

## OPA Helpful Contacts

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

### **OPA Office**

Sandra Fisher, CAE - Executive Director  
147 SE 102nd  
Portland, OR 97216  
503.253.9155 or 800.541.9798  
Fax: 503.253.9172  
Email: info@opa.org  
Website: www.opa.org

### **OPA Lobbyist**

Lara Smith - Lobbyist  
Smith Government Relations  
PO Box 86425  
Portland, Oregon 97286  
503.477.7230  
Email:  
lsmith@smithgovernmentrelations.com

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

3218 Pringle Rd. SE, #130  
Salem, OR 97302  
503.378.4154  
Website: www.obpe.state.or.us

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

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

*\*Through OPA's relationship with Cooney, Cooney and Madigan, LLC as general counsel for OPA, members are entitled to one free 30-minute consultation per year, per member. If further consultation or work is needed and you wish to proceed with their services, you will receive their services at discounted rates. When calling, please identify yourself as an OPA member.*

## When Boundaries Hurt

Lori Queen, PhD, OPA Colleague Assistance Committee

"Into every life a little rain must fall." Given that's the case, wouldn't it be nice to have an industrial strength umbrella? To many, that's what psychologists have. Psychologists have graduate degrees in coping. They are professionals at managing stress, relationships, trauma, addiction or any other source or experience of human suffering. This would appear to equip psychologists to readily manage the difficulties of life, make them immune to suffering in a sense. After all, why be cold for more than an instant if you know you simply need to put on a coat out of a well-stocked closet? Or how could one be hungry if the cupboards are filled with food? And yet, even psychologists feel pain in ways that last longer than an instant, or make choices that are "unhealthy."

Sometimes psychologists seem to be imbued with superhuman powers by non-psychologists. There may be a belief or expectation that we can automatically see others' vulnerabilities or weak spots or know what they are thinking. Yes, we are trained to read signs others don't notice and that can be helpful in doing therapy but we are most definitely still very human. And while in theory psychologists know that, it seems that sometimes even they still expect more of themselves or each other. There are likely many factors contributing to this, and this article will address some of those, as well

as make some suggestions in how to instead respond.

There is a certain rationality to the concept that with an advanced level of education, training, and experience one would develop skills to deal with the many obstacles that life supplies. And while that is assuredly true, there is the subtle (or sometimes not-so-subtle) suggestions that it should be easy. For example, there is the daycare director appearing confused and apologetic when needing to talk about the acting-out behavior of the psychologist's child. Or the bank manager finally getting the nerve up to ask the admittedly "awkward question" of just how is it that a psychologist could end up getting a divorce.

These two examples could be written off with the explanation that, "Well, the others involved are *not* psychologists." Whether it be someone else's actions, interpretations, or issues, psychologists are just as likely to need to interact with others who bring in their own complicating factors. And while we may become expert at dealing with issues in a therapy hour, life itself is not nearly as pristine and controlled. There are always going to be myriad elements and perspectives in any situation such that we can never be fully prepared.

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- We are doing much more than this for you and with you. But reimbursement and client access is our main focus, our rallying cry for now. We are listening to your struggle, and more poignantly your client's struggles. We are leaning into the complexity doing everything we can to

seek a compassionate, rational solution. We believe the time is now and we are working hard to make good use of this moment and of all of your support.

Thank you for your support this year and we hope you will continue to stand by us as we fight the good fight for access to mental health care in Oregon.

Much of people's distress comes from within and cannot as easily be passed off on others. We like to believe that we are rational, that our choices and actions are ruled by our advanced intellect. Instead, we are maneuvered by the copilots of intellect and emotion. And it could be argued that emotion holds at least a 51% majority. It is emotion that is the push or pull of attraction or aversion to anything or anyone. Intellect accompanies to frame it in a rational way and to hopefully offer some guidance or balance. But it is a quite natural human experience for our emotional "four-year-old" selves to grab hold of the reins and take off. Psychologists are no different in that capacity. Sometimes the difficulty is that because of our training, we do know what we "should" do and then seem to be stuck watching and criticizing ourselves for what we are doing instead that is "wrong."

Because psychologists tend to be relatively intelligent and insightful people, it is counterintuitive that we would not use our skills to most effectively deal with our own issues. This is not to say that psychologists never take advantage of their knowledge. All can at some point identify situations in which their training has helped get them through something. But in the areas of vulnerability and self-care, what if, in fact, the training itself is one of the problems?

Graduate training in clinical psychology is generally a five-year process. In addition to information on psychopathology, theoretical orientations and therapeutic interventions, human developmental stages, neurology, and psychopharmacology, as well as statistics and test construction and validation, psychology graduate students learn about boundaries. They learn how to keep a professional distance. How to be objective and to not project their own issues or perspectives onto the client. Regardless of theoretical orientation, students are taught some

version of the transference/counter-transference dynamic. They learn to keep the issues (and subsequently the pathology) focused on the client. If a problem arises in treatment the focus is often centered around the client's "resistance."

The American Psychological Association's ethics are taught through an independent class as well as incorporated throughout the entirety of training. Next to the most recent edition of DSM, the APA Ethical Standards is the most important document for a psychologist to study and follow. The import of our professional responsibility is repeatedly emphasized. We abide by the ethics code and our clients are defined by the DSM codes. At a very early stage in the training process the distinction between "us" and "them" is outlined.

Now it is true that the APA ethics do also mandate self-care. Graduate students repeatedly tell the stories of professors who teach about the value of self-care and balance in life. But then they assign another paper and expect it to be done despite a work

overload. And graduate students admitting that they are struggling in some way may not be a good thing in an evaluative setting. After all, if you cannot handle your own issues, how are you expected to handle others' well-being? Already, the message that psychologists must somehow be above this is being instilled.

Steve Behnke, PhD, JD, MDiv and former APA Director of Ethics, recently stated that some of the best writings on boundaries that he has seen have been from the field of divinity as opposed to psychology. One reason for this may be the greater degree of overlap in the personal and professional lives of those in the ministries. Opportunities to study and experiment with this overlap have existed in the field of divinity for much longer than that of psychologists and clients. The dynamics of the pastoral life has a long history of the balancing of personal and professional roles as they are often so intertwined. This perspective was supported from psychologists practicing in rural

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

Please take a moment to check out the OPA Public Education Committee Facebook page.



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

inclined and feel free to share it with your friends!

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

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

settings who claimed that being comfortable with some degree of mixed roles was beneficial to their practice and their own comfort with themselves. In this conceptualization, psychologists may be seen, or see themselves, more in the realm of priests (those who live lives separate from their clients) than parsons who are more likely to be invited over for dinner.

The nature of therapy is that the therapist is in a caregiver role for another. One hour at a time, the psychologist is responsible for being attentive, caring, and present for the client. By definition they are attending to the clients' biggest areas of distress. Unlike other relationships, this isn't reciprocal. There is no support from the client and the psychologist generally does not get to share in the clients' happy or relaxed and carefree moments. Hour after hour, client after client, the psychologist tends to the emotional wounds of others. Often, when the day is done they go home to attend to the needs of children, spouses, leaky pipes, and Internet connection problems. All of which are also demanding attention and care. This can lead to feeling overloaded. One method of staunching the flow and allowing for a sense of control over emotional responsibilities may be to establish firm boundaries. Psychologists may work harder to strengthen the distance between work and self.

By separating out the clients (pathological) and the psychologists (not pathological), a unidirectional flow is established. Problems are for "them" not "us." We may work harder and firm up those boundaries if they start to feel tenuous or vulnerable. And yet more intellectual focus and attempts to confine emotional experiences may result in an increased compartmentalization of one's own emotional experience, availability or authenticity. Working harder to be a "good" and "ethical" professional in control of things may ultimately backfire if it means

reducing attendance to their own emotional experiences, needs and vulnerabilities. This is that stuff of which vicarious traumatization and burnout are made.

While psychologists will readily admit to their vulnerabilities in a general sense, there are plenty of anecdotal situations which suggest those vulnerabilities are admitted in theory but not so much in practice. It is like the applications that graduate students fill out for internships: It is expected that in the essay the student should identify a personal weakness. "Perfectionism," "high demands on myself," "care too much" are common weaknesses described. In other words, how can one put out the best weakness that is seen as a strength?

This measured vulnerability is shown in licensed psychologists as well. In meetings and workshops addressing professional impairment or the difficult process of having a licensing board complaint, psychologists will be willing to publicly admit to the stress and anxiety of having had a board complaint as they quickly add that it was then cleared. Those psychologists who had board complaints leading to sanctions will later privately disclose the fear that others would know.

The fear of judgment would appear to be alive and strong among psychologists. A series of surveys by the Oregon Psychological Association has found that one reason some psychologists do not seek therapy for themselves is a fear of loss of licensure or respect from other psychologists. They hold this fear despite the fact that therapy is confidential in virtually all respects for Oregonians. An unsettling side to these surveys was that, though information disclosed in therapy is not reportable either by mandate or permissive law (with certain extreme exceptions), a large portion of Oregon psychologists stated that they would report unethical acts performed by a psychologist if they were disclosed in therapy. Some

inaccurately declared it was a legal requirement. Others erroneously claimed that it was required by APA ethics guidelines. Similar findings were reported in a study by Pabian, Welfel, and Beebe (2009) in which psychologists overestimated the punitiveness of their states' laws on ethical misbehaviors of psychologists.

In a field focused on empathy and understanding there would appear to be a great deal of feared judgment. Along with the "us" versus "them" distinction there can be a more personalized judgment of "me" or "not me." This is used perhaps to validate our own identity and to stave off insecurities by distancing from another's specific behaviors to provide comfort that one is immune from distress. Just as psychologists may work to not identify with patients, so they may work to not identify with other psychologists who struggle. If I am a psychologist and he is a psychologist, we are similar. If he is a psychologist and he has problems or has behaved badly, then how might that reflect upon me?

In the OPA vignette survey described above, psychologists were asked what they would do if a patient/psychologist revealed in therapy that they had engaged in unethical professional behavior. A significant minority of psychologists stated that they would report the behavior despite the fact that this would in and of itself be a legal and ethical breach of confidentiality.

Many supported this action with the rationale that it was more important to serve the greater good. One person responded that the patient/psychologist had "chosen to not be a psychologist anymore as soon as he made the choice" to act unethically. The right to confidentiality seems to be conditional for psychologists in a way that is not so for anyone else. This suggests that for some, psychologists do not have the same rights in therapy as anyone else and that psychologists may be held to

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more peer judgment than others. So what happened to compassion for our peers?

Compassion and judgment are concepts best studied together. Like anything, each of these can be measured in degrees and hence could coexist. But in their pure form, compassion and judgment are mutually exclusive. Where judgment is a determination of someone or something's value or worth, compassion requires an assumption of inherent positive value. Compassion is the desire to help another regardless of the circumstances or personal investment. In judgment we are keeping score. With compassion there is no scoreboard, no winners or losers as we are all in it together.

An important element of both judgment and compassion is that neither of them are singularly directional, like a river flowing from one source to another. In their full forms, judgment and compassion are all-encompassing like oceans. One cannot sit on the banks and judge another. If someone is judging another, they are simultaneously judging themselves. Judgment is a powerful, albeit destructive and

inefficient, personal coping device. It is used to protect ourselves from being judged. It is the dynamic often described as stepping on another in order to feel taller. Judgment is fueled by fear and insecurity. It is like swimming in an ocean of sharks where no one is safe.

Similarly, compassion is also an ocean. In order to feel true compassion for another, one must not be sitting in judgment. This also means of themselves. To truly feel the desire to help another without judging, there must be an acceptance of the diversity and value of all beings. This is a respect and caring that recognizes that we are all equally valuable and equally vulnerable. If someone has compassion for another but is unable to have compassion for themselves, or vice versa, there is present, on some level, a judgment of worth or lack thereof. Again, you cannot sit on the banks and have compassion. You must dive in and be immersed in the same level of caring and acceptance.

These concepts are particularly important for psychologists. We are in the profession of helping. But if we view it within the confines of a professional hierarchy we trap ourselves with the "us" vs "them"

or the "me"/"not me" system of judgments. Through this we distance from the natural sense of acceptance, belongingness and connectedness that serves as a potent refresher of our existence.

This is not to say that therapeutic boundaries are not valid and important. Much of a psychologist's work depends on the safety of those professional boundaries. These concepts are not mutually exclusive of boundaries. Rather, they allow psychologists to be aware of the benefits bestowed upon our clients of acceptance, understanding and compassion in a way that makes them authentic and allows them to capitalize on those same benefits for themselves. Psychologists are told to practice self-care. For many, this translates to eating healthily, exercising, getting enough sleep, and socializing. Ethics workshops remind psychologists of the need to practice these behaviors. The problem is that these interventions are too obvious and low order. What we need is a greater appreciation of the subtle and complex dynamics of judgment and compassion and the ability to see them as universally applicable to Us and Them.

Compassion (for self and others) and the removal of judgment are not skills that are taught as much as they are things that are practiced. It is difficult to do this in graduate school where one is immersed in building knowledge of interventions and theories within a framework of evaluation. The essential premise can be taught, and perhaps more importantly, modeled. Then with practice psychologists can become more compassionate with themselves and their clients, and more accepting of the notion of personal fallibility and less judgmental of themselves.

### Reference

Fabian, Y. L., Welfel, E., & Beebe, R. S. (2009). Psychologists' knowledge of their states' laws pertaining to Tarasoff-type situations. *Professional Psychology: Research and Practice, 40*, 8-14.



If you believe quality of care and quality of life go hand in hand, this is the place to put your beliefs into practice. We have an amazing opportunity for a Pediatric Autism Psychologist in Portland, Oregon.

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## Practice what you believe. PRACTICE AT KAISER PERMANENTE.

### REQUIREMENTS:

- One (1) year of clinical experience. Experience with pediatric population and autism disorders strongly preferred.
- Doctoral degree required (PhD, PsyD).
- Current Oregon Psychologist license required upon hire/transfer.
- National Provider Identifier (NPI) required prior to employment start date.

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