with this concept opens me to the idea of different forms of truth as the storyteller understands it and uses it to make her argument or tell her story. It gives me a way to recognize my own values and storytelling preferences, as well as to recognize that the memoirist may have good intentions and may have a world view different from my own. For me, this is not just about cultural proficiency, but about compassion for and valuing of people who may not think and believe the way I do.

Knowing why a memoirist may, with all sincerity or good intention, misrepresent her story helps increase our understanding and broaden our perspective, but it doesn't answer the question of what we should do in response. After all, Rigoberta Menchú received a Nobel Peace Prize, Somaly Mam has received numerous accolades, and Greg Mortenson's co-author David Oliver Relin is thought to have committed suicide at least in part due to the consequences of Mortenson's misrepresentations.

Fortunately, the same processes and tools that we use when first deciding to donate are useful for responding to this dilemma as well. Starting from the emotional end, it's important to be aware that showing a picture and a presenting a brief life story are effective techniques for soliciting donations. They associate a face with a need. This is a reasonable and humanizing fundraising approach, but as a donor, you need use your research skills as well as your heart in order to be sure that the organization is honest. When you hear a moving or inspiring story, make your preliminary decision about donating based on the representativeness of the story, not the particular, individual memoirist or poster child. Learning that the story is typical of a group of people, and that the general circumstances are reported accurately, you can feel confident that your donation responds to the verifiable needs of a real group of people. Work through reputable organizations, using online tools such as Charity Navigator (<http://www.charitynavigator.org>) and GuideStar (www.guidestar.org) to have a better understanding of the organization's mission, accountability and transparency, and use of funds. A good rule of thumb is to look for organizations that have both in-country and international oversight and governance, with periodic visits to evaluate the agency's work and legal/ethical compliance. Keep yourself up to date on the work and reputation of NGOs, governments, and spokespersons. This can be as simple as reading *The New York Times* or going to BBC online, or setting Google alerts for topics of interest.

To summarize, by all means be moved, and also, do your research.

Has Somaly Mam told her story for her own gain, to help others, or for some combination of these goals? I don't know, though I hope to know more in time. What I do know is that while *The Road of Lost Innocence* includes some elements that are not true of Mam's life, they are

representative of the brutal experiences some girls and women have in Cambodia and the world. Trafficking is real. Coerced sex and labor are real. People's suffering is real.

My privilege and resources are also real. I strongly encourage you to be an informed and sophisticated donor. Make a difference in order to respond to big needs and big truths, not to the details of one person's story.

This article appeared in slightly different form in Friendship with Cambodia Newsletter.

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Volunteering for APA's Disaster Response Network (DRN)

Katelyn Wiggins, Public Relations Associate, APA Practice Directorate

Editor's note: After attending a presentation on disaster ethics at APA, I asked Ms. Wiggins for additional information on the APA Disaster Response Network (DRN) and opportunities for psychologists and psychology graduate students. DRN's director Margie Bird provided information for this article as well.

Opportunities for Licensed

Psychologists: Licensed psychologists who want to volunteer with Red Cross should first connect with their local Red Cross Chapter. There is a link to do this at the top right corner of the Red Cross home page (or directly at <http://www.redcross.org/find-your-local-chapter>). Then they must take the Red Cross Disaster Mental Health Fundamentals course. This may be offered locally, in person or via webinar online. The local chapter should have this information.

After psychologists have completed that training, their local chapter may require additional training. Then they must do a background check through the chapter. Once all training, paperwork and background check is complete, they should be able to be added to a list with their chapter of people who will be summoned in the event of a disaster. Each chapter may do things a little bit differently.

Due to the Red Cross's new structure, disaster responders are first recruited from the closest areas. The recruitment pool then widens geographically according to the need.

Opportunities for Psychology Graduate Students: There are a number of opportunities for students in disaster work, but they are very limited in disaster mental health (DMH) work. Red Cross, the largest organization that mobilizes volunteer disaster responders, requires individuals who engage in DMH work to hold an unencumbered license for independent practice. There is a provision for graduate

students to participate in DMH work under the license of a graduate school supervisor (please see requirements below). These requirements are difficult to meet and, accordingly, graduate student involvement in DMH is relatively rare.

Graduate Student Teams: Graduate students are eligible to work in DMH

1. when currently enrolled in a graduate program leading to a master's or doctoral degree in a DMH-eligible field of study (e.g., clinical social work, psychology, professional counseling, school counseling, school psychology, marriage and family therapy, psychiatric nursing, or psychiatry); **and**
2. when supervised on-site by a faculty or field supervisor. Prior to deployment, the graduate student team **and supervisor** must complete the *Red Cross course Disaster Mental Health Fundamentals* and other courses that may be required by the local chapter.

Requirements for the Faculty or Field Supervisor: The faculty or field supervisor must

1. be DMH-eligible and enrolled as a chapter DMH volunteer; **and**
2. assume responsibility for the graduate student to work under his or her professional license; **and**
3. be able to provide on-site direct supervision of the graduate student when both individuals are deployed on a chapter, multi-chapter, or national relief operation; **and**
4. be able to review work and provide consultation of the student's work at least several times a day; **and**
5. supervise no more than five graduate students at any time. (*Excerpted from Red Cross Connection re Updated Guidance on Disaster Mental Health [DMH] Eligibility Criteria and*

the Chapter Role in Determining Worker Eligibility, May 13, 2010).

Alternatives for Graduate

Students: The Disaster Response Network office encourages students who believe they would like to be disaster responders to engage in other types of disaster response work, such as Client Casework or Mass Care. In both these activities, students will be able to help Red Cross clients in a disaster response setting. The experience would enable students to have good exposure to the work to see if they would ultimately be interested in pursuing DMH work. Red Cross trains all of its disaster volunteers in Psychological First Aid so that they can have strong helping skills. Part of the training teaches volunteers when and how to refer clients and staff to DMH volunteers.

Another possibility would be for students to find out about their local Community's Emergency Response Team (CERT). This is a government sponsored local disaster response entity. CERTs seek and train volunteers to do disaster response work in the community. Its focus is not disaster mental health.

For more than a decade, there has been no DRN program in Oregon. Several previous attempts to establish a program have been unsuccessful. If there is interest, we would be glad to work with OPA and see what might be possible. Graduate students could support the administrative operation of a DRN program, but they would run into the same challenges as above if their interest is in engaging in response work.

Students interested in becoming Red Cross volunteers can contact their local chapter and talk with its volunteer coordinator about opportunities and training. Go to www.redcross.org and enter a local zip code in the tab along the top of the landing page that says "Find Your Local Red Cross."

Intriguing Reflections

Pat DeLeon, former APA President

The 122nd APA convention provided an excellent opportunity to reflect upon how far psychology has come in developing into a bona fide healthcare profession, advancing beyond viewing ourselves exclusively as metal health specialists. It was wonderful to see Beth Rom-Rymer receive well deserved recognition for enacting prescriptive authority (RxP) legislation in Illinois, a decade after Louisiana's success. For those who naively believe that her success in the backyard of the American Medical Association (AMA) was chance or a "lucky break," that is not at all true. "The Illinois Medical Society and the Illinois Psychiatric Society vigorously and vociferously lobbied against our RxP bill until they realized that we wouldn't stop fighting and until they had already spent \$1 million to keep us out of the prescribing community!" The key to long term legislative success is community involvement. Accordingly, we are very pleased that IPA and its state NAMI had each signed on as co-sponsors of their respective annual conferences in 2013 and are already making commitments to do the same for 2014/2015. Perhaps our colleagues in Hawaii and Oregon, where earlier legislative efforts were vetoed, should reengage in this important legislative quest.

This was also the 40th anniversary of the APA Congressional Fellowship program which began with

Pam Ebert and continues on today, joined by the APA Executive Branch program. As Norman Anderson noted, the program has supported 121 Fellows. "As ambassadors for the field, APA Congressional Fellows consistently represent psychology in the best possible manner — to policymakers, their staff, and the scientists from other fields participating in the AAAS program." This is another proactive initiative that State Associations could emulate at the local level, in conjunction with their academic colleagues. We are confident that APA's Judith Glassgold, Micah Haskell-Hoehl, and Heather Kelly would be pleased to provide guidance for those interested. It would be a worthwhile investment in the profession's future.

Since my retirement from the ever-hectic U.S. Senate staff, I have become increasingly interested in how other colleagues have been adjusting to this new, essentially uncharted role. Not surprisingly, I have found considerable interest across the country. During the convention, Rod Baker, Ruth Paige, and Mike Sullivan discussed their personal journeys before an engaged audience reflecting all ages. Rod has embarked upon a writing career; Ruth is learning not to accept

Continued on page 19

Next Generation Eating Disorder Treatment

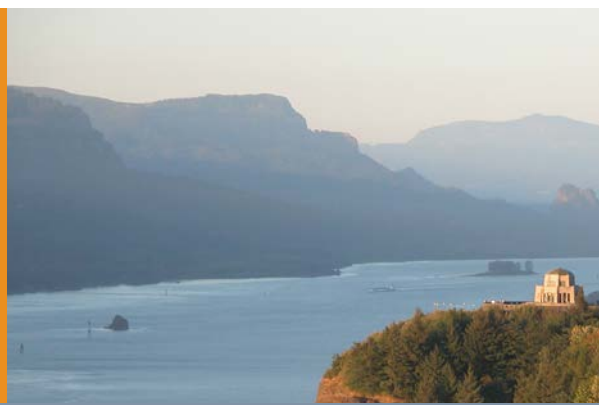
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18th Annual

Columbia River Eating Disorder Network Conference

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As eating disorders are increasingly recognized as biologically-based mental illnesses, and with the inclusion of Binge Eating Disorder as its own diagnosis, practitioners' treatment responsibilities are expanding. With these changes comes a new commission to educate ourselves regarding best practice and to find effective treatment for all of our patients along the eating disorder continuum. It is truly the next generation for eating disorder treatment.

The goal of this year's conference is to inspire and educate practitioners about appropriate treatment approaches for all types of eating disorders and to challenge them in finding creative ways to identify, diagnose, understand and treat patients with all types of eating disorders with individualized focus and intention.

Cost \$150 by 2/5, \$165 after. Reduced rates are offered for CREDN members and students or medical and nursing residents. Includes 6 CEUs, breakfast, lunch, and afternoon refreshments.

Keynote presenters Edward P. Tyson, M.D., Chevese Turner, and Amy Pershing LMSW, ACSW

Learn more and register at
go.lclark.edu/graduate/credn/conference

The Columbia River Eating Disorder Network (CREDN) is a non-profit organization composed of treatment professionals dedicated to the prevention and treatment of eating disorders.

New CE Requirements for Psychologists

Cynthia Sturm, PhD

There has been some recent confusion expressed on the listserv regarding the new CE requirements for psychologists, particularly the ethics requirement. The new requirements are effective as of January 1, 2015 (see http://www.oregon.gov/obpe/Statutes_Rules/PermOAR_CE_6-2-14.pdf).

In the CE Overview, Questions 2 and 10 address the ethics requirement in detail (http://www.oregon.gov/obpe/Renewals_CE/CE_Overview_6-14.pdf).

Thanks to LaRee Felton of OBPE who was very helpful in clarifying this issue and re-writing some of the language to make this clear: "For the four-hour professional ethics requirement, the rule has been updated to reflect that content may include ethics and/or Oregon State laws and regulations related to the practice of psychology." This means the required 4 hours could be only ethics, or only Oregon laws and regulations related to psychology, or a combination of ethics and Oregon laws.

I hope this is helpful as you plan your CEs for the coming year.



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.

www.opa.org

check out OPA's new website at www.opa.org to see information about OPA and its activities and online registration for workshops!

Intriguing Reflections, continued from page 18

every request for her time—thus spending more with those she really wants to, like family; and Mike continues his volunteer efforts from Peace Corps to Meals on Wheels. "If you are not happy doing what you are doing, there is only one person you have to talk to!" Informal discussions afterwards strongly suggest that physical concerns are becoming increasingly common; economic concerns much less so. As a relatively young healthcare

profession, we are increasingly maturing with a number of our individual colleagues actually aging. We would suggest that this would be an excellent topic for our state associations to address at annual conferences, especially when held in conjunction with other professions and/or interest groups such as NAMI. Aging is an agenda which will ultimately impact every one of us. Aloha.

Reprinted by permission of Dr. DeLeon.

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, Oregon unless otherwise noted. Full information and registration for the fall workshops will be available in early summer at 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 LPCs' continuing education requirements. Approval for any other licensing or regulatory bodies must be completed by individual attendees.

2014-2015 Schedule

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

Featuring Kirk Schneider, PhD

Hilton Eugene Conference Center
Eugene, OR

June 5, 2015

Treating Complex Trauma in Adolescents & Young Adults

by John Briere, PhD

To register go to www.opa.org

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 for more information.

Calendar items are subject to change
To register go to 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.

President's Message, continued from page 2

barriers because most of us have "day jobs." We're not hanging out at Starbucks looking for things to do. The survey of psychologists also showed that time is the primary barrier to involvement. I resonate with that barrier; time is one of my most precious commodities. If time is your barrier, consider one small step such as reading the newsletter, voting for a psychologically savvy legislator, or emailing the lead of one of the initiatives and asking about a time-limited commitment.

In my role as President of OPA, I often see myself as the proverbial drop in the bucket. I'm acutely

aware of the limited impact of one person, but equally aware of the potential impact of a group. As we move together to meet the challenges, I'm confident that we can have a significant impact on the systems that guide our practice.

Reference

Webb, B. (2013). *An Exploration of the Differences in Clinical Psychology and Counseling Psychology Faculty and Students' Participation in Mental Health Legislation and the Barriers and Motivations to Advocacy*. (Unpublished doctoral dissertation). George Fox University, Newberg, OR.

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.

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.

OPA Classifieds

OFFICE SPACE

Hollywood area office suite For Rent. Light and bright 2nd floor professional office in the Hollywood district close to Fred Meyer and the brand new Grant Park apartments. Second-floor suite features a 12 x 15 ft lobby and two private offices - one 12 x 11 ft and one 12 x 7 ft. Plenty of storage space; security system. Freshly painted and ready to occupy. Convenient and easy to find; a quick walk to Hollywood Fred Meyer. Main floor has two occupied professional offices and a shared reception area; ample paved private parking in rear. Reception and/or bookkeeping support available on site. This is a wonderful and quiet space located in the upper level of the currently occupied professional offices. This space has a private stairway with large book case and two offices all under one rental agreement of \$395/month utilities included. Close walking distance to New Seasons and Fred Meyer for shopping. Month to month or lease. Call Hilary @ 503.422.3154.

Beautiful, furnished SW John's Landing office (290 sq. ft.) with large reception room, parking, and receptionist. On bus line, building has elevator. Available 1 to 2 days at \$200 per month per day. Optional secretarial services and billing. Some referrals. Steve Wakesman or Johna, 503.222.4046. drwaksmanphd@gmail.com.

21st Avenue Commons. Single clean unfurnished high ceiling offices available next to Good Samaritan in NW Portland. Current tenants include licensed psychologists, therapists and counselors. Recent exterior and interior paint and new carpet. Includes utilities, wifi and limited parking. Next to Streetcar and Bus stops. Visit website: 21stavenuecommons.com.

Looking for a quiet and professional atmosphere for your practice? This office space is available in the beautiful, historic Lang House mansion close to MAC, Goose Hollow Max stations and Washington Park. 190 sq feet of newly remodeled space plus another 100 sq feet of storage. Monthly rent of \$500 includes water, garbage, electric, heat and bi-weekly janitorial services. Please call Kerri Westcott @ 503.730.5828 for appointment. Address: 2188 SW Park Place.

Offices NW Portland. Full-time and beautifully furnished per-diem offices. 818 NW 17th Ave. Easy freeway & transit access, wifi, client parking. Details: 818 Bldg page on www.MentorPC.com. Call 503.227.2027 x 10 to view.

Portland office space rental. Hourly professional office space rentals. 100 to 200 square foot rooms. Group, individual, couples. Fully furnished & open availability. SW Portland, NW Portland, Oregon City. Hourly: \$15 to \$20 per hour. Monthly: \$140 (1 day per week). Call for details: 503.297.7979.

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.

JOB OPPORTUNITIES

St. Charles Healthcare system in Bend, Oregon is seeking a licensed Psychologist to provide behavioral health consultation in our Primary Care Clinic in Prineville, Oregon. Our Behavioral Health Consultants work with the primary care medical team to create evidence based, patient centered care plans, develop population health guidelines focused on both prevention and improving the quality of life experience and provide consult liaison services to both the inpatient medical units and emergency department at our St. Charles Prineville hospital as needed. Visit our website at www.stcharleshealthcare.org, job ID number 2013-9112 or call Kristin Powers at 541.306.7908.

PATIENT TREATMENT GROUPS

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

PROFESSIONAL SERVICES/EQUIPMENT

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

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

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.

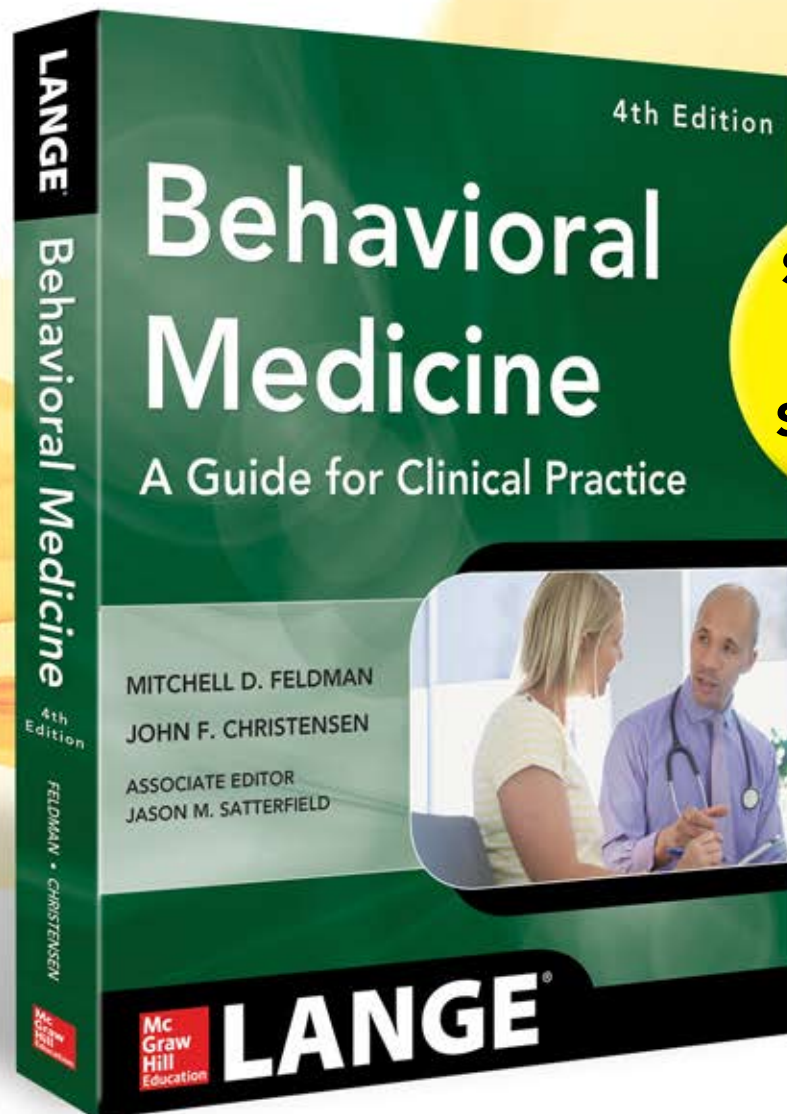
Manzanita, 4 blks from beach, 2 blks from downtown. Master Bdrm/bath w/Qn, rm with dble/sngl bunk & dble futon couch, extra lrg fam rm w/Qn Murphy-Bed & Qn futon couch, living rm w/Qn sleeper. Well eqpd kitch, cable. No smoking. \$140 summers, \$125 winters. <http://home.comcast.net/~windmill221/SeaClusion.html>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

Understand every aspect of the physician-patient relationship

This acclaimed text delivers the most definitive, practical overview of the behavioral, clinical, and social contexts of the physician-patient relationship. You will find immediately applicable, real-world coverage of behavioral and interactional issues that occur between provider and patient in everyday clinical practice.



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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.

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 politi-

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
503.807.7180

Jeffrey Schloemer
Student Member

Sally Grosscup, PhD
541.343.2663

Sharon Smith, PhD
541.343.3114

Jenne Henderson, PhD, Chair Elect
503.452.8002

Casey Stewart, PhD, ABPP
503.620.8050

Karen Paez, PhD, Chair
971.722.4191

Jane Ward, PhD
503.292.1885

Lisa Schimmel, PhD
503.381.9524

cal 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.

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

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

4th Quarter Issue - deadline is November 2 (target date for issue to be sent out is mid-December)

*Subject to change

Newsletter Schedule*

2015

1st Quarter Issue - deadline is February 2 (target date for issue to be sent out is mid-March)

The Oregon Psychologist

Mary Peterson, PhD, 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

*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 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 17 of this newsletter.

PAC Notes - On the Web

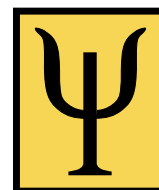
The Professional Affairs Committee (PAC) would like to remind OPA Members of content available on the OPA website (www.opa.org). In the Professional Affairs Committee section, the PAC has a subsection with an assortment of resources for members. Included are articles related to practice by PAC members, 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 www.opa.org and click on Committees and then Diversity Committee.

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