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### OPA President's Column

## Past Provides Inspiration, Focus for Goals

Mary Peterson, PhD, OPA President



As someone who over-prepares for everything from a class lecture to a bike ride, I was ruminating about the content of this article—after all, it's my first column as Board president. Should I take a scholarly approach, sharing current research about practice changes? Share my mission, goals and objectives for the year? Highlight the accomplishments of the last year? As part of the ruminative process, I asked Shoshana, our over-qualified newsletter editor, about what you might be interested in reading. She responded with her typical, low-key competence, "Just tell them a bit about who you are and what you'd like to do in the next year." Ahh.... That simplified this process because the last year tells the story of both who I am and what I hope to do in the next year.

Last summer my mom came to Newberg to watch my son graduate from high school and after a visit to the Emergency Department, she left with a diagnosis of terminal pancreatic cancer. She died three months later. However, there is one benefit to dying of pancreatic cancer—she had a couple of months of relatively pain-free living that allowed for life affirmation and final good-byes. My mother's story was a typical story for a woman of her generation. Following high school, she was trained to be a secretary because that is "what women did."

In her time, women married young, had children (she excelled, with 6 in 10 years) and stayed home to cook and clean (which she never really mastered).

By the time she was 40, she was chafing against the cultural limitations. Never one for passivity, she decided to try college and in the process found her political passion. She ran for public office and became the first female mayor in the state of Ohio and threw herself into her work, impacting our city in significant ways during her 16 years in office. Her achievements were many: Everything from a Supreme Court challenge on land annexation to the construction of bus stop gazebos (complete with flowering vines during the summer months!). Many times my siblings and I asked each other, "Who is this person? And, what did she do with our mother?!" But my mother was passionately committed to making a difference by working with a cross-section of city leaders and residents. She faced the challenges of reduced revenue, closing of manufacturing plants and a changing demographic with an unrelenting optimism and confidence that inspired her city council and city manager. As is true for many of us, a part of my mother's story is also my story—I've pushed against norms, found my passion serving within and between systems, and never really mastered cooking and cleaning! Not surprisingly, my story informs and guides my goals and commitment to serve OPA during the next year.

*Continued on page 2*

# Legislative Committee

Robin Henderson, PsyD, Chair, Legislative Committee

Calling all Policy Wonks and Wannabes!

Do you find yourself trolling the internet for news about the Oregon Legislature? Ever wake up in the morning and think, “Gee, I’d like to pass a bill!” Want to meet that Legislator you see in the grocery store but are too nervous to approach? Do you watch *House of Cards* and imagine yourself embroiled in politics? If any of these attributes speak to you, then you should consider applying for membership on OPA’s Legislative Committee.

Truthfully, the OPA Legislative Committee isn’t quite as exciting as *House of Cards*, but you will get your fair share of policy experience. We focus on issues that impact the practice of psychology, mental health services (including funding those services), and other related matters that pop up primarily in the Oregon Legislature.

*Presidents Message, continued from page 1*

## *Play in traffic?*

My primary focus will be to proactively work with the Board and members to learn how to direct traffic rather than being limited to dodging trucks and finding detours around gridlock. Over the next year, we want to work within the committee structure, advocacy groups, and interested members to face our current challenges. In planning for the next two years, Chris Wilson (president-elect) and I agreed that we need to “up our game” to meet the demands. To help us accomplish our goal, the Board invited Dave Frohnmayer, a leadership consultant as well as the former State Attorney General and University of Oregon president, to work with us. We spent our annual retreat exploring the qualities of exemplary leaders (identified by Andrew Bryant), the strengths and weaknesses of our organization, and the values that drive our involvement. In my first draft of this article, I highlighted the qualities identified in Bryant’s research, including where we matched and didn’t match the profile. But, I wanted to avoid asking you to “drink from a fire hydrant,” so I’ll weave some of the specifics through future columns. For now, it’s important to know that Bryant’s research included the charge for leaders to “play in traffic” and our goal is to do that in the next year. We want you to work with us in big and small ways, whether you want to join a committee, participate in our advocacy efforts, or get involved in external groups where you can represent the field of psychology. We realize that making the transition to direct the traffic will require more than the board, and we invite you to join us!

Past experience with policy and government isn’t necessary—and we welcome student members!

Issues we’ve dealt with in the past include:

- The role of mental health in the Coordinated Care Organizations
- Educational requirements for licensure
- Cultural competency
- Mental health parity
- Scope of practice issues including prescriptive authority

The 2015 Legislative Session promises to be an exciting opportunity for new and seasoned OPA members who want to make a difference in policy for psychology. We already know that the integration of behavioral health in primary care is a hot issue for discussion, and fully expect issues related to pay parity, scope of practice, primary care, and independent practice to be in the forefront. We need you to be part of the conversation, so if you’re interested, please contact Legislative Chair Robin Henderson, PsyD at [rhenderson@stcharleshealthcare.org](mailto:rhenderson@stcharleshealthcare.org) today, and catch the political bug!

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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.*

## Healthcare Transformation: Oregon Primary Care Psychologists Are at the Table

*Julie Oyemaja, PsyD, OPA Healthcare Reform Taskforce Member, Integrated Behavioral Health Alliance of Oregon Co-chair*

"We are at the table and not on the menu." Psychologists in Oregon have been saying this in reference to our ever-increasing importance in the dinner party known as "healthcare transformation." The practice of psychology is a practice of transformation and the healthcare system is taking notice.

The value of psychologists who practice clinically to the healthcare system cannot be understated. Our unique assessment and interventional skills applied broadly across the population can impact triple aim objectives:

- Improving the health of populations
- Improving the patient experience of care (quality and satisfaction)
- Reducing per capita cost of healthcare

The following are some ways that psychology is supporting transformation.

### **Promoting a biopsychosocial conceptualization of health**

Healthcare in the United States is generally delivered by medical professionals through a biomedical lens. A biopsychosocial conceptualization of health while widely accepted is not widely utilized to conceptualize patient needs. As a result, patients may receive medical interventions when a psychological review of the problem could direct in a more conservative, less costly direction. Add to this the mass marketing of pharmaceuticals directly to patients, and the result is high utilization of medical interventions and underutilization of psychological interventions, even when psychological interventions have better evidence of positive results. A good example of this is the minimal utilization of cognitive behavioral therapy for patients

with anxiety but the relatively high utilization of anxiety medications for these patients. These dynamics are expected to change as psychologists trained in the biopsychosocial model are increasingly integrated into traditional medical environments.

### **Primary care psychology**

Psychologists have initiated, researched, and developed systematic ways to seamlessly integrate their practices into primary care. It was innovative psychologists 20-30 years ago who recognized that most behavioral health concerns were being treated in primary care (Blount, 1998; Robinson & Reiter, 2007). These psychologists developed distinct primary care behavioral health delivery models and they increased access to psychological services to the population as a result. Psychologists continue to contribute to the field of primary care behavioral health (PCBH) through research, clinical practice, and healthcare policy development (Miller, Brown Levey, Payne-Murphy, & Kwan, 2014).

Since the development of the patient-centered health home concept with behavioral health integration, the implementation of Primary Care Behavioral Health (PCBH) as a distinct field of practice has increased exponentially. The seamless integration of behavioral health professionals in primary care teams is now considered a best practice. In ten years, the PCBH provider will likely be as standard a primary care team member as the nurse.

### **Psychological interventions used by medical providers**

An additional benefit of integrating psychologists in medical settings is that psychologists learn about medical practice and medical

*Continued on page 5*

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

providers learn psychological practice. As a result, evidenced-based psychological interventions are being utilized by medical professionals. Patient behaviors drive health outcomes. As medical professionals, insurers, policy makers, and the public realize that the mind and body are connected, they become more reliant and accepting of psychological interventions to help their patients' improve their health status.

Some examples of psychological interventions used in medical settings:

- Motivational interviewing for health behavior change
- Solution-focused interventions as a part of screening, brief intervention, and referral to treatment for substance misuse problems (SBIRT)
- Cognitive-behavioral intervention and psychoeducation for depression
- Harm reduction for health behavior change

### **How is Oregon doing in utilizing psychological knowledge to transform the healthcare system?**

Oregon primary care practices

are widely adopting the patient-centered primary care home concept that includes integrating behavioral health services, especially within Coordinated Care Organizations. As part of the Transformation Plan that each CCO has developed and is accountable for, it is mandatory to integrate physical and behavioral health. Exemplars from St. Charles Health System, Virginia Garcia, Yakima Valley Farm Workers clinics, and Providence Health System already have primary care teams that include psychologists. As a result, psychological services are becoming more accessible to more people and there are many new jobs in Oregon for psychologists.

### **Psychologists at the table: Integrated Behavioral Health Alliance of Oregon**

Up until recently there was no forum in Oregon for PCBH providers to meet, advocate, and further develop the field of PCBH through policy-making. This changed in 2013 when a group of primary care behavioral health experts throughout the state (representing most of the CCOs) were selected by healthcare transformation leaders in the state to develop standards for primary care behavioral health practice in

Oregon. Known as the Integrated Behavioral Health Alliance of Oregon, they are supported by CCO Oregon as their neutral convenor. While the alliance is made-up of diverse behavioral health and medical professionals as well as policy makers, psychologists are well-represented. This alliance (with robust OPA representation) is at the healthcare transformation table and the result will be a biopsychosocial system of care that provides easy access to behavioral health services for all Oregonians.

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## **Welcome New and Returning Members**

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**Bjorn Bergstrom, PsyD**

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**Sarah Cohen, LPC**

Portland, OR

**Celeste Flachsbart**

Newberg, OR

**Hannah Hoeflich, PsyD**

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# Informed Consent and “Who Is the Client?”

Jane Ward, PhD, OPA Ethics Committee

I first heard the question “Who is the client?” in graduate school. The answer seemed quite obvious. I naively thought, “Easy. The client is the person sitting in front of me, the one with whom I share a therapeutic relationship, the person I am trying to help.” However, as I entered the world of forensic psychology, treating adult male sex offenders, I began negotiating a maze of relationships with clients, their probation officers, social service providers, and the community at large. Defining “my client” became more complex. I know that my experience is not unique. Kenneth Pope and Melba Vasquez (2011) assert that identification of the client is an important step in ethical decision-making. The answer to the question “Who is the client?” varies across specialties (e.g., child/family treatment, couples’ treatment, organizational psychology, school psychology, etc.), but every psychologist faces the question daily.

Mary Alice Fisher (2009) proposed that “Who is my client?” is the wrong question to ask. She argued that psychologists have relationships with multiple and various “clients” in every therapeutic situation; attempting to identify only *one* client may create more problems than it solves. According to Fisher, a more appropriate question is “What are my ethical responsibilities to each of the parties in this case?” As psychologists, we must protect the rights

of everyone with whom we come into contact in our work, including those who specifically request services, those who are collaterally affected by the services provided, and those to whom the information is disclosed. We must ask the questions, “Who will be coming to the table in this situation?” and “What is my responsibility to the different parties?”

To clearly identify our clients and the responsibilities we have to them, creating comprehensive and tailor-made informed consent forms is necessary. At a minimum, informed consent must be made verbally and documented. However, written consent is the standard and is recommended. Appropriate informed consent adequately identifies for both the therapist and the client the scope and limits, the latitude and constraints, of their relationship. According to APA Standard 10.01, this should occur “as early as is feasible in the therapeutic relationship” and should include information about the “involvement of third parties [and] limits of confidentiality.” The informed consent should also include disclosure information about the extent and timing of information to be shared with others. A signed, comprehensive informed consent document in the early stage of therapy is the first step in an ongoing conversation that should continue throughout the therapeutic engagement about the parameters of the relationship.

In my forensic work with sex offenders, my “clients” are the offender who comes in for treatment and the probation department, among others. Consequently, in my initial meeting with a new offender, I am clear that part of my ethical responsibility in providing treatment for him is to communicate with his probation officer. I explain what information I will share (e.g., treatment attendance, payment compliance, high-risk behaviors) and what information will be considered confidential (e.g., history of sexual victimization, personal family issues not related to sexual offending). I explain that I work under the guidelines of the Association for the Treatment of Sexual Abusers (ATSA), which state that as a treatment provider I will “cooperate with other professionals who are involved in the management of clients including judges [and] probation/parole officers” (2001). The probation department and county are my other “client.” My responsibility to this client is defined in a contract—“the [treatment provider] will be responsive to Corrections or Court inquiries and needs for information while observing clients’ rights of confidentiality”—which I disclose to my individual client. ATSA guidelines address the complexity of managing multiple clients: “Of particular relevance is the potential conflict between client rights, community safety, and the member’s ethical and professional responsibilities [and members] shall respect client confidentiality as defined by law and professional codes of conduct” (2001).



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# Mapping Intersectionality: A Practical Approach to Contextualizing Multiple Sociocultural Identities

Jessica L. Binkley, PsyD, OPA Diversity Committee

*The author would like to express her gratitude to the Elders of the Center for Multicultural Training in Psychology for their dedication to and mentorship of multicultural-oriented psychologists. Thank you for guiding me in speaking truth to power.*

An intersectional lens to cross-cultural work holds that every individual has multiple sociocultural identities, each of which a) run on a continuum from privileged to marginalized and b) interact to inform relational behaviors and worldviews (Dadlani, Overtree, & Perry-Jenkins, 2012). Further, even shared identities (e.g., political affiliation, sexual orientation) may hold different meanings given the additive impact of other privileged or marginalized statuses (e.g., race, class, educational opportunities). Consider, for instance, the possible experiences of two White women who share a privileged identity (i.e., race) but differ with respect to

sexual orientation, class, or disability status (Cole, 2009; Cole, Case, Rios, & Curtin, 2011; Magnusson, 2011). Unfortunately, misunderstandings, assumptions, blind spots, and unexamined biases about sociocultural identities can damage rapport and degrade communication—not only with clients, but also between colleagues and within the supervisory dyad. Although more complex, taking an intersectional approach may enable clinicians to enhance their cultural self-awareness and sensitivity both professionally and personally.

With respect to practical strategies focusing on intersectionality, Jodie Kliman's Social Matrix (2010) is a visual teaching tool intended to encourage consciousness-raising as well as promote respectful curiosity and dialogue about the multiple meanings, interactions, and contexts behind various aspects of identity. As described by Kliman (2010), the Social Matrix emphasizes introspection and

reflection of one's own intersections of privilege and oppression by visually portraying multiple social locations as dynamic variables on a large web; more than 30 domains are depicted as axes on the web, thus allowing the clinician to map and connect areas of privilege (at the center) and marginalization (at the outer margin) as well as mixed backgrounds or change over time. For the interested reader, please see Kliman (2010) for a visual representation of the matrix.

When used as an introspective tool, the Social Matrix (Kliman, 2010) allows the clinician to reflect upon and subjectively consider areas of privilege and/or marginalization in multiple domains (e.g., race, ethnicity, parental status, immigration history, education) and the combined impact of these intersecting identities relative to those with whom they interact (e.g., clients, supervisees, peers). Alternatively,

*Continued on page 8*

## *Informed Consent, continued from page 6*

Remember that some people you see in your practice are not your clients. If you invite family members, friends, or support people to sessions with your identified client to provide additional information, you must be very clear with them about your ethical responsibility toward them. In their presentation "Legal Issues in Behavioral Health in Oregon," attorneys Paul Cooney and David Madigan (2014) noted that if a person is "in your office and you have not notified them that you do not consider them to be your patient ... then they very well may be your patient." They recommend, for example, that you create a non-patient disclosure form including language such as "Since you are not seeking treatment for yourself and are not considered a patient of mine, any information that you choose to disclose to me is not privileged.... Since you will not be my patient,

I may be considered a mandated reporter if I have reasonable cause to believe that abuse has occurred." Make sure that non-clients understand that they do not have access rights to your therapy files. Once the non-client disclosure form is signed, be sure that you do not engage in a therapeutic relationship with the signer.

So who is your client? An alternative question may be "Who are all the collateral people affected by my clinical involvement in this case, and what are my responsibilities to them?" Guidelines from professional associations, beginning with APA standards through any sub-specialty ethical standards, can be helpful in thinking through these issues. If you work as a psychologist in a sub-specialty, it may be helpful to refer to the ethical guidelines for your area of expertise. The guidelines can help you to balance the interests of all the "clients" with whom you work in one

case. As professionals, our "clients" may often be people who are not in the room.

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when used as a relational tool, the process of completing and sharing the Social Matrix encourages examination and discussion of areas of similarity and difference, highlights identity domains which may have been silenced, and increases understanding about the unique intersections and contexts salient for each person.

One of the most memorable experiences I have had as an early career professional was completing and sharing Social Matrices with my predoctoral internship cohort and two of our Elders (Drs. Kliman and Trimble) at the Center for Multicultural Training in Psychology (CMTP; Boston Medical Center). In completing the Social Matrix for the first time, I found myself experiencing multiple feelings—concern (*What assumptions and misjudgments have I been making about others? How have these assumptions impacted my relationships?*), hopeful anticipation (*In what ways am I similar to my peers? In what ways can we connect despite differences?*), anxiety (*How will others react to my disclosures?*), relief (*There's a way to depict mixed backgrounds!*), and curiosity (*How will the Elders talk about their personal identities?*) to name a few. I also noticed myself internally becoming defensive about my areas of privilege (cf. Haldeman, 2010) and wanting to instead focus on areas of marginalization. Fortunately, my developing internal script downplaying areas of privilege and highlighting areas of marginalization was interrupted by a gentle reminder from an Elder to notice and reflect on temptations to engage in monologue or one-upping (both enactments of privilege!).

I believe that the ensuing sharing process within our group allowed salient identities, contexts, and cultural narratives to be brought to the table and offered as gifts, rather than invisibilized, silenced, or assumed. Sharing Social Matrices also allowed me to question assumptions I made about others, better understand how I was perceived within the group, and, as Dr. Trimble lovingly suggested, “Move from monologue to dialogue” (personal communication). During the sharing exercise, I noticed feeling not only less defensive about my areas of privilege and less anxious about discussing areas of marginalization, but more importantly increasingly engaged with and open to hearing the perspectives of my peers. I noticed being more able to listen and ask questions from a stance of curiosity, rather than from a place of confusion, anxiety, or defensiveness—an ever-developing skill which I hope will continue to strengthen my personal and professional relationships.

Overall, whether used individually or in a group context, the Kliman Social Matrix (2010) provides clinicians with an opportunity to increase self-awareness as well as cross-cultural knowledge and skills. In its complexity, the Social Matrix also creates a space to bring invisibilized or silenced identities to the table and into relationships, while also highlighting opportunities for accountability and awareness of intersecting privileged positions. Lastly, in the words of an Elder who has provided many clinicians guidance in its use, the Social Matrix also challenges clinicians with

the following: “Don’t try to hold the complexity; let the complexity hold you.”

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# August 2014 APA Council Report

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Teri Strong, PhD, APA Council Representative

In early August, the APA Council of Representatives met in conjunction with the Annual Convention in Washington, DC. Highlights of the Council meeting include approving several proposals to further implement the Good Governance Project, designed to streamline the Association's governance structure and make it more inclusive; changing the oversight functions of the Committee for the Advancement of Professional Practice (CAPP); and approving the requirement that all boards and committees have at least one member who is an early career psychologist.

The Good Governance Project (GGP) has been a major focus of APA Council's attention for the past several years, with significant changes to the governance structure approved at the August, 2013 Council meeting. At that time, an Implementation Work Group (IWG) was formed and tasked with developing a series of proposals to present to the Council to meet the goals of the GGP. The GGP model, proposed after a thorough assessment with input from governance groups, seeks primarily to increase member engagement and give members a more direct voice in the decision-making process. It also seeks to enable APA governance to respond more nimbly to issues of the day and to ensure strategic alignment across the organization. The GGP was an outgrowth of the APA Strategic Plan focused on optimizing organizational effectiveness.

Over the last year, the Council has approved several proposals from the IWG. At its February meeting, the Council approved a three-year trial delegation of duties to the Board of Directors in four areas: Financial and budgetary matters; the oversight of APA's chief executive officer; the alignment of the budget with APA's Strategic Plan; and internally focused policy development. These

changes free up council to focus on strategic and emerging issues affecting psychology and to engage in higher level dialogues that inform the development of policy and strategic directions.

The Council also approved a change in the composition of APA's Board of Directors. Under the change, the board would have six member-at-large seats open to election from and by the general membership. In addition, the board would have a public member, as well as student and early career psychologist representation. Two seats would also be reserved for members of a newly created Council Leadership Team (CLT), in order to ensure a bridge between the APA board and Council. The CLT will manage the work of council, determine the process for Council to select topics for discussions and provide recommendations on agenda items that Council would consider. The CLT will have 12 members, all of whom would be current or past Council members.

The changes to the board's composition require a bylaw change and therefore need approval by the APA membership; the bylaw amendment ballot is expected to be sent to members next year.

At its August meeting, the Council continued to grapple with Council's optimal size and structure. The questions still remaining, to be considered at the February 2015 council meeting, include:

1. The overall size of the Council;
2. Whether the allocation of Council seats should be made on an apportionment basis, as they are currently allocated, based on size of a division or state/provincial/territorial association or based on one seat per constituency;
3. Whether to adopt an IWG proposal recommending that nine at-large Council seats be added and determined by the

Needs Assessment Slating and Campaigns Committee based on an annual needs assessment.

In other GGP action, the Council received reports from the IWG on making better use of technology, on the delineation of financial oversight responsibilities within the new governance structure, a plan for developing a leadership pipeline and development program after gathering additional input from Council, and a plan for how professional and disciplinary issues would be introduced to and triaged by the new governance system.

In other action, the Council:

- Approved a change in the oversight functions of the Committee for the Advancement of Professional Practice (CAPP). The committee will now be wholly a committee of the APA Practice Organization (APAPO) and will continue to be responsible for the day to day oversight of APAPO in advocating for the c-6 professional and marketplace interests of practitioners in legislative, legal and regulatory arenas. CAPP will now report directly to the APAPO Board of Directors. This change will also add a voting member from the American Psychological Association of Graduate Students (APAGS) to CAPP, which already has a designated early career psychologist member. The Board of Professional Affairs will continue to oversee the work of the Practice Directorate, including policy formulation, the development of both professional practice and clinical practice guidelines, public education and disaster response, and advocacy for access to quality mental health services.
- Approved a change to the Association Rules to now require that all boards and committees

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*Continued on page 11*



- have at least one member who is an early career psychologist. Exceptions were allowed when membership criteria for a particular board or committee made a slate solely comprised of early career members impossible.
- Adopted a resolution aimed at stemming false confessions and wrongful convictions, including a recommendation that all interrogations of domestic criminal felony suspects be videotaped in their entirety and from a “neutral” angle. The measure, which relies heavily on psychological research, states that law enforcement officers often close their investigations after a criminal suspect confesses, even in cases where the confession is inconsistent, contradicted by evidence or coerced. Many adults with mental disabilities and younger suspects don’t fully understand their right to remain silent and to have a lawyer present, and are more likely to waive their rights, the resolution says. In addition, jurors often have difficulty distinguishing true confessions from false, in part because even false confessions sometimes contain vivid and accurate details and facts that had not been previously reported.
  - Adopted as APA policy a resolution on gender and sexual orientation diversity in children and adolescents in schools that encourages education, training, and ongoing professional development about the needs of gender and sexual orientation diverse students for educators and other school personnel.
  - Adopted as APA policy a resolution in support of the UN Convention on the Rights and Dignity of Person with Disabilities.
  - Adopted as APA policy Guidelines for Clinical Supervision in Health Service Psychology. These guidelines delineate optimal performance expectations for

## Book Review: *The Ethics of Private Practice*

Shoshana D. Kerewsky, PsyD

One common failing of professional ethics texts is an emphasis on the specific ethical standard without sufficient examples that are relevant to the professional’s work and circumstances. Another is atomization at both the professional level and in the artificial separation of standards that, in actual practice, co-occur. Finally, most suffer from a dry, formal writing style. *The Ethics of Private Practice* (Barnett, Zimmerman, & Walfish, 2014) avoids both of these errors in this practical and engaging guide to private practice ethics for mental health clinicians.

*The Ethics of Private Practice* provides a conversational approach focused on both new and experienced private practice clinicians. In my experience as an ethics educator, psychology students, psychologists, and other mental health trainees and professionals often assume that professional ethical standards reflect universal common sense and that we have mastered our ethics code’s concepts and guidelines. We often seek consultation and other sources of information in non-common-sense, non-commonplace, context-specific situations. However, we

are vulnerable to engaging in errors, and increasing our potential to harm, when we do not devote adequate attention and curiosity to the ethics of our typical, unexamined professional behavior. One aspect of this book’s utility is that all of its examples, discussion, and suggestions are specific to private practice. This makes it a great tool for heightening our awareness of our own assumptions and behaviors.

Rather than following the APA ethics code in order, the authors cluster their discussion around common ethical considerations in private practice. Each chapter (for example, “Staff Training and Office Policies”) includes general and specific content, and all include sections on ethical challenges, key points, recommendations, pitfalls, code standards, and references. Many include boxed examples or other materials and sample documents. The authors utilize not only APA’s code, but those of AAMFT, ACA, and NASW. They also include legal information (such as HIPAA) and models for ethical decision-making.

In a second edition, I would want to see specific mention and integration of multicultural

Continued on page 12

psychologists who supervise trainees in health-service delivery settings (see <http://www.apa.org/about/policy/guidelines-supervision.pdf>).

- Approved the creation of a Div. 42 (Psychologists in Independent Practice) journal, *Practice Innovation*.
- Approved the creation of an APA Committee on Associate and Baccalaureate Education. This committee will subsume the work of the current Psychology Teachers at Community College Committee.
- Adopted new policy that supports

the inclusion of members who have not previously served in governance on all governance boards and committees. Such members running for governance will be given the option to have the fact that they are new to governance service noted by an asterisk on the election ballot.

- Elected a class of 111 new APA Fellows.

Please feel free to contact me at [dr.teristrong@gmail.com](mailto:dr.teristrong@gmail.com) if you have any questions or would like to provide input on any of the issues outlined in this report.

## OPA's New Website

OPA has recently developed a new website and database system. We invite you to check out the new website at [www.opa.org](http://www.opa.org) to see all the features of the site. We also encourage you to log into the website as a member to check out the Member's Only features and to review your profile which contains your contact information and membership information that we currently have on file about you. More communication will be coming from OPA via email with our new system (i.e., renewal notices, confirmation letters, payment receipts, etc.), so please make sure we have a current email address on file for you. If you are not sure if we have your current email address on file, you can either log into the website and check in your profile or give us a call.

You can log in by going to the log in box located in the upper right corner on any page of the site. You can update your information in your profile (if it is needed) and also add your picture if you like. To do this, once you are logged in, click on the link that says Edit Profile located in the upper right corner of your profile right above your contact information.

Our new system required new usernames and passwords that are different from our old website's codes. We emailed out the new usernames and passwords in July to each member we have a current email address for. If you cannot remember your new username and password you can either use the username and password recovery feature on the website or you can email or call the OPA office for assistance. Once you are logged in, you can change your username and password to something of your choosing (if you want) by going into your profile. Please keep your username and password handy as you will need them to log in to do things like registering for events, renewing your membership, etc.

Through the website, you can register for workshops and other events, renew your membership, check out documents and forms provided by our various committees, review newsletters, and more! In the future we will have other features to share with you for networking with other members—stay tuned!

We value and appreciate your membership and participation. If you have any questions, please feel free to contact us at 503.253.9155 or 800.541.9798 or [info@opa.org](mailto:info@opa.org).

*Book Review, continued from page 11*

and diversity content. This is not ancillary material that affects only non-majority clients, practitioners, and practice contexts; rather, it is relevant and important to ethical practice with every person, organization, and community. At the least, the practice guidelines for APA and other mental health associations' should be referenced, integrated, and indexed.

\*

*Dr. Walfish has offered to respond to four ethics questions about private practice from students or early career psychologists. Please send your questions to Shoshana Kerewsky, [kerewskyopa@gmail.com](mailto:kerewskyopa@gmail.com).*

### References

Barnett, J. E., Zimmerman, J., & Walfish, S. (2014). *The ethics of private practice: A practical guide for mental health clinicians*. New York: Oxford.

## Professional Affairs News

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

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

To find them:

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

## 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

**A Better Way**  
Counseling Center

State Certified Mental Health Center  
818 NW 17th Avenue • Portland, Oregon 97209 • 503-226-9061  
[www.abwcounseling.com](http://www.abwcounseling.com)

# 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](http://www.opa.org).

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

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

## 2014-2015 Schedule

**September 19, 2014**

**Power Dynamics in Sexual & Intimate Relationships**

*by Marty Klein, PhD*

**October 17, 2014**

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

*by Keely Kolmes, PsyD*

**November 7, 2014**

**Culturally Responsive Cognitive Behavior Therapy**

*by Pamela Hays, PhD*

**December 5, 2014**

**ICD Diagnosis: The New Horizon**

*by Carol Goodheart, EdD*

**January 30, 2015**

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

*by Scott Miller, PhD*

**February 20, 2015**

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

*by Alan Graham, PhD*

**March 20, 2015**

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

*by Janet Schank, PhD*

**April 10, 2015**

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

*by Alice Domar, PhD*

**May 1-2, 2015**

**OPA Annual Conference**

*Hilton Eugene Conference Center - Eugene, OR*

**June 5, 2015**

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

*by John Briere, PhD*

**To register go to [www.opa.org](http://www.opa.org)**

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

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

## OPA Attorney Member Benefits

Through OPA's relationship with Cooney, Cooney and Madigan, LLC as general counsel for OPA, members are entitled to one free 30-minute consultation per year. If further consultation or work is needed and you wish to proceed with their services, you will receive their services at the discounted OPA member rate. Please call for rate information. They are available to advise on OBPE complaints, malpractice lawsuits, practice management issues (subpoenas, testimony, informed consent documents, etc.), business formation and office sharing, and general legal advice. To access this valuable member benefit, call them at 503.607.2711, ask for Paul Cooney, and identify yourself as an OPA member.

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



## Trust Sponsored Professional Liability Insurance is now available to **ALL** psychologists!

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The Trust has you covered when you're providing psychological services – as a student, in supervised post-graduate work, in research and education, in professional practice... in every way, you get an entire risk management program.

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\* Insurance provided by ACE American Insurance Company, Philadelphia, PA and in some jurisdictions, other insurance companies within the ACE Group. The product information above is a summary only. The insurance policy actually issued contains the terms and conditions of the contract. All products may not be available in all states. Surplus lines insurance sold only through licensed surplus lines producers. Administered by Trust Risk Management Services, Inc. ACE USA is the U.S.-based retail operating division of the ACE Group, a global leader in insurance and reinsurance, serving a diverse group of clients. Headed by ACE Limited (NYSE: ACE), a component of the S&P 500 stock index, the ACE Group conducts its business on a worldwide basis with operating subsidiaries in more than 50 countries. Additional information can be found at [www.acegroup.com/us](http://www.acegroup.com/us).

## Join OPA's Listserv Community

Through OPA's resources, OPA provides members with an opportunity to interact with their colleagues discussing psychological issues via the OPA listserv. The listserv is an email-based program that allows members to send out messages to all other members on the listserv with one email message. Members then correspond on the listserv about that subject and others. It is a great way to stay connected to the psychological community and to access resources and expertise. Joining is easy if you follow the steps below. Once you have submitted your request, you will receive an email that tells you how to use the listserv and the rules and policies that govern it.

How to subscribe:

1. Log onto your email program.
2. Address an email to listserv@lists.apapractice.org and leave the subject line blank.
3. In the message section type in the following: subscribe OPAGENL
4. Hit the send button, and that is it! You will receive a confirmation via email with instructions, rules, and etiquette for using the listserv. Please allow some time to receive your confirmation after subscribing as the listserv administrator will need to verify your OPA membership before you can be added.

Questions? Contact the OPA office at info@opa.org.

# www.opa.org

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

## Psychologists of Oregon Political Action Committee (POPAC)

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

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

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

### Take Advantage of Oregon's Political Tax Credit!

**Your contribution to POPAC is eligible for an Oregon tax credit of up to \$50 per individual and up to \$100 per couples filing jointly**

To make a contribution, please fill out the form below, detach, and mail to POPAC at PO Box 86425, Portland, OR 97286

### - POPAC Contribution -

*We are required by law to report contributor name, mailing address, occupation and name of employer, so please fill out this form entirely.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Senate District (If known): \_\_\_\_\_ House District (If known): \_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

*Notice: Contributions are not deductible as charitable contributions for state or federal income tax purposes. Contributions from foreign nationals are prohibited. Corporate contributions are permitted under Oregon state law.*

# OPA Classifieds

## OFFICE SPACE

Large, furnished, office available in NW Portland - Flanders Professional Building. Recently update with new paint and carpet. Bright, clean, attractive space. Free parking. Contact Ryan Spokes, PhD for more information at ryanspokes@yahoo.com.

Beautiful, furnished SW John's Landing office (290 sq. ft.) with large reception room, parking, and part-time receptionist. On bus line, building has elevator. Available 1-3 days at \$190 per day per month. Optional secretarial services and billing. Some referrals. Steve Waksman or Johna, 503.222.4046. drwaksmanphd@gmail.com.

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

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

## PATIENT TREATMENT GROUPS

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

## PROFESSIONAL SERVICES/EQUIPMENT

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

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

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.

## FOR SALE

Professional Testing Materials. MMPI 2RF, WIAT, WISC IV, TSCYC (Trauma Systems Checklist), CAPSCORE 4.1 (The Child Abuse Potential Inventory), PIERS-HARRIS 2 (Children's Self-Concept Scale), Roberts 2 (Apperception Test For Children) TONI-3 (Test of Non-Verbal Intelligence). Serious inquiries only please. Negotiable. Call M-Sat 9-6pm 503.281.0879.

## VACATION RENTALS

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

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

Alpenglow Chalet - Mount Hood. Only one hour east of Portland, this condo has sleeping for six adults and three children. It includes a gas fireplace, deck with gas BBQ, and tandem garage. The lodge has WiFi, a heated outdoor pool/hot tub/sauna, and large hot tub in the woods. Short distance to Skibowl or Timberline. \$200 per night/\$50 cleaning fee. Call 503.761.1405.

Beautiful Sunriver home with spectacular view of Mt. Bachelor. Sleeps 10. 3 bedrooms, 3 bathrooms. King, Queen, 1 set of bunks & 2 hide-a-beds. 2 master suites, 1 with jacuzzi tub. 3 TVs, 3 VCRs. Hot tub with a large deck. Bikes & garage. No smoking/pets. Rental price from \$185 - \$266, 20% reduction off regular rate given to OPA members. Call 503.390.2776.

Manzanita, 4 blks from beach, 2 blks from downtown. Master Bdrm/bath w/Qn, rm with dble/sngle bunk & dble futon couch, extra lrg fam rm w/Qn Murphy-Bed & Qn futon couch, living rm w/Qn sleeper. Well eqpd kitch, cable. No smoking. \$140 summers, \$125 winters. <http://home.comcast.net/~windmill221/SeaClusion.html> Wendy 503.236.4909, Larry 503.235.6171.

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

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

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

We are pleased to announce the OPA Public Education Committee Facebook page.



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

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

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

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

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

### Advertising Rates & Sizes

Advertising Rates & Policies Effective September 2013:

1/4 page display ad is \$100

1/2 page display ad is \$175

Full page display ad is \$325

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

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

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

The OPA newsletter is published four times a year. The deadline for ads is listed below. OPA reserves the right to refuse any ad and does not accept politi-

## OPA Ethics Committee

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

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

Alex Duncan, PsyD, ABPP  
503.807.7180

Jeffrey Schloemer  
Student Member

Sally Grosscup, PhD  
541.343.2663

Sharon Smith, PhD  
541.343.3114

Jenne Henderson, PhD, Chair Elect  
503.452.8002

Casey Stewart, PhD, ABPP  
503.620.8050

Karen Paez, PhD, Chair  
971.722.4191

Jane Ward, PhD  
503.292.1885

Lisa Schimmel, PhD  
503.381.9524

cal ads. While OPA and the *The Oregon Psychologist* strive to include all advertisements in the most current issue, we can offer no guarantee as to the timeliness of mailing the publication nor of the accuracy of the advertising. OPA reserves the right not to publish advertisements or articles.

### Newsletter Schedule\*

#### 2014

4th Quarter Issue - deadline is November 1 (target date for issue to be sent out is mid-December)

#### 2015

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

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

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

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

\*Subject to change

### The Oregon Psychologist

Mary Peterson, PhD, President • Shoshana Kerewsky, PsyD, Editor

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

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

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

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

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

## OPA Colleague Assistance Committee Mentor Program Is Available

The goals of the Mentor Program are to assist Oregon psychologists in understanding the OBPE complaint process, reduce the stress-related risk factors and stigmatization that often accompany the complaint process, and provide referrals and support to members without advising or taking specific action within the actual complaint.

In addition to the Mentor Program, members of the Colleague Assistance Committee are available for consultation and support, as well as to offer referral resources for psychologists around maintaining wellness, managing personal or professional stress, and avoiding burnout or professional impairment. The CAC is a peer review committee as well, and is exempt from the health care professional reporting law.

### Colleague Assistance Committee

Jonathan Lurie, PhD  
503.261.1850

Kate Leonard, PhD  
503.292.9873

## OPA Ethics Committee

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

Here's what the OPA Ethics Committee offers:

- **Free** consultation of your ethical dilemma.
- **Confidential** communication: We are a peer review committee under Oregon law (ORS 41.675). All communications are privileged and confidential, except when disclosure is compelled by law.

Rebecca Martin-Gerhards, EdD  
503.243.2900

Lori Queen, PhD  
503.639.6843

Marcia Wood, PhD  
503.248.4511

Chris Wilson, PsyD, Chair  
503.887.9663

### CAC Provider Panel

Barbara K. Campbell, PhD  
503.221.7074

Michaele Dunlap, PsyD  
503.227.2027 ext. 10

Debra L. Jackson, PhD  
541.465.1885

Kate Leonard, PhD, 503.292.9873

Doug McClure, PsyD, 503.697.1800

Lori Queen, PhD, 503.639.6843

Ed Versteeg, PsyD, 503.684.6205

Beth Westbrook, PsyD, 503.222.4031

Marcia Wood, PhD, 503.248.4511

- **Full consultation:** The committee will discuss your dilemma in detail, while respecting your confidentiality, and report back our group's conclusions and advice.

All current OPA Ethics Committee members are available for contact by phone. For more information and phone numbers, visit the Ethics Committee section of the OPA website in the Members Only section, and page 17 of this newsletter.

## PAC Notes - On the Web

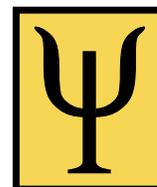
The Professional Affairs Committee (PAC) would like to remind OPA Members of content available on the OPA website ([www.opa.org](http://www.opa.org)). In the Professional Affairs Committee section, the PAC has a subsection with an assortment of resources for members. Included are articles related to practice by PAC members, guidelines, and a template for professional wills to help get us all compliant, information on APA Record Keeping Guidelines, links to CEUs related to practice, and more!

## Check Us Out!

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

- Go to [www.opa.org](http://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.



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