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OPA President's Column Irony

Wendy Bourg, PhD, OPA President



As I reflected on events of the last few months, one word came to mind. IRONY. We are better than ever at what we do and we are being compensated less and less for it.

When I joined the field of psychology, we were emerging from the dark ages in a sense. Our field was governed by theories that were grounded solely in the intellect and observations of a few brilliant individuals. You may remember how some would say that it was not possible to study what we do and would therefore never be a "real" science. Yet I attended graduate school in a program that followed the Boulder Model of scientist-practitioner: A model that understood the artful complexity of interpersonal relationships while also insisting that our practice develop an evidentiary foundation. And I watched Dr. Gordon Paul's combination of milieu therapy and a token economy liberate hundreds of people with chronic mental illnesses. And I learned from Dr. Gayle Beck (a student of David Barlow) a scientific and neurologically grounded theory of anxiety disorders that led to clear and effective treatments.

Since I graduated, I have watched our burgeoning scientific literature with great pleasure as we discovered that talking about trauma in a soothing environment moves memories from the amygdala to the hippocampus so that it becomes "a healing story" rather than "a repetitive experience"; as John

Gottman provided an elaborate scientific foundation for diagnosing and treating ailing marriages; as we understood that mindfulness/ meditation practices integrate neural functioning; and as Marsha Linehan figured out how to teach individuals with Borderline Personality and other Cluster B personalities how to live less tempestuous lives, etc., etc. We are now at a point that there is a scientific foundation for nearly everything we do. That foundation also shows that many physical ailments are either entirely caused by or at least heavily influenced by psychological processes. As we integrate our work into primary care practices, physicians are becoming increasingly aware of the value of the work we do.

Here we sit in the flowering of our field, better than ever at what we do. and we watch our reimbursement levels shrinking. How discouraging! Why is this happening? In my opinion, we have another edge of growth we need to take on as a field. As Brene Brown might say, we need to own our narrative. We need to talk. About the scientific foundations of our work. About the people we help every day. And we need to talk to legislators and to judges and to insurers and to the public. OPA is doing some of the talking—the legislative committee talking to legislators, the Public Education Committee talking to the public. I sincerely hope that we will all talk, talk to our neighbors and professional colleagues about the value of what we do, write an article

OPA Helpful Contacts

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

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*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

for the local paper, do a sound bite for the local radio program, write a letter to our legislators. We need to tell our story. Own our narrative. If we don't, someone else will.

I write this to you as an introvert. That may be surprising to some. I'm here talking to you right now because I did what we counsel our clients to do and I faced my fears. I started speaking in public and in court and

standing up for leadership positions because I want to make sure that people understand the value in what we do. I started owning my narrative and the narrative of the field I hold so dear. I hope that many of you will join me in voicing our opinions and using the collective power in OPA and APA to communicate our value and assure that our place in the system is commensurate with the true status of our knowledge and contribution. We're worth it.



OPA Public Education Committee (PEC) members at their October committee meeting.

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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.

Science and Cultural Humility

Ruth Bichsel, PhD, DABPS, FABPS, DACFEI, FACFEI, AHTA, LCPA Co-President

As a practitioner, researcher, and a traditional Native American, I often find myself attempting to explain to my colleagues the boundaries of "scientific theory and knowledge" while maintaining cultural humility. However, I often feel as though I am speaking a foreign language, as it seems that the culture of science is often so ethnocentric that many cannot see beyond the very "cultural identity" that science itself has created. If you have no interest in cultural self-reflection and looking at the possibilities of social justification bias in the scientific community, perhaps this is not the article for you.

Let me very clear that I am not against true science, by any means, as I am also very much a researcher. I am defining "true science" as science based on properly applied scientific methodologies and principles required in research. As the American Association for the Advancement of Science states, "Scientists share certain basic beliefs and attitudes about what they do and how they view their work" (http://www.project2061.org/publications/sfaa/online/chap1.htm#Nature).

However, what I often see are the terms "scientific fact" or "scientific law" being used as weapons against any person or culture that doesn't just accept what the "scientist" is saying as fact. I also often see that the mindset of those who are "evidencebased" being so ethnocentric in their beliefs that they exclude any other culture, without regard to true science. It is imperative to remember that science itself comes from a culture that is in stark contrast to many other cultures. Respect of other cultures is an essential component of cultural humility. In order to respect other cultures, it is important to take a candid look at science and the use of scientific "findings" as they are being portrayed to other cultures.

The cultural gap is not in the practice of true science, as true science would state very clearly not to make inferences about which we

have no evidence or research. True scientists do not overgeneralize their findings, or place their findings upon cultural groups or phenomena that are not in their realm of expertise.

In fact, the American Association for the Advancement of Science states very clearly, "That the restriction is merely methodological (rather than ontological) means that science should not consider supernatural explanations itself, but should not claim them to be wrong either. Instead, supernatural explanations should be left a matter of personal belief outside the scope of science." This is a tenet of true scientists and it is applied to the "hard sciences" as well as the "social sciences." My hope is that by examining what science is we can illuminate the culture of science in psychology.

True science cannot prove anything; it can only disprove. In creating theories and laws, certain inferences and rules must be followed to create "scientific laws and facts." Unfortunately, I see many instances where these laws are simply overgeneralized to people and cultural groups where they are entirely inappropriately applied. I also see where they are applied claiming causality, where no proof of causality exists. I will give examples of many of these in this article.

I am not saying that none of these scientific phenomena exist, simply that they may exist under certain circumstances, but that are ethnocentrically applied. No one will argue, for instance that some form of "gravity" exists. You may call it a "law" if you wish, but as you read this article, I think you will find that with current knowledge in quantum physics and other studies, explanations that exist in other cultures are just as valid. Regardless, it is important to remember that science has a culture all its own, and many cultures do not embrace it as their core value. Science makes certain assumptions that may or may not be in fact "true."

What is also important to remember is that dichotomous thinking, the concept that something must be all good/all bad or all right/all wrong, the cornerstone of scientific thought and "fact" is a major issue when it comes to dealing with other cultures. Many cultures do not adhere to this belief system, and therefore will not embrace scientific ways of counting and measuring. I would encourage you to think outside the dichotomous box and realize that science does not now and will never have "all of the answers." As Einstein so brilliantly stated: "The only true wisdom is in knowing you know nothing." Science helps one culture to understand; it does not completely explain. In addition, when you move outside of the culture that created "science" you must remember to utilize cultural humility.

As a case in point, evidence-based practices are just that. Based on evidence. However, if you apply practices to groups where studies do not exist for those populations, that is a major scientific error. There are no evidence-based practices for many cultural groups or beliefs. I continue to see this happen regularly and when I dare to broach the subject of overgeneralization with these practitioners, I am often met with defensiveness and hostility, when in reality it is a problem with their application of science.

In addition, they continue to "support their theories" with more ethnocentric theories, based on the same flawed science. The scientific error of experimenter or expectation bias is repeated time and again. I often feel I would have more success explaining to mice the biological necessity of birds of prey, or at least that the mice would have minds more open to the possibility that there could be another way of seeing things.

The problem is simple; some practices and methodologies can be modified for some cultural groups

while others cannot. You must be intimately familiar with a culture in order to even create the correct intervention, let alone study it. Culture and beliefs, especially when dealing with traditional cultures, are extremely complex. To understand the difficulties of melding science with these cultures, first I would like to look at the problems with "the facts" of science.

The problem with the "hard" sciences is that they are based on cultural beliefs of what is believed to be "knowns." The hard sciences have difficulty explaining many known phenomena, let alone phenomena unknown to their culture. I will elaborate more on this below, but here are a few:

- Most of the matter of the universe is made up of Dark Matter. You would think that a substance that makes of most of the matter of the universe would be explained by hard science. However, this is not the case. Dark matter is made up of "unknown form" and is not even predicted by the standard physics models. Even the so-called "Theory of Everything" does not predict and does not understand what this substance is
- The "laws of electromagnetism" which state that like charges repel is extremely flawed. Under certain conditions, billions of electrons can "stick together" in close proximity, rather than fly apart. Clearly the "scientific laws" need to be held to higher scrutiny under current levels of knowledge. The old laws no longer work, yet they are still taught in school.
- Another "law of science"
 regarding the speed of light needs
 to be re-examined or eliminated.
 The speed of light, once thought
 unbreakable, has been exceeded
 in several recent experiments.
 Many phenomena, such as solar
 disturbances on the sun (which
 take more than eight minutes
 to be visible on the earth) are

registered instantaneously on the acupuncture points of instrumented subjects. Acupuncture points apparently respond to solar events by some other force which travels through space at a much higher speed than light. Scientists cannot explain what this other "invisible" force is. For many years scientists have dismissed acupuncture points and their scientific value. Because this force cannot be seen, they have dismissed it being "real."

These are just a few of the glaring issues with putting total faith in believing what "scientific evidence" tells us is real. While it may pass the test as "scientific law," it is not always truly a fact. Evidence has also accumulated in the laboratory that many paranormal effects are real, and can be verified and studied scientifically in the world of quantum physics. The "reality" of culture is just that, a reality. Quantum physics states very clearly that the physical world as we know it is a "myth of beliefs." That is some people have been taught to believe in a reality that is based on laws that are from the scientific culture.

To put it simply it is much like the placebo effect. You think it is real because someone told you it is. You believe that they told you that solid objects are really solid and that certain scientific "laws" apply and you base your reactions and beliefs upon these "realities and laws." Ouantum physics has proven that solid objects are not really solid; you treat them as solid because you have been taught that they are. Hopefully, through reading this article and opening up to the possibilities of the universe, you can see that all that you have been taught is not really fact and be open to other explanations which current science can and does validate.

The chemistry and physics most of us were taught in earlier grades is extremely simplified and in many cases inaccurate. Photons and electrons cannot be seen and the information that is being taught about them was derived from previously known "scientific expertise." However, with the current knowledge of quantum physics, it is clear that what we are teaching in school is inaccurate at best. The "old science" cannot really explain many phenomena as quantum physics clearly shows. To ignore this branch of science and cling to the so-called "scientific knowledge" of the past is tantamount to still believing that stress causes stomach ulcers; however, these "facts" are still being taught, "as is."

Many current scientific findings (which will be addressed later) are simply not being studied because they challenge the "scientific beliefs" that are held as truth. If left unstudied, there is no evidence to the contrary, and therefore, the status quo remains "proven." Choosing not to study certain phenomena, or groups because they are outside the current belief system, is what maintains the current scientific culture and "facts." I would maintain that unless we have rigorously tested those things outside of the current belief systems scientifically, we cannot make scientific claims about them. This constitutes a number of methodological errors.

The problem lies primarily in three major scientific errors: Selective observation, overgeneralization of scientific findings, and affirming the consequent.

Selective observation happens extremely often in the scientific world and is exceptionally common in intercultural research. Scientists need to understand that behaviors must be studied in context. When you choose to see them from the point of view of an outside culture, you are often making a selective observation. That is, multiple cognitive biases are in play which must be appropriately scientifically managed if the research is to be sound.

There are a plethora of cognitive biases inherent in studying other cultures. While there is not room to list all of them here, consider all the inherent thinking errors that humans make in processing



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information in their own culture and then think about what happens when they try to apply that to a culture that is not their own. Just a few to consider that can affect the design, implementation, and outcome of research are bias blind spot, confirmation bias, congruence bias, déformation professionnelle, focusing effect, framing, egocentric bias, illusory correlation, observer-expectancy effect, and outgroup homogeneity bias.

Overgeneralization is also a very common logical fallacy that occurs when a conclusion about a group is drawn from an unrepresentative sample, or from a study on another group. This often happens when the sample is too small, too narrow, or based on another culture. Often the research I see does not account for level of acculturation of the sample, and makes inferences that have no basis internal to the differences created by the heterogeneity of the cultural sample.

An example that I encountered recently is extremely relevant to this article. The speaker was trying to make the point that evolution has made "humans, by nature, competitive and individualistic." I confronted that statement with. "There is no evidence that exists that this is true in collective cultures." The speaker went on to give a number of individualistic examples including, "Even rabbits know that they need to take care of themselves or be eaten, so they will take care of themselves without regard to others. Those are the rabbits that survive to propagate." My response was simple, "We are not rabbits, and in a collective culture, we don't think of ourselves first. The good of the whole is more important than any one of us." While the research used to support the speaker's claims may be true for rabbits and the culture they have studied, it cannot be applied to all people or cultures. However, the researcher seemed to have no idea that they were overgeneralizing their findings.

There is no evidence that it is purely genetics that makes some individuals think only of themselves. The speaker's "evolutionary design of human nature" does explain the many cultures who do not exhibit these traits, or the humans in individualist cultures who lay down their lives for others. In addition. there is no evidence to prove that people in collective cultures or altruistic individuals in individualistic cultures are somehow genetically abnormal or "flawed" as this researcher's "evolutionary theory" would suggest.

True science and the science of social learning theory does not support any of the speaker's statements that were being stated as evolutionary facts. I would submit that this is not true science and is a eugenic message that culturally humble psychologists should not be sending. This is why it is extremely important to be sure that results are not overgeneralized to groups that have not been included in the study.

Affirming the consequent, also sometimes also called converse error, fallacy of the converse, or confusion of necessity and sufficiency is another problem I see quite often. This is a formal fallacy of inferring the converse from the original statement.

To state it simply:

- If A, then B.
- B
- Therefore, A.
- If a man owns Fort Knox he is rich.
- Joe is rich.
- Joe owns Fort Knox.

Or,

- If evolution were true, there would be DNA similarities.
- There are DNA similarities.
- Evolution is true.

Science states that many things are "fact." I am not going to debate the "theory of evolution." The problem is that the terms "evolution" and the "theory of evolution" are often used interchangeably. If you choose to believe in the "theory of evolution" and that is your culture, I respect that. I realize that in the

majority culture, it is tantamount to blasphemy for any scientist to question the theory of evolution as a scientific fact.

Remember, however, that the term "evolution" refers to change. Much like some of the "laws and facts" of science listed below, there may be evidence that fits the scientific logic and what scientists refer to as proof. However, all of it is based on the scientific culture that does not answer the simple question, "Why?" Evolution, does not exclude the possibilities of other cultural beliefs. Again, resisting the need to engage in dichotomous thinking is nearly impossible for some, but I would encourage you to think outside that box and think in terms of cultural humility.

The major cultural problem is that the scientific terminology is being scientifically manipulated and used in ways it was never intended to be used. Science cannot explain many things; however, many scientists and researchers have a tendency to act as though science can and does explain all. As examples, here are just a few things that science cannot explain at this time:

- Animal Migration: Many animals migrate thousands of miles over land and sea. Scientists have no explanation, even though theories abound and many have tried to explain this.
- The "Law of Gravity": One of the "basic laws" of science. Having been proven by science as accepted fact, this "law" is flawed or at least seriously broken. Experiments by Saxl and Allais (http://home.netcom. com/~sbyers11/grav11d.htm) found that Foucault pendulums veer off in strange directions during solar eclipses. In addition, interplanetary NASA satellites are showing persistent errors in trajectory that do not adhere to any of the predicted "gravity laws" that we have been taught are reality. None of these errors are predicted by the standard theory of gravity known as

Einstein's Law of General Relativity. The predictions and the "law" of gravity are inconsistent at best.

- The Baigong Pipes: In rural China, in an area scientists consider uninhabitable by humans, there are three triangular openings at the top of a mountain. These openings are filled with an iron pipe system of unknown origins. Some of the pipes go into a nearby salt water lake, while others go deep into the mountain. Many more of these iron pipes can be found inside of the lake and along the shore lines. Some of these pipes are centimeters in diameter and appear to be placed in a useful, purposeful pattern. Carbon dating has put them prior to the time of the discovery of metal by Europeans, and back in the time of the Chinese nomads. However, these iron pipes are clean of debris, and scientists believe this indicates that they were used for some purpose. There is no scientific explanation as to why they exist as they do not fit the scientific European timeline for the discovery of metal.
- The Klerksdorp Spheres: These little spheres were found in South Africa in pyrophyllite (crystallized rock) deposits. They are metallic, 0.5 to 10 cm in diameter, and their origins are unknown. Some have perfectly concentric grooves running along their equator and seem to have been made by intelligent design. Numerous scientists have dated them through

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many means and they have been shown to be 2.8 billion years old. This would mean intelligent life existed on earth a few billion years before the current scientific theory of intelligent life on earth.

It should be noted that the spheres have near perfect balance and have been tested by NASA. A researcher who had NASA test one stated: "It turned out that the balance is so fine, it exceeded the limit of NASA's measuring technology" (Hund, 1977, quoted on https://www.forbiddenhistory.info/?q=node/26). One NASA scientist told the researcher that they do not have the technology to create anything as finely balanced as this. They believe the only way they could be created would be in zero gravity. One more note, these spheres rotate on their own axis with no surrounding vibrations twice a year. The studies ended when NASA could not explain how intelligent life was found on earth long before the currently accepted time line, or how these were made.

 A Blank Spot in the Universe: Astronomers have discovered a very large mysterious blank space in the cosmos which is void of any stars or galaxies. It's just a big space of nothing. This is not a black hole, where the nearby stars are being pulled into its gravitational orbit. It is about one billion light years across, which means it would measure about 6 billion light years of complete emptiness.

This "emptiness" was discovered by accident when astronomers at the University of Minnesota were taking surveys of the night sky. By using radio photography to scan big expanses of the universe, the radio pictures began to indicate 45% less matter than normal in a particular region. Checking the scans again, it was found to be a complete cold spot, void of any matter. Physicists, astronomists, and others have no idea what this is or how it functions in the universe. However, it does not fit any of the current theories of how the universe was formed and clearly confuses the current "expanding universe" map.

The Big Bang: You are probably aware that "current science supports the Big Bang theory." That is, the idea that the universe was created from an extremely dense and hot state that exploded, creating a continually expanding universe. Many scientists agree that this "event" created the universe we live in. While many scientists generally agree that this "Big Bang" happened "about" 13.8 billion years ago, they disagree on how and why the event occurred or how to explain the Blank Spot recently discovered.

Top scientists including Stephen Hawking, a devout atheist, believe that this was not a random event, supported by numerous physicists regarding the origins of the Universe. Other top physicists, astonomists, and other scientists have done multiple, complex calculations that support Stephen Hawking and the "Theory of the Fine-Tuned Universe."

With current abilities in space exploration, more evidence has come to light that supports this theory and other theories related to the creation of the universe which are in direct opposition to many of the "facts" associated with the Big Bang theory.

Many of these theories regarding the creation of the universe are not really new theories and attempt to explain what happened before and after the Big Bang (if that is what happened). Dichotomous thinking is so prevalent in the scientific world, however, that apparently there isn't even room to look at the current science from prominent scientists. These "new" explanations are scientificallybased theories which have multiple skilled scientists stating that what we have been taught is obsolete, or at least based on limited information. The point isn't that someone has to be right; the problem is that defensiveness, and the need to be right, keeps us from realizing we could be wrong.

I could give many more examples, but I think these make the point that we need to refrain from dichotomous thinking if we want to really get to "facts." There is room for agreement and disagreement. No one is arguing that there is not some form of gravity or that the Big Bang could not have happened at all. The point is that the "laws" of science are not really "laws" at all. They are fallible and imperfect. As we learn more about the universe. we learn that what we have been taught in the formal educational system about what is "fact" is not always correct and that other explanations could be just as valid.

Not many years ago, we were told it was a "fact" that certain animals were extinct, just to find out that was not true and no less than 13 of these animals have been proven to exist today. The denial of certain "rare" animals is often shown to be a fallacy; each year hundreds of new species of animals are "discovered." Many of you probably remember scientists claiming that not so long ago "those animals cannot exist because we have no evidence of them." While natives in the areas have reported them for centuries, the existence of these animals has been denied by scientists because they have not yet been "discovered." This is once again an example of science overstepping true scientific methodology.

Science, like any other cultural artifact, is fallible. It is not all-knowing; however, when put forth to students and the public, many statements are often unfortunately billed as "fact" because they are "based on science" when in reality they are "beliefs."

For thousands of years, Native Americans have planted corn, beans and squash and have referred to these as "The Sister Plants." Scientists referred to this practice as legend and based on "tribal folklore." Recently research has upheld the extreme agroecology of planting these crops together in the way that natives have done for hundreds of years. This practice is now being studied and used in universities and in many countries as a way to feed people sustainably.

Native agriculture and sustainable living has been culturally appropriated and sold as "sustainability and permaculture" when for hundreds of years our compost toilets, ways of living and people were referred to as "primitive" by scientists. It is important to remember that scientific knowledge changes with technology and further studies. To make errors based on confirmation bias and congruence bias are also major scientific cognitive errors, yet they appear far more often when scientists do not practice cultural humility.

Science will not fit into many cultures unless scientists are willing to use true scientific approaches. Many cultures do not and will not embrace counting and measuring. They are collective cultures who do not embrace the tenets of individuality and individual competition. If we are going to have meaningful, culturally competent interactions and make a positive

difference, we must first understand that our current comments about who and what people are must be made with cultural humility and a respectful understanding of other cultures.

Continuing to make conclusions, statements, and interventions about "people" that are based on studies which are not inclusive is very disrespectful. In addition, not doing studies with other "people," or even stating that we are aware that the research doesn't include certain cultural groups, is even more detrimental. Ignoring the very existence of other cultures in the findings, statements, and conclusions implies that they are not people at all and not even worthy of discussion, which does not reflect cultural humility.

I find it extremely disheartening that so many scientists cannot seem to grasp the concept of cultural humility. Often when I attempt to bring up the subject I am either met with outright hostility or complete ignorance. I am not sure which is more agonizing and injurious to our profession. We are not doing a service to the world of psychology or science if we allow this to continue. As I attempt to explain other cultures to those who are clearly not aware of cultural factors in their world, I am often treated as though am either speaking in tongues or speaking blasphemy to the god of science.

My intention is to do neither. My intention is simply to educate psychologists as psychological helpers in cultural humility. We must understand that we cannot remain ethnocentric if we are going to help in a world that is global in nature.

Times have changed and science has changed. It is time that we all become aware that the world around us no longer allows us to remain culturally incompetent if we are to excel as psychologists and scientists in this world. We must practice cultural humility in research and practice. At the very least, we need to be open to the possibility that we do not have all the answers and we must listen to those who may know more than science alone can teach us.

APA Council Representative Report

Teri Strong, APA Council Representative for Oregon

In my last report, I provided updates on actions taken by the APA Council of Representatives at the August meeting related to the results of the Independent Review. This report will contain association news, followed by updates on actions taken since August related to the Independent Review, and ending with information related to the many other important actions that were taken at the August Council meeting.

In association news, the APA Board of Directors has appointed Cynthia D. Belar, PhD, ABPP, as interim chief executive officer, effective Jan. 1, 2016. She will succeed Norman B. Anderson, PhD, who is retiring at the end of this year. The following is quoted from the APA Press Release, dated November 23, 2015:

"Dr. Belar has a wealth of knowledge about APA, garnered from her experience as a member of APA governance, a division leader and, most recently, having served as APA's executive director for education from 2000 until her retirement in 2014.

"Before joining APA, Dr. Belar was engaged in teaching, research and practice for 25 years, most of which were spent at the University of Florida Health Science Center. Dr. Belar founded one of the first formal tracks in medical psychology at the University of Florida clinical psychology program. She is also one of the founders of Div. 38 (Health).

"Dr. Belar will come out of retirement to take the helm of APA. The interim CEO position is expected to last for six to 12 months, depending on the length of the search process for the next CEO."

APA members elected Anthony Puente, PhD, for the position of APA President-Elect for 2016. Dr. Puente is a professor of psychology at the University of North Carolina Wilmington (UNCW) and maintains a private practice in clinical neuropsychology. In 2002, he founded and now co-directs (with a PharmD) a bilingual mental health clinic for the poor and uninsured. He is a past-president of the North Carolina Psychological Association, the North Carolina Psychological Foundation, the National Academy of Neuropsychology, Div. 40 (Society for Clinical Neuropsychology) and the Hispanic Neuropsychological Society,

and served two terms as a Div. 40 Council Representative. Between 1993 and 2008, he was APA's representative to the American Medical Association's Current Procedural Terminology panel and was then elected to the editorial panel of the CPT as a voting member. He also served on the Center for Medicare and Medicaid's Medicare Coverage Advisory Committee.

The following actions have been taken on the resolutions passed by Council at the August meeting related to the Independent Review:

- The Conflict of Interest Workgroup has been established and it is charged with the development of a statement of principles regarding conflict of interest for each board/ committee/task force/Council member to sign on an annual basis. A subgroup of members of Council, boards, committees, and the membership will be formed by the Council Leadership Team to create virtually such a statement which will be finalized at the February 2016 Council meeting. Bios for all the members of the Conflict of Interest Work Group can be found at the following link: http://www.apa.org/pubs/ newsletters/access/2015/11-17/ conflict-interest.aspx.
- The APA Commission on Ethics Processes is still being formed.
 Dr. Katherine Nordall, Executive Director of APA's Practice
 Organization, has been named as Interim Director of the Ethics
 Office. A search for a permanent Ethics Director is anticipated after the work of the Commission is completed.

Council took action on a large number of other important issues at the August 2015 meeting, which were overshadowed by the Independent Review, are outlined below:

 Adopted the Resolution on Violent Video Games, which urges the video game industry to design

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- games that are appropriate to users' age and psychological development and encourages the Entertainment Software Rating Board to refine its video game rating system "to reflect the levels and characteristics of violence in games."
- The resolution also voices APA's support for more research to address gaps in the knowledge about the effects of violent video game use. The resolution is based on recommendations from the APA Task Force on Violent Media, which was formed in 2013. The group concluded that violent video game play is linked to increased aggression in players, but also stated that there is insufficient evidence about whether the link extends to criminal violence or delinquency. A copy of the task force report can be found at www.apa.org/news/press/ releases/2015/08/technicalviolent-games.pdf. A copy of the new APA policy is at www.apa.org/ news/press/releases/2015/08/ violent-video-games.pdf.
- Psychological Practice with Transgender and Gender Nonconforming People," which calls for psychologists who work with these populations to provide acceptance, support and understanding without making assumptions about clients' gender identities or gender expressions.
- The guidelines were drafted by APA's Task Force on Guidelines for Psychological Practice with Transgender and Gender Nonconforming People, formed in the wake of an APA survey in 2009 that found less than 30% of psychologists and graduate student respondents were familiar with the issues facing transgender and gender nonconforming people. A copy of the guidelines can be found at www.apa.org/practice/guidelines/transgender.pdf.

- Among other actions, APA's Council:
- Voted to make public the cost of the report of the Independent Review relating to APA ethics guidelines, national security interrogations and torture. The cost for professional fees and expenses in connection with the Independent Review were \$4.3 million through July 15. A final report of expenses will be provided once all of the costs have been billed. The costs will be paid from the net assets of the association. which were \$61.5 million on Dec. 31, 2014, per the audited financial statements.
- Adopted a statement in support of the independence of psychologists. The policy says that APA supports removing "barriers to quality care, including prohibitions on cross specialty, business partnerships or models" to enhance opportunities for psychologists arising from the Affordable Care Act.
- Adopted the Guidelines on Trauma Competencies for Education and Training as APA policy. The competencies are intended to guide U.S. education and training for practice and are based on the work conducted at a national consensus conference on trauma.
- Approved a revision of the Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists. Sponsors must meet the standards to receive APA approval for CE offerings.
- Approved rehabilitation
 psychology as a new specialty for a
 seven-year period. Rehabilitation
 psychologists help to identify the
 psychological, social, behavioral,
 educational and adaptive
 equipment needs of people with
 disabilities.
- Approved for seven more years the recognition of psychoanalysis in psychology as a specialty in professional psychology. APA first approved psychoanalysis as a specialty in 1995.

- Approved a one-year extension of two other specialties: Forensic psychology and treatment of alcohol and other psychoactive substance use disorders.
- Endorsed in principle the
 Association of State and Provincial
 Psychology Boards (ASPPB)
 Interjurisdictional Compact, which
 seeks to facilitate telehealth and
 temporary face-to-face psychology
 practice across state lines. In the
 months ahead, ASPPB will be
 working with the Council of State
 Governments to create a resources
 kit, a website and webinars to
 inform people about the compact.

On a personal note, this will be my last Council Representative report, as I will finish my term at the end of this year. It has been my great honor to serve in this capacity and I would like to express my sincere appreciation to OPA members and to the Board of Directors for giving me this opportunity for the personal and professional growth this role has afforded me. We are very fortunate that Cliff Johannsen will be assuming the role of Council Representative for Oregon on January 1st, and we can look forward to his expert representation.

Diversity Resources on the Web

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. 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.

"New APA Policy Bans Psychologist Participation...."

Pat DeLeon, PhD, former APA President

The APA State Leadership Conference (SLC): One of the highlights of my year has always been the annual Practice Directorate/ **Practice Organization State** Leadership Conference (SLC), where Katherine Nordal exposes approximately 550+ state association leaders from around the country to the changes evolving within the nation's health care system, as well as the world of national politics. One of her subtle reoccurring themes is the importance of the attendees getting to know their local media on a personal basis, in order to educate them about the field of psychology and our collective potential for having a positive impact upon society's most pressing needs. Dan Ullman, for example, recently shared with us an article from the Star-Herald graphically describing the compelling need for quality mental health care throughout the rural areas of Nebraska. This will undoubtedly be used by the Nebraska Psychological Association in furtherance of their contemplated RxP legislation. Earlier this year, I was invited by President Lori Butts to participate in the Florida Psychological Association annual meeting where their ongoing efforts to collaborate with the media were highlighted. And, I am well aware that the Hawaii Psychological Association hosts an annual media award. There can be no question that the media has a major impact upon society's appreciation of psychology. During our Toronto convention, the impact of the *New York Times* coverage (as well as that of other major news organizations) of the Hoffman Report was quite evident.

The Hoffman Report: I have had the extremely good fortune to have been involved in the APA governance for approximately a quarter of a century. It was a wonderful experience—addressing important agendas; working with fantastic colleagues; and a real chance to "make a difference." Having been interviewed for the

Hoffman Report at the invitation of Past President Nadine Kaslow, I read it carefully several times. As the Report indicated, the specific question the APA Board of Directors asked the authors to address was: "whether APA officials colluded with DoD, CIA, or other government officials 'to support torture."

In my judgment, the discussion regarding the Department of Defense (DoD) psychopharmacology (RxP) training program was very accurate. "The demonstration project thus served a crucial unlocking function for psychology and APA, since it established the legitimacy of a prescription-training program outside of traditional medical school, thus providing a strong answer to the traditional critique from psychiatrists that the only way to be trained in prescribing psychiatric medication was to graduate from a traditional four-year medical school. We do not believe that by 2005, APA officials were realistically seeking or expecting anything further from DoD on the topic of prescription privileges. Nor do we believe that APA officials actually worried that a failure to curry favor with DoD would cause DoD to reverse course on prescription privileges by, for instance, disallowing previouslycertified psychologists from continuing to prescribe medication when they treated DoD personnel."

The convention Town Hall meeting focusing upon the Report, chaired by Nadine and President-Elect Susan McDaniel, was most impressive. More colleagues passionately participated than I had anticipated and they were definitely engaged. My sincerest appreciation and congratulations to Steven Reisner and his colleagues Stephen Soldz and Jean Maria Arrigo for their personal commitment to having APA address this important issue. And yet, as I listened to the audience and reviewed the comments being made on various listserves, I must conclude that if I had been President in 2015,

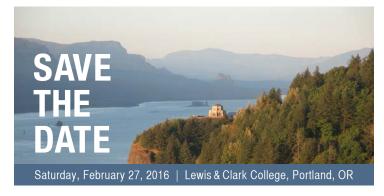
rather than 2000, there is little question that the same individuals would be demanding my resignation. That realization fosters an entirely different perspective.

Over the years, I have served in various capacities within the APA governance. As an elected (or appointed) member of various boards and committees, including three terms on the APA Board of Directors and President in 2000, I relied heavily upon the good judgment of staff and volunteers. I worked closely with a number of the individuals mentioned in the Hoffman Report and have the highest respect for them and their professional integrity. For example, during my Presidential year APA CEO Ray Fowler unfortunately suffered serious health problems and Mike Honaker did an outstanding job in his absence. Similarly, no one has contributed more to APA's smooth functioning than Judy Strassburger during her 40 years of service. I will never forget how helpful Rhea Farberman was to then-President Norine Johnson during the chaos surrounding 9/11 and her efforts to address the psychological needs of our nation's children and their families. Similarly, I will remember Norman Anderson as the CEO who succeeded in having our Association named by the national media as a wonderful place to work. To see these individuals being sharply criticized today for doing their jobs is simply unfair and not right!

Having worked on the staff of the U.S. Senate for 38+ years, I have come to appreciate the unique (and at times delicate) role that senior staff must play in order to keep an organization functioning smoothly and goal oriented. Psychology's elected officials (on Council and Boards and Committees) set overall policy. Within that framework, senior staff work tirelessly to implement mutually agreed upon goals and objectives, often consulting extensively with their committee

chairperson. It is frequently the responsibility of staff to draft correspondence, formal statements such as language for proposed resolutions, and even speeches for the elected ones to cogently present. One should never forget that staff, no matter how senior or knowledgeable about a given content area, do not vote. That is solely the responsibility of those elected to office. If during the process there are any questions about documents presented to the committee, it is the obligation of the elected members to raise questions and respond to the proffered answers. On the PENS report, for example, I understand that multiple governance groups had the opportunity to respond at different times during the process.

The Hoffman Report was to address the issue of whether APA officials (including staff) "colluded with" the Department of Defense. The Report stated: "The collusion here was, at the least, to adopt and maintain APA ethics policies that were not more restrictive than the guidelines that key DoD officials wanted, and that were as closely aligned as possible with DoD policies, guidelines, practices, or preferences, as articulated to APA by these DoD officials." From my perspective, more appropriate terminology might be the less valuedrive term "collaborated with." APA is fundamentally a membership organization and whenever its policies could potentially have a direct impact upon any segment of



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the membership, the organization has a long history of reaching out to those who might be affected to explore how to most effectively accomplish mutually agreed upon objectives. For example, during the early discussions surrounding the CHAPUS peer review efforts, the voices of independent practitioners were affirmatively solicited and responded to. Certainly, in working on the specialty forensic guidelines, staff worked closely with forensic psychologists. These collaborations seem most reasonable to me.

During my years working for the legislative arm of the federal government, I learned that almost all levels of executive staff within every federal agency were extraordinarily hesitant to be identified as talking with outside entities (such as Congressional staff), especially outside of their formal "chain of command." This orientation might provide an alternative explanation for the Hoffman Report's finding that many of the APA staff-agency discussions (e-mails or phone) were labeled "confidential." Perhaps this approach was intended not to keep governance members uninformed, but instead, to provide a level of protection to colleagues working within the federal agencies. I will not pretend to know the answer; however, I would suggest that there are many possible alternative explanations for the behaviors that were the focus of the Toronto Town Hall meeting.

Personally, I have never heard any of my colleagues or APA staff expressing support for torture and I seriously doubt that I ever will, notwithstanding impressions that may have been conveyed by the media. This reflects a fundamental personal value system which, growing up as an altar boy in a Russian Orthodox church, I am very proud of. It seems to me that much of the ongoing discussion has wandered away from the fundamental question of whether APA policy has had the effect of facilitating torture on any detainee and instead addresses other agendas, which although they may be meritorious are, in my judgment, tangential. For example, some have called for increasing the voice of early career and ethnic minority psychologists within the APA governance. These are objectives which I would strongly support—and reflect one of the underlying reasons why I have not run for any APA elected office since the end of my Presidential term. However, I do not feel that this directly addresses the underlying issue of whether APA has acted in a manner which condones torture.

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

Stillness

John Christensen, PhD, APA Advisory Committee on Colleague Assistance

A recent development in information technology is the advent of Google Glasses. These are smart goggles that allow streaming of data via the Internet onto a sector of the lens and linked to a GPS embedded in the frame. Imagine walking by any place of business and with a glance at the storefront accessing the company website (restaurant menu, movie marquee with IMDB reviews) or being able to encounter a bird in the wild and with instant photo-with-feature recognition see all the information you want about that bird displayed in your field of vision. Pretty cool! Without waiting for this next best thing to emerge, we already have instant access to more information than was available in the great library of Alexandria (or any historical repository of human knowledge). If we wish, we can allow the information to roll over us in a continuous flow. But is there a cost to wading through this incessant stream?

Although our brains are quite adaptable and resilient, they require the full cycle of a night's sleep to prune unnecessary synaptic connections and consolidate and strengthen the connections of new knowledge. They also require stillness and silence to find the depth and meaning in what we absorb. For us (and our children) these moments of stillness are disappearing as rapidly as ice sheets in the polar regions. I found a New York Times article by Pico Ayer to be a compelling reminder of the deep value of cultivating silence and stillness (http:// www.nytimes.com/2012/01/01/ opinion/sunday/the-joy-of-quiet. html?pagewanted=all).

Making a conscious effort to create "unplugged" time can reap dividends beyond the investment of time (be it a day or an hour or even 5 minutes). When we disconnect from light-emitting screens, email, Facebook, and the text messages we might delay, we open ourselves to the possibility of encountering what the poet Gerard Manley Hopkins called

"the dearest freshness deep down things," whether it be a manifestation of nature, the touch of a loved one, or the murmurings of our own soul. A physician colleague in New York tries to honor the Sabbath in whatever small way he can. If he cannot take a sabbath day, he takes a "sabbath hour," into which he enters by placing the devices that connect him to the nonstop world (pager, smart phone, iPad, car keys) into a "sabbath box," where they remain to be picked up at the end of the sabbath time. The discipline to collect these moments of stillness requires that we tolerate the technological withdrawal symptoms of boredom or the anxiety of missing out on something.

For a deeper read on this issue, I recommend *The Shallows* (no pun intended) by Nicholas Carr (http://www.nytimes.com/2010/06/06/books/review/Lehrer-t.html).

He refers back to Marshall McLuhan's *Understanding Media* to explore how the media of technology (rather than the message or content) are reshaping our minds.

To live consciously as humans entails being mindful not only of good nutrition, restorative sleep, and adequate exercise—but also ensuring we get our recommended daily allowance of *stillness*.

"When you lose touch with inner stillness, you lose touch with yourself. When you lose touch with yourself, you lose yourself in the world. Your innermost sense of self, of who you are, is inseparable from stillness. This is the I Am that is deeper than name and form."—Eckhart Tolle.

The APA Advisory Committee on Colleague Assistance (ACCA) seeks to promote the health and well-being of psychologists by providing resources to help them prevent burnout and to thrive and flourish in their personal and professional lives. It also seeks to help organizations in which psychologists work to promote their well-being. ACCA has a threefold mission:

- To prevent and ameliorate professional distress and impairment and their consequences among psychologists.
- 2. To foster and provide resources via linkages to state associations to this end.
- *Thereby, to better protect the public.*

ACCA attempts to attain these goals in three ways: Bu promoting an understanding and acknowledgment of the unique occupational hazards of psychologists' work, supporting the development and maintenance of state level assistance programming, and encouraging appropriate linkages between state ethics committees, regulatory boards and assistance programs. By working in these areas. ACCA hopes to serve the interests of the public and the professional community. Resources to help psychologists and their professional organizations can be found on the ACCA web page: (http://www.apa.org/practice/ leadership/colleague-assistance. aspx).

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!

Multiple Roles in Clinical Supervision: Why Supervision is Ethically More Complex than Teaching

Catherine Miller, PhD, & Nnenna Nwankwo, MS, OPA Ethics Committee

Good supervision is considered essential to the development of competent functioning of trainees, and it has been called "the cornerstone in the education and training of a therapist" (Falender & Shafranske, 2004, p. 3). Psychologists whose role includes supervising students in clinical placements (practicum, internship, residencies) often face the dilemma of working in multiple roles. Supervision inherently includes tension in attempting to balance two essential functions: "[T]o ensure the integrity of clinical services provided to the client and to develop competence in the "supervisee" (Falender & Shafranske, 2004, p. 3). Johnson (2007) elaborated on these functions, stating that supervision involves all of the following: "[T]eaching, personal therapy, collegial problemsolving, apprenticeship, and formal performance evaluation" (p. 259). It seems clear from these descriptions of supervision that supervising psychologists simultaneously are in the roles of gatekeeper and mentor, and that these roles are often in conflict. Supervisors are tasked with protecting the profession and the public by preventing incompetent or unprepared trainees from harming unaware and often vulnerable clients, while concurrently working to nurture and bring out the best in their supervisees. Managing these role issues increases the ethical complexity involved in supervision (Goodyear & Rodolfa, 2012). All teachers/instructors face this dilemma to some degree, but supervisors perhaps feel the difficulties inherent in multiple roles most acutely. There are four main reasons for this: Length of supervisory relationships, number of supervisees, relevance of personal information to supervision, and desire for a mentoring relationship.

First, most supervisory contracts extend for 12 months and sometimes

longer, and supervisors typically meet with their supervisees on a weekly basis. This means that supervisors generally have longer and more intense relationships with supervisees than teachers have with their students. In addition. supervisors commonly are asked to write letters of recommendations for jobs or licensing applications, even years after the supervisory relationship has ended. Supervisees therefore have a vested interest in keeping in touch with their supervisors and letting them know about their professional accomplishments. Supervisors also benefit from this intermittent and prolonged contact from supervisees, as most supervisors take a great deal of pride in their supervisees' professional accomplishments and consider that they have done a good job when their supervisees succeed. Think about it: When clinical psychologists ask each other "Who were you trained by?" they are not asking who taught the classes or workshops you took; instead, they are asking who supervised you, as that is how our professional lineage is established.

A second reason that multiple relationships are more common in supervision than in teaching activities is the dramatic difference in the number of students involved in each activity. Foundational psychology courses in large graduate programs may have up to 50 or more students in one class. We know of no existing guidelines outlining limits on the numbers of students that should be in classroom settings. On the other hand, the Association for State and Provincial Psychology Boards (ASPPB) developed Guidelines on Practicum Experience for Licensure in 2009 that do indirectly discuss limits on supervision numbers. These guidelines were intended to assist state licensing boards in developing criteria for practicum

experiences that would count as qualified supervised experience toward licensure requirements. The ASPPB guidelines state that, "for the sake of public protection and effective learning" (p. 9), a student involved in a typical 16-hour per week practicum placement should receive 2 hours of supervision each week. These guidelines effectively prohibit supervisors from taking on large numbers of supervisees due to simple time constraints. At any given time, numbers typically range from one to four trainees assigned to one supervisor. This low ratio of trainees to supervisors allows for considerably more interaction to occur between supervisors and supervisees than between instructors and classroom students.

A third reason that multiple relationships are more common in supervision than in teaching activities is the relevance of personal information to supervision. If a supervisee is not performing well clinically due to personal issues, such as family crises, school stress, or personal health concerns, those issues must be discussed in supervision sessions in order for the supervisor to assess how these stressors are affecting client care (Shaw, 2014). Supervisors must focus some supervision time on facilitating trainee self-care and managing trainee personal problems that impact their clinical work (Bertrando & Gilli, 2010). If a student fails a test in a class due to personal issues, the instructor does not necessarily need to know the contributing reasons for the failure. However, if a trainee's personal issues "leak" into the therapy room, it is vitally important that supervisors understand what is happening outside the therapy room that is impacting the trainee's functioning. For example, a student may have had a traumatic experience in the past, such as a rape, and may



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still be experiencing some symptoms, such as hypervigilance and avoidance of men with similar features of the perpetrator (e.g., dark hair). Understanding why a supervisee is acting very differently with certain male clients than she does with other clients is invaluable to a supervisor. Rather than commit the fundamental attribution error and assume that the student is incompetent or incapable of consistently performing her assigned tasks, a supervisor who is aware of the trainee's prior history may be able to set up the training environment to achieve maximum success (e.g., start the student off with female clients only and slowly introduce male clients over time).

Finally, a fourth reason that multiple relationships are more common in supervision than in teaching activities is the desire of both trainees and supervisors for a strong mentoring relationship (Johnson, 2007). Mentorships "are dynamic, emotionally connected, reciprocal relationships in which the faculty member or supervisor shows deliberate and generative concern for the student or trainee beyond mere acquisition of clinical skills" (Johnson, 2007, p. 259). During their own training years, many current supervisors had a strong mentoring relationship with one of their former supervisors. Understanding and experiencing the benefits inherent in a mentorship is perhaps what compelled many of us to want to give back to the profession in the form of supervising trainees, and we want to replicate that mentoring relationship with our current supervisees. Trainees also desire mentorship, and they actively seek out these relationships from faculty, typically from their supervisors. Mentoring relationships can develop between students and instructors but are more likely to happen between trainees and supervisors, due to the length of the supervisory relationship and the personal information revealed during supervision sessions.

Developing a long-standing, dynamic, and connected relationship in supervision inherently creates tension when the time comes each term to formally evaluate a supervisee. Particularly in the situation in which a supervisee has some difficulties in successfully completing clinical tasks, perhaps due to personal stressors in the trainee's life, the multiple relationship can become a serious problem. For example, should the information from the student's personal life be passed on to the Director of Clinical Training in the student's program? Should it be used to restrict a student's clinical work? These questions are not easy to answer when a supervisor is in the role of being both an advocate for the student and a protector of the profession and the public. Most supervisors would prefer to focus on trainee learning and development rather than accountability and formal evaluation (Shaw, 2013). However, Principle A of the APA ethics code (APA, 2010) stresses that psychologists must safeguard the rights and welfare of those with whom they interact professionally and those affected by those persons; this includes supervisees, clients, and the public. It is clear that supervisors must find ways to balance advocacy and evaluative functions. One way to assist in finding this balance is for supervisors to avoid working in isolation: they should establish a regular schedule of interactions with faculty at each trainee's program, such as the student's advisor and/ or the Director of Clinical Training. Another possible solution is to set up monthly or quarterly supervisor meetings, so that supervisors can get together on a regular basis to discuss common difficulties in supervision sessions and review the relevant literature on supervision. Finally, another possible way to assist supervisors in balancing their multiple roles is for graduate programs to focus more time on the training of supervision, adding classes and experiential exercises designed to increase supervisory

skills. Many of us who are currently supervising did not receive formal training in supervision; adding formal training experiences as qualifications for supervision would help alert supervisors early on to the inherent multiple roles. In addition, graduate programs must allocate adequate resources (e.g., time to complete supervisory activities, time for ongoing training) toward supervision activities, recognizing that clinical supervision involves a level of ethical complexity not inherent in the classroom setting.

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Health Evidence Review Commission: State of Oregon

Beth Kaplan Westbrook, PsyD

I would like to give you a thumbnail sketch of the work of the Health Evidence Review Commission. I was appointed to the commission beginning in January, 2012 by Governor Kitzhaber. The previous Health Services Commission reviewed and maintained the Prioritized List of Health Services for the state (implemented in 1994). I serve on the full commission as well as the Evidence Based Sub-Committee. The Evidence-Based Subcommittee refines topics and key questions as they are needed, reviews existing guidelines, develops guidelines, obtains peer and public comment, addresses comment, and presents guidelines to the full commission for a vote. Several primary sources are used for evidence, such as the Agency for Healthcare Research and Quality: Effective Healthcare Program, Blue Cross Blue Shield, British Medical Journal Clinical Evidence, Cochrane Library, National Institute for Health and Clinical Evidence, etc.

The commission looks at several factors in determining its strength of recommendation: The balance between desirable and undesirable effects, the quality of the evidence, costs and values, and preferences. As you can imagine, the HERC staff and commissioners are reviewing a huge volume of information in attempt to best serve Oregonians. I have been pleased to give particular input to topics such as severe depression, autism, approaches for pain management, ADHD, gender dysphoria, etc. I

have been pleased to support research in our field and to advocate for vulnerable conditions in the best way I can. I am the only mental health clinician serving on the full commission and it is both a pleasure and a burden to try to advocate for all aspects of the care of patients. I am learning a great deal about waste (mostly technology), many standards of medical care that don't always reduce harms, and politics and who tries to influence the commission and its members.

Every few years I debate with myself, can I keep doing this? I take time out of my practice, spend time in lengthy meetings, and at times am bogged down in trivia, reading hundreds of pages of proposed guidelines. Every time I decide that the learning, the contribution to mental health topics, and the collaboration with other healthcare fields makes it very worthwhile. I am grateful to those colleagues who have contributed information when needed and for your own contributions to our field.

Dr. Westbrook has served OPA since 1991 on the Social Issues Committee, Legislative Committee, Colleague Assistance Committee, Continuing Education Committee, as OPA President and on APA's Advisory Committee on Colleague Assistance. She currently is in private practice and consults to the Medical Society of Metropolitan Portland (Wellness Program) and the Health Professionals Service Program (State of Oregon).



"Paycheck-to-Paycheck" Is a Diversity and Cultural Issue

Natalie Kollross, PsyD, OPA Diversity Committee Chair

Living paycheck-to-paycheck is a reality for so many people and families. Up until recently I didn't understand what not living paycheck-to-paycheck meant or even seemed like. I couldn't quite even fathom not living this way because this or worse has always been my reality. I have always thought about money, talked about money, dreamed about money. Growing up in poverty means that money is always an issue. In this situation there is not a luxury of being hush-hush about money or seeing it as taboo. It is constantly an issue and one is constantly thinking about how to possibly obtain more. Usually this is in the form of daydreaming, but nonetheless.

Recently, I learned the other side of the coin, if you will. I finally have a grasp on how it feels to not be waiting for the next paycheck and it feels pretty good. I want to highlight in this article that income is a diversity issue and cultural aspect of one's life. I believe that this is often overlooked. Obviously, poverty does not define one's culture, but there are cultural aspects that are important to understanding one's identity. Small, Harding, and Lamont (2010) reviewed the literature on culture and poverty and attempted to identify cultural aspects related to poverty including values, repertoires, frames, narratives, symbolic boundaries, cultural capital, and institutions. For example, cultural capital would play a role in how a new college student may understand and be

able to navigate college life based on what information was relayed by parents or family members. It would also help teach what it means to live "comfortably." Repertoires would inform job interviews or one's behavior on a date. I find many of these aspects listed by the authors to be helpful in conceptualizing how poverty may affect one's life.

Given the degree to which poverty permeates everyday life and wellbeing, including that of chronic stress and survival, it should be woven into clinical practice. It is important to determine how much, if any, it has affected or is affecting the client. Those in poverty are some of the most in need of mental health services, yet they often do not receive quality services and are often found to be "difficult." Avoiding assumptions of low intelligence, crassness, and exploitation will be helpful in understanding the whole individual within and apart from the context of poverty. Opening up the conversation will hopefully produce compassion for the individual within a larger issue. I hope in the future that this can become a more highlighted aspect of culture and diversity.

References

Small, M. L., Harding, D. J., & Lamont, M. (2010). Reconsidering culture and poverty. *The Annals of the American Academy of Political and Social Science*, 629, 6-27.

Believing, in Stages

Nathan W. Engle, MA

I struggled with my faith for years. I eventually noticed that my faith was not improving my life. I realized I was trying to be perfect. Like doggy-paddling in an endless ocean, I never seemed to make progress, only lots of small changes that helped me stay afloat and appease my unrelenting culture. Through multiple arduous life challenges, I grew more comfortable questioning my faith. I sought out mentors, books, forums, and silence in hopes of finding something that alleviated my faith crisis.

Over time, I collected countless resources added to my spiritual insight as I expanded the pool of information I used to understand my spiritual identity and development. While most of what I gathered proved superfluous and added to a sense of desperation, the most valuable outcome were the theoretical stages of spiritual development that provided a narrative framework

rather than a list of tasks to complete or disciplines to refine.

I remained skeptical of the legitimacy of these stages, hoping to cultivate meaning and clarity on my own while peering vigilantly into a fog of religious ideologies. While the theorists I explored came from a variety of fields (psychiatry, psychology, philosophy, and theology) most frameworks described similar movements, from a self-focused and thoughtless spiritual nature, to a genuine and perceptive spirituality. Most of the perspectives of spiritual development can be summarized as follows:

Stage 1: Reckless, self is greatest, absent boundaries

Stage 2: "Good" and "bad" dichotomy, obedient to structure, moralistic

Stage 3: Questioning, deconstructing beliefs, ambivalence

Stage 4: Dismissal of spirituality, logical convictions, cynicism

Stage 5: Open to "unknowables," desire understanding, sincere beliefs

Even after what felt like an extensive exploration, I'm sure I only touched the surface. After digesting the results of my fervent search for answers, I find myself forming broader connections between spiritual, moral, psychosocial, and identity models for development. I think elements of earlier stages, including stage 1, remain with me even as I explore stage 5. However, I recognize now that I can verbalize more of my spiritual journey and moments in my past when I felt stuck, lost, or angry. The diverse spirituality of those around me is also easier to understand and engage. Perhaps a good start to exploring the stage we are in is to ask ourselves if it is okay to be in whatever stage we find ourselves.

OPA Elections—Nominations Sought

The OPA Nominating Committee is working on developing the slate of candidates for the 2016-2016 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 8, 2016. 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
Mary Peterson, PhD
503.320.6996
mpeterso@georgefox.edu
Or
OPA Executive Director
Sandra Fisher, CAE at 503.253.9155 or 800.541.9798 or via email at info@opa.org

Comprehensive Eating Disorder Treatment 503-226-9061

Individual, Family & Group Therapy

Free Support Groups:
One for Families & One for Sufferers

Consultation & Inservices

Steps to Recovery Pamphlets



State Certified Mental Health Center
818 NW 17th Avenue • Portland, Oregon 97209 • 503-226-9061
www.abwcounseling.com

OPA Awards Program

The OPA Board of Directors and Diversity and Public Education Committees are beginning the process of selecting awards candidates for the 2016 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, which may require more follow-up work. Summaries can be submitted to the OPA office and will be forwarded on to the committee or board. Nominations need to be received by January 8, 2016. 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.

- 2015 recipient was Linda Forrest, PhD

 Outstanding Service Award: Presented to a
 person or group within Oregon outside the forms
- 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.
- 2015 Oregon Research Institute

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.
- 2015 recipient was Sandra Jenkins, PhD

Welcome New and Returning OPA Members

Danielle AdamsBeaverton, OR

Amanda Ball, PsyD Bloomington, IL

Jennifer Bearse, PsyD Vancouver, WA

Charity Benham, PsyD Salem, OR

Kristen Besler, MSBeaverton, OR

Dane Borg, PsyDPortland, OR

Laurie Burke Portland, OR

Lyanna Diaz Tualatin, OR

Laura Dewhirst Beaverton, OR

Evan Egener Portland, OR

Sarah Feldstein Ewing Portland, OR

Kasey Goodpaster, PhDPortland, OR

Erin Grady, PhD Clackamas, OR **Glori Gray, PsyD**Portland, OR

Peter Hildebrand Beaverton, OR

Erika Hinds, PhDEugene, OR

David Lewallen Hillsboro, OR

Paige Marmer, PsyD Clackamas, OR

Jessamine Martin, MAPortland, OR

Kathryn Miller Hillsboro, OR

Cathy Moonshine, PhD, MSCP, MAC, CADC III Portland, OR

Dani Nierenberg, PhD Vancouver, WA

Shelley Norton, PhDPortland, OR

Benjamin Paynter, MAPortland, OR

Sylvia RamirezPortland, OR

Elizabeth Rapkoch, PsyD Beaverton, OR

Karen Romine Aloha, OR

Heather Schwartz, PsyDPortland, OR

Thomas Stacy, PhD Columbia, MD

Dayna Stierley Portland, OR

Janette Stringer, MSW, CSWA Klamath Falls, OR

Whitney Turner Portland, OR

Ashley VirellaPortland, OR

Carol Walnum, M.A.
Portland, OR

Chistopher Watson Beaverton, OR

Tenille Woodward Hillsboro, OR

Tess Yevka, MS Vancouver, WA



St. Luke's Magic Valley in Twin Falls, ID is seeking a Licensed Psychologist to join our team. Successful candidates will have completed an APA accredited Doctoral program and an APA accredited Internship program, with child/adolescent training. Our outpatient approach is centered on the development of integrated care models among our primary care clinics. This position is located within the Behavioral Health Outpatient Clinic, as an active member of a multi-disciplinary behavioral health team, including: Psychiatrists, Psychologists, and Master's Level Therapists. Primary responsibilities for this role include: selecting, administering and interpreting intelligence,

achievement, personality, behavioral, neuropsychological, and other psychological tests in order to provide diagnostic clarification and treatment recommendations. The Psychologist will also serve as a member of the Autism Team, conducting psychological assessments of children referred for evaluation to this specialty team. Additionally, this NHSC qualified site boasts opportunities to support and to develop programmatic excellence in evidence based treatment strategies such as DBT and other treatment areas.

Generous base salary, potential quality and productivity incentives, and recruitment incentives to include relocation coverage, housing allowance and loan forgiveness. Inclusive and cohesive team environment that enjoys a healthy work life balance. St.

Luke's is **nationally recognized** for excellence as one of the top 15 health systems in the nation for 2015. As well, the Behavioral Health Team was recently recognized by the American Psychiatric Association with a **Service Achievement Award**. Join our team of dedicated health professionals committed to making a difference. Please visit our website to **join our team** of dedicated health

About Twin Falls, ID:

making a difference.

professionals committed to

Twin Falls is a growing community in Southern Idaho that offers excellent schools, affordable housing, and endless opportunities for the outdoors enthusiast. At just under 1.5 hours to Sun Valley, 2 hours to Boise, and 3 hours from Salt Lake City- we are at the center of it all!

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.

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), Awarenessbased articles (3 CE), Knowledge based articles (3 CE), Skillsbased articles on counseling (3 CE) and Skills-based articles on assessment (3 CE). Go to www. nmpsychology.org for more information.

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

2015-2016 Schedule

January 29, 2016

The Ever-Changing Landscape of Diagnosing and Treating Autism Spectrum Disorder

By Darryn Sikora, PhD and Erin Moran, PsyD

March 18, 2016

Unlearning Ethics

Presented by Samuel Knapp, EdD, Director of Professional Affairs, Pennsylvania Psychological Association

May 6-7, 2016

OPA Annual Conference

Oregon Convention Center - Portland, OR

June 24, 2016

Did She Say What I Think She Said? A Crash Course in Implicit Attitudes for Mental Health Professionals

By Andrea Iglesias, PsyD and Glenda Russell, PhD

To register go to www.opa.org

OPA Ethics Committee

Do you have an ethics question or concern? The OPA Ethics Committee is here to support you in processing your ethical dilemmas in a privileged and confidential setting. We're only a phone call away.

Here's what the OPA Ethics Committee offers:

- **Free** consultation of your ethical dilemma.
- Confidential communication: We are a peer review committee under Oregon law (ORS 41.675). All communications are privileged and confidential, except when disclosure is compelled by law.
- Full consultation: The committee will discuss your dilemma in detail, while respecting your confidentiality, and report back our group's conclusions and advice.

All current OPA Ethics Committee members are available for contact by phone. For more information and phone numbers, visit the Ethics Committee section of the OPA website in the Members Only section, and page 24 of this newsletter.

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.

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 emailbased program that allows members to send out messages to all other members on the listserv with one email message. Members then correspond on the listsery 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 listsery and the rules and policies that govern it.

How to subscribe:

- 1. Log onto your email program.
- 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

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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

Office available in office suite across from St. Vincent Hospital. Part-time receptionist and ample parking available. Office close to MAX line. Practice associated with medical psychology. Call 503.292.9183 for information or email akotsphd@qwestoffice.net.

PATIENT TREATMENT GROUPS

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

PROFESSIONAL SERVICES/EQUIPMENT

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

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

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.

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 Irg fam rm w/Qn Murphy-Bed & Qn futon couch, living rm w/Qn sleeper. Well eqpd kitch, cable. No smoking. \$140 summers, \$125 winters. http://home.comcast.net/~windmill221/SeaClusion.html Wendy 503.236.4909, Larry 503.235.6171.

Ocean front beach house. 3 bedroom, 2 bath on longest white sand beach on coast. Golf, fishing, kids activities nearby and dogs (well behaved, of course) are welcome. Just north of Long Beach, WA, 2 1/2 hour drive from Portland. \$150 per night, two night minimum. Week rental with one night free. Contact Linda Grounds at 503.242.9833 or DrLGrounds@comcast.net.

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

OPA 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

Charity Benham, PsyD, 503.550.7139

Kate Leonard, PhD, 503.292.9873 Rebecca Martin-Gerhards, EdD, 503.243.2900

Colleen Parker, PsyD, 503.466.2846

Lori Queen, PhD, 503.639.6843 Marcia Wood, PhD, Chair, 503.248.4511

Chris Wilson, PsyD, 503.887.9663

CAC Provider Panel

Barbara K. Campbell, PhD, 503.221.7074

Michaele Dunlap, PsyD, 503.227.2027 ext. 10

Debra L. Jackson, PhD, 541.465.1885

Kate Leonard, PhD, 503.292.9873

Doug McClure, PsyD, 503.697.1800

Lori Queen, PhD, 503.639.6843 Ed Versteeg, PsyD, 503.684.6205

Beth Westbrook, PsyD, 503.222.4031

Marcia Wood, PhD, 503.248.4511

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 political ads. While OPA and the *The Oregon*

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:

Jill Davidson, PsyD 503.313.0028

Jenne Henderson, PhD, Chair 503.452.8002

Cathy Miller, PhD 503.352.7324

Nnenna Nwankwo Student Member

Karen Paez, PhD 971.722.4191

Del Rapier Student Member Lisa Schimmel, PhD 503.381.9524

Sharon Smith, PhD 541.343.3114

Casey Stewart, PhD, ABPP 503.317.4453

Jane Ward, PhD 503.292.1885

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* 2016

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

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

4th Quarter Issue - deadline is November 7 (target date for issue to be sent out is mid-December)

*Subject to change

The Oregon Psychologist

Wendy Bourg, PhD, President • Shoshana D. 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.