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What's Inside

OPA President's Column

Love in the Time of Cholera

Wendy Bourg, PhD, OPA President

Perhaps some of you have read it, Gabriel Garcia Marquez's novel. It has been on my mind a lot lately. Like the characters in Marquez's novel, we face emotionally trying times. With declining reimbursements and what seems like an eternally shifting marketplace of payment models, it can be difficult to keep up. We can allow our emotions to govern us and perhaps to make us ill. We can retreat to our rational minds and "solve the problem." Like the characters in Marquez's novel, our situation is complex and simple solutions may have their prices as well.

I think of the novel in that way, the plot, and I also think of the title, which even apart from the novel has always spoken to me about compassion and resilience in tough times, and the complexity of choosing one's path.

I am proud of how OPA is balancing love and reason in these times. I would like to mention something you, our members did, something the Board of Directors is doing, and connect the two:

- POPAC has received generous donations from many of **you.** This was **very** well-timed. The Oregon legislature is focused on and quite concerned about mental health. The next session or two we are likely to see many bills related to mental health. Your generous contributions help us support those legislators who are standing up for our clients and making rational proposals to handle the heart-rending issue of poor (and declining) access to care. We can use those donations to let them know we appreciate their hard work, we can help them get the job done and we gain access to speak with them to influence the legislation to maximize the good that is done. So, **thank you!**
- There is a base forming right now of mental health lobbying groups coming together with interested legislators, most notably Senator Sara Gelser. The insurance commissioner seems to be listening. We are hopeful that we have a moment here to make some change. We are actively engaged in this communication loop and sharing our message with both compassion and reason. Our recent survey (thank you **very** much to all who participated!) is proving to be an excellent vehicle to show the emotional toll the current system is exerting, with increasing challenges to access even among insured clients and discouraged providers dropping off panels and/or who are not sure they can keep their doors open (thus further reducing access). Our survey speaks volumes about the emotional tolls of the current situation. We are advocating with reason also, with clear and compelling data showing that investment in mental health saves money on overall health care costs. We should be **increasing** access, not reducing it.

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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.*

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.

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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.

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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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Staying Relevant and Adapting to a Changing World

Register on-line at www.opa.org

Oregon Psychological Association
ANNUAL CONFERENCE • MAY 6-7, 2016

OREGON CONVENTION CENTER – PORTLAND, OR

FRIDAY, MAY 6

8:00 – 8:45 am	Continental Breakfast with Tabletop Exhibits
8:45 – 9:00 am	Welcome & Opening Remarks by Conference Chair Shahana Koslofsky, PhD
9:00 am – Noon	General Session – Shifting Cultural Lenses in Clinical Practice
Noon – 1:30 pm	Lunch & Awards Presentations
1:30 – 3:00 pm	Breakout Sessions A (Please choose one)
	A1 Developing a Community Campaign to Reduce the Duration of Untreated Psychosis in Latinos
	A2 OBPE Town Hall
	A3 Treating the Child with Developmental Challenges: Using Neurofeedback to Address the Symptoms of ADHD, SPD and ASD
3:00 – 3:15 pm	Break with Tabletop Exhibits
3:15 – 4:45 pm	Breakout Sessions B (Please choose one)
	B1 The Psychology of Animal Hoarding
	B2 Bringing Neuropsychology to Primary Care
	B3 Ethical Issues and Risk Management in Couples Treatment**
4:45 – 6:30 pm	OPA Reception and Legislator Meet & Greet

SATURDAY, MAY 7

- Student Saturday! –

OPA gives a special welcome to students to conference participation this day!

8:00 – 8:30 am	Continental Breakfast with Tabletop Exhibits
8:30 – 10:00 am	General Session - Are You Neuro-Minded? Reflections on Neuroscience and Psychotherapy
10:00 – 10:30 am	Break with Tabletop Exhibits
10:30 am – Noon	
Breakout Sessions C (Please choose one)	
	C1 The Trauma-Informed Brain: From Freezing to Flourishing
	C2 Aging Psychologists, Aging Clients
	C3 Student Poster Session & Awards and a Presentation on The Future of Professional Psychology and Integrated Health Care
Noon – 1:30 pm	Lunch & Awards Presentations
1:30 – 3:00 pm	Breakout Sessions D (Please choose one)
	D1 A Systematic Approach and Acute Trauma Intervention in Response to the Umpqua Community College (UCC) Shooting
	D2 Running the Business of Psychology
	D3 Everyone's Talking About Integrated Care—But What Does That Mean in Oregon?
3:00 – 3:30 pm	Break with Tabletop Exhibits
3:30 – 5:00 pm	Breakout Sessions E (Please choose one)
	E1 Overcoming the Bystander Effect in Ethics: What Can We Learn from the Hoffman Report?**
	E2 Familias Saludables (Healthy Families): Developing a Community Empowered/Intervention to Promote Latino Family Health
	E3 It Happens to All of Us: Recognizing, Accepting and Addressing Personal Issues in the Professional Realm
5:00 pm	Conference Concludes

Conference schedule, topics and speakers subject to change

**Discount Opportunity for Malpractice Insurance with the American Professional Agency

When both sessions are attended, CE certificates for Session B3 "Ethical Issues and Risk Management in Couples Therapy" and Session E1 "Overcoming the Bystander Effect in Ethics" are pre-qualified for a 5% risk management discount for American Professional Agency malpractice insurance.

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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.

He's Looking at Online Child Pornography!

Jane Ward, PhD, OPA Ethics Committee

More and more often, clinicians encounter clients who acknowledge looking at online child pornography. Should a clinician be worried about those clients' danger to the community? Is this reportable to the authorities?

Why are we encountering more child pornography (CP) consumers in private practice? Prior to the Internet, CP was less plentiful and harder to access, which limited the market from growing. The Internet has removed barriers that limit its accessibility. Currently, CP from anywhere in the world can be accessed with a computer in the privacy of one's bedroom and the click of a button.

We are also seeing more CP offenders being arrested and incarcerated than ever before. Legislation has enhanced the penalties for producing and consuming CP and has provided new funding for law enforcement to pursue child pornographers and child pornography consumers. In the United States from 1994 to 2006, the number of cases of CP handled by federal prosecutors has increased by over 1000% and the median sentence for child pornographers has increased from 15 to 60 months (Motivans & Kyckelhahn, 2007).

So how dangerous is the consumer of CP? It is useful and necessary to differentiate a child pornography (CP) offender who has never been convicted of a hands-on contact sexual offense from a child pornography offender who has also committed child contact (CC) offenses. Research indicates that both CP offenders and CC offenders are predominantly male, but they differ on a number of demographic and criminal history variable.

Child pornography offenders have fewer factors associated with a criminal lifestyle (substance abuse, arrest history) and more factors associated with a prosocial lifestyle (marriage, employment, education). They are older, more likely to be Caucasian, more highly educated, more likely to have skilled or managerial-level employment, more likely to have access to a computer at work or home, and are less likely to report having been sexually abused as a child (Babchishin, Hanson, & Hermann, 2011; Faust, Bickart, Renuad, & Camp, 2015).

Child contact offenders tend to be unemployed or employed in a manual occupation, have more extensive criminal histories, and score higher on measures of sexual deviance. They also have less victim empathy than CP offenders and more cognitive distortions about sexual offending than CP offenders (Faust, Bickart, Renuad, & Camp, 2015).

Can a clinician predict if a client who is a consumer of child pornography (a criminal offense, whether or not the client has faced arrest and prosecution) will become a child contact offender? Not very well. However, some research involving offenders who have been arrested and prosecuted indicates that child contact offenses may be more prevalent among child pornography consumers who have (1) prior police contacts, charges, or convictions, (2) more than two computers confiscated during a home search by police, and (3) possession of more "serious" pornography (i.e., younger victims; more extreme content).

There is also some available research on the re-offense or recidivism risk of those who have been prosecuted for these kinds of crimes. Although an individual CP offender's risk to reoffend is difficult to determine, the research indicates that overall, CP offenders are at comparatively low risk for recidivism when compared with CC offenders (Faust, Bickart, Renuad & Camp, 2015). Available evidence concludes that some CP offenders are also contact offenders, and some CP offenders limit themselves to the crime of consuming child pornography, only. Seto, Hanson, and Babchishin (2011) published a meta-analysis of nine studies of child pornography offenders that included 2,600 subjects. They found that 4.6% of online offenders committed a new sexual offense of some kind during a 1.5- to 6-year follow-up; 2.0% committed a contact sexual offense and 3.4% committed a new child pornography offense. In other words, the recidivism rates are low and more involve pornography use than contact offenses.

So what is your ethical responsibility as a clinician when a client confides to you that he is watching child pornography? Various ethical considerations can be taken into account, and a few follow. First, consider the ethical guidelines of the American Psychological Association relating to beneficence and nonmaleficence toward clients ("Psychologists strive to benefit those with whom they work and take care to do no harm"), fidelity and responsibility toward clients ("Psychologists establish relationships of trust with those with whom they work"), and integrity ("Psychologists strive to keep their promises and to avoid unwise or unclear commitments"). In order to work effectively with a client, it is necessary to maintain a trusting relationship.

Second, consider the laws of the state. In Oregon, we have ORS 419B.010: "Any public or private official having reasonable cause to believe . . . that any person with whom the official comes in contact has abused a child shall immediately report or cause a

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report to be made . . . except that a psychiatrist, psychologist, member of the clergy, attorney or guardian ad litem . . . is not required to report such information communicated by a person if the communication is privileged." It will be necessary to weigh the needs of your client against the protection of children. Child pornography is not a victimless crime. Actual children are used to make the pornography that is consumed, and if your client continues to look at child pornography, he continues to support child molestation.

Third, do not practice outside one's scope of expertise. The APA Ethical Principles of Psychologists and Code of Conduct 2.01 refer to boundaries of competence. "Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional relationship." It may be necessary to refer your client to someone who has expertise in treatment with individuals who have pedophilic interest.

Sexual deviance, especially involving the exploitation of children, can cause emotional reactions in clinicians that may cloud their judgment regarding the best course of action. Obtaining supervision or professional consultation, assessing the client's motivation to stop offending, encouraging behavioral change, and taking time to think clearly and thoroughly will help clinicians make their most ethical decision about how to handle this difficult situation.

References

Babchishin, K., Hanson, R., & Hermann, C. (2011). The characteristics of online sex offenders: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment, 23,* 92-123.

Faust, E., Bickart, W., Renuad, C., & Camp, S. (2015). Child pornography possessors and child contact sex offenders: A multilevel comparison of demographic characteristics and rates of recidivism. *Research and Treatment, 27,* 460-478.

Motivans, M., & Kyckelhahn, T. (2007). *Federal prosecution of child sex exploitation offenders,* 2006 (Bureau of Justice Statistics Bulletin, Report No. NCJ 219412). Washington, D.C. Bureau of Justice Statistics.

Seta, M. C., Hanson, R. K., & Babchishin, K. M. (2011). Contact sexual offending by men with online sexual offenses. *Sexual Abuse: A Journal of Research and Treatment, 23,* 124-145.

Reflections on Self-Disclosure in Culturally-Oriented Psychotherapy

Jenjee T. Sengkhammee, PhD, OPA Diversity Committee

There were moments as a trainee where I wondered about therapist self-disclosure in cross-cultural psychotherapy relationships, given the complexities of culture. That is, whether or not it was "right" or "wrong" or "appropriate" or "inappropriate" or "necessary," and how did therapists judge each other based on whether or not a therapist self-disclosed. Even now, as an early career psychologist, the answer can still *feel* elusive. Early in my training, I learned that self-disclosure when done appropriately could be a very powerful tool, but how to know exactly how to do this was challenging. On the other hand, to disclose could (would) make you vulnerable, because clients could make inferences about you or your approach to the treatment that could negatively affect the therapeutic relationship. I remember a conversation about how having a picture of your loved ones in your office would reveal something about who you were as a person. It felt as if the line between appropriate and inappropriate self-disclosure was so blurry, so fine, or so gray, that we best stay as far as possible from it, and in doing so, we miss out on the opportunity to learn the skills of having to manage or negotiate blurred, fine, and gray lines. We miss out on the opportunity to process and learn how to appropriately self-disclose.

I reflect on an earlier time when I was conducting mental health assessments with Hmong refugees. Their first questions to me were: "What clan are you from? From what region do your parents hail, and what are their names?" I flashed back to my early training that encouraged a line of Socratic questioning before self-disclosure: "What is this disclosure about? Who is it for? Is it for me, or for the client? What would the impact be?" This occurred rapidly with the Hmong refugee clients still sitting right in front of me. I felt somewhat unsure. As customary with my culture, these are common questions asked when greeting new people in my community, yet quite contrary to my training as a therapist in the United States. Here, these questions might imply something about my client, or that they were grossly crossing therapy boundaries. Worse yet, to disclose could be a clear over-sharing of my personal self. I know better now in my journey, a part of being culturally-oriented is about the keen ability to judge and balance culture with therapy. I shared with the Hmong refugees, how I was from the Yang clan, and how my family came to the United States in the mid-70's. I share that my parents hailed from the Xieng Khouang province. Although I was perceived as being Hmong and American (due to years living in the United States; potentially a negative perception), my disclosure provided me with the opportunity to demonstrate understanding of my identity and culture. This became a gateway for the Hmong clients to see me as someone who both understood their experience, and had the ability to help them.

When I was a doctoral intern, I noticed something in the offices that I had never seen before, psychologists who had framed pictures of their loved ones gathering dust on their bookshelves and desks. I had this deep appreciation of these pictures, I felt these psychologists come alive as human beings. We are human, like our clients. It was also around this time that I met another psychologist trainee who disclosed that they never used any (obvious) therapist self-disclosure in session, as this was consistent with their theoretical orientation. I still wonder about what therapy might be like sitting with this person; will they come across as cold or inhuman? Perhaps not, for they can certainly be warm and gregarious, yet still I think about it.

The determination of being a culturally responsive/oriented/competent psychologist has long been a passion of mine, derived from my days as a young person trying to understand my racial and cultural identity in a very Eurocentric world. Consistent with being culturally competent, I continually process and analyze my own racial and cultural identities. In addition, I practice and consult with my colleagues about how to talk about these identities in my clinical work with my diverse clients. In my work, I open up conversations about cultural identities in the very beginning through discussing my approach to therapy and the role of culture. I maintain openness to disclosing relevant parts of my cultural identities, in addition to providing a space to process the experiences of talking about culture openly. This opening provides space to process microaggressions or conflict that may arise naturally in our

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EXPERIENCE & REQUIREMENTS:

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- ☑ Crisis intervention
- ☑ Evidence based psychiatric treatments required
- ☑ Psychiatric consultation

The Department of Mental Health has a multidisciplinary staff of over 130 mental health professionals in medical offices throughout Oregon and Southwest Washington. We presently offer adult and child adolescent outpatient treatment, intensive outpatient therapy, group therapies as well as providing a 24-hour hospital-based crisis program. A full range of outpatient mental health services are provided by the department for covered conditions.

WE OFFER EXCELLENT BENEFITS:

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- $125,000 Loan Assistance Program*
- Competitive Compensation
- Medical & dental coverage
- Retirement benefits
- Vacation & educational leave

*Inquire for details

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LAURA RUSSELL (503) 928-6413

Interested candidates may also apply online at kpphysiciancareers.com/psych

EEO/Employer/Vet/Disabled. We maintain a drug-free workplace and perform pre-employment substance abuse testing.

What Does Your Psychology Practice/Licensing Act Reveal That Can Help Your Efforts With a Colleague Assistance Program?

Julio I. Rojas, PhD, Chair, Oklahoma Colleague Assistance Program

As Chair of the Oklahoma Colleague Assistance program for the Oklahoma Psychological Association, I have been involved in helping establish a colleague assistance program over the past several years. A critical turning point in my efforts occurred while working clinically with other health care professionals. I began to examine the practice acts for various disciplines (i.e., medicine, nursing, pharmacy) and this led me to wonder how our psychology practice act compared. I determined six areas in which we differed significantly from our health professional peers in Oklahoma. I have posed these in the form of questions below. Even if you have a formal Colleague Assistance Program (CAP) in your state, it may be useful to review your state's practice act as it lines up with the workings of your CAP. It may help to obtain a copy of your state's psychology practice/licensing act as you read through the list.

1. **Does your practice act contain a reference to practicing with skill and safety that can be compromised by substance abuse and/or a psychiatric condition? Does your state practice act go further to include medical conditions and neurocognitive conditions which can impair functioning?** Language about impairment is fairly commonplace in practice acts, but knowing how impairment is defined in your practice act is important.
2. **What does your state practice act say about reporting an impaired colleague?** In Oklahoma, there is no explicit mandate in their licensing act for psychologists to report. Other professions in Oklahoma are explicit about a mandate to report impaired colleagues, and some professionals (e.g., physicians) are required to report across health profession lines. In some states, like Oregon, there is a requirement to make such reports within a specific time period, 10 days (ORS 676.150, signed into law January 1, 2010).
3. **Related to reporting an impaired colleague, does your state practice act grant civil and criminal immunity if the report is made in good faith?** In our Oklahoma psychology practice act, this is not addressed.
4. **Will your colleague know that you reported her/him to the licensure board?** In Oklahoma, the psychologist being reported to the licensure board will receive a copy of the Request for Inquiry (i.e., complaint form) that is sent to the board. This complaint form contains a description of what is being alleged and the name and contact information of the person making the report. Other boards in Oklahoma provide statutory protection of the identity of the person filing a complaint. This of course, lowers the threshold for reporting.
5. **Does your state practice act require you to answer questions upon annual renewal of your license regarding impairment, treatment, or current suitability to practice with skill and safety?** In Oklahoma, this is not addressed in the practice act. Other health professional boards do include a section in their practice act regarding continued suitability to practice with skill and safety. In addition, the licensee is required to complete an annual attestation about suitability or continued ability to practice with skill and safety, among other questions such as legal problems.
6. **Does your state practice act empower your state licensure board to create or affiliate with an entity that can aid in addressing impairment among psychologists?** In Oklahoma, though the ability to affiliate with a program was not explicitly outlined in the practice act, the state licensure board affiliated with our state medical monitoring program for physicians after receiving an interpretation of our board rules by the State Attorney General's Office.

Examining our psychology practice act in Oklahoma and comparing it to the practice act of our healthcare professional peers illuminated some stark differences. When I presented these differences at our annual state psychological association meeting several years ago it created strong momentum to make changes.

Two specific changes have already occurred. First, we are currently in our second year of an affiliation agreement with the monitoring program for physicians which is well respected and has been in existence more than 30 years. For 2016 licensure renewals, psychologists are now required to complete an attestation of continued suitability to practice with skill and safety; however, this requirement has not been added to the practice act to date. A third change that will require psychologists to report an impaired colleague is currently working its way through the legislative process required to amend our state practice act. This change also includes immunity from civil and criminal liability if the report is in good faith. In addition, a psychologist may be able to defer disciplinary action if he/she signs a voluntary agreement to participate in a treatment and monitoring program and successfully complies.

Continued on page 12

Presidents Message, continued from page 11

There are many obstacles to developing a colleague assistance program. In my experience these boil down to the four L's: Concerns about *Liability,* determining who has the *Leverage* to require providers to get help, *Limited* financial resources of state psychological associations and limitations imposed by (or lack of awareness of) one's state *Licensure*/ Practice Act.

After reading your state licensure act with these six questions in mind, look to the licensure act of your peers in other disciplines and see how they have addressed these issues. It is also important to note that there may be practice requirements in your state that are not found in your practice act, but in state statutes that apply across healthcare professions. Nonetheless, you may find that most professions are much further along than psychology. It was the necessary spark to get us moving in a better direction! More importantly, it has given us a specific path for making changes to intervene, monitor and support our impaired colleagues in Oklahoma.

Lastly, I would like to acknowledge that change in our state would not have been possible without the concerted, cooperative efforts by leaders of our state licensure board and state psychological association in Oklahoma.

Dr. Rojas is a committee member of the Advisory Committee on Colleague Assistance, American Psychological Association. This article is reprinted by permission.

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:

1. 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.

3. Thereby, to better protect the public.

ACCA attempts to attain these goals in three ways: By 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).

Who Let That Doggie on the Airplane?

Cassandra L. Boness and Jeffrey N. Younggren, PhD

Most people enjoy dogs and find great pleasure in having them around. All of that is fine, but there is a growing trend among those who want to be with their dogs that should be of particular concern for psychologists.

Psychologists are frequently being asked by their patients to attest to their need for an Emotional Support Animal (ESA) for mental health purposes, which allows that animal to be present in what previously would have been a restricted environment.

Theoretically, the presence of the ESA has positive psychological impact on the owner and reduces the impact of a diagnosed psychological disability from which the owner suffers. In order for an ESA to be classified as such, a mental health professional must write a letter stating that presence of the pet mitigates symptoms of that disability.

Most mental health professionals do not know the complexity of this area of regulation. Yet, many seem more than happy to certify their patients as being in need of an ESA. Under the law, ESAs are not the same as psychiatric service animals and they do not require the training that is necessary to certify an animal as an Americans with Disabilities Act (ADA)-compliant service animal.

However, ESA status does allow the animals to be in otherwise restricted areas such as aircrafts and housing that otherwise prohibit pets. The Air Carrier Access Act (ACAA, 14 CFR 382, 2003) specifically requires airlines to allow service animals and ESAs to accompany their handlers in the main cabin of an aircraft at no charge.

While appropriate documentation from a psychologist does not allow the ESA access everywhere, it requires waiving a no-pet rule and also any related damage deposit in housing that does not otherwise allow pets. This is because, under the Fair Housing Act (FHA) (42 U.S.C. 3601), an emotional support animal is viewed as a "reasonable accommodation" in a housing unit that has a "no pets" rule for its residents and the imposition of a fee would be contrary to the purpose of the law (https://www.animallaw.info/article/faqs-emotional-support-animals).

Given this information, we make the following suggestions to psychologists who may find themselves in the situation where a client is requesting an ESA support letter:

- Such an activity is considered extra-therapeutic and is similar to providing disability statements for clients. Consequently, it is not without administrative risk and can significantly complicate therapy if not handled properly. This complication includes the development of role conflicts and related conflicts of interest that place the psychologist's job as a treating professional in conflict with the role as evaluator.
- The APA's Specialty Guidelines for Forensic Psychologists consider extra-office practices, like writing an ESA letter, to be forensic-like activities because they are providing administrative information to others to assist them in addressing the patient's psychological condition for a non-clinical purpose. Therefore, this is arguably not a clinical activity and frequently has nothing to do with treatment.
- Be mindful in writing ESA-support letters. It is a crime to fraudulently certify an animal as a service dog or an emotional service animal, putting the psychologist who does so in potential legal trouble. Further, should the special accommodations recommended in the letter written by the psychologist become a matter of legal dispute, they may be called upon to justify statements in a deposition or in open court.

The research evidence is limited. Very few controlled empirical studies support the conclusion that the presence of animals impacts loneliness and is actually longitudinally therapeutic. In fact, the empirical research on this topic is inconsistent and is clearly in the early stages of development (Ensminger and Thomas, 2013). While patients might want their animals to travel with them, and even feel that they need the animal to feel safe or better, there is questionable evidence that this does anything therapeutically.

Treating therapists have an important role in recommending that a patient has an ESA if that recommendation is part of a treatment plan. However, the psychologist must remember that the recommendation for an ESA could result in a permanent state of affairs that could carry potential legal consequences for the psychologist if that certification becomes disputed and the animal is no longer clinically necessary.

The easiest way to avoid the dilemma of being asked to provide an ESA support letter is to clarify the limited evaluative activities the psychologist is willing to perform as part of the initial informed consent. This type of clarification at the outset of treatment can go a long way in reducing problems that stem from patient requests for extra-therapeutic services.

Whether one agrees with the author's conclusion that these types of evaluations are forensic, one must agree with the conclusion that separating the treatment issues from those that are administrative in nature, avoids any potential role conflict and is in the best interests of the therapy. Remember, this is an official disability determination and not simply something designed to make the client happy.

Cassandra L. Boness is a graduate student in clinical psychology at the University of Missouri-Columbia. Her chief research interest relates to

Continued on page 17

In Memoriam

OPA has recently lost some long-time members and past leaders of the association. Their contributions to psychology and OPA will serve as lasting tributes to their dedication to the profession and the organization.

Reflections from our president, Wendy Bourg…

"To know Shane for even a brief moment was to appreciate his spirit, it shone so brightly. He achieved that rare integration of tough and vulnerable and delivered it with kindness and humility. If you wanted clear reasoning in a tough call situation—Shane. If you wanted private compassion from someone who knows what it means to peer over the abyss—Shane. He truly earned the love and respect of his peers. He will be greatly missed."

"Gar was unfailingly generous with his mentoring, wisdom and recognition of excellence. He quietly and consistently used his personal and financial resources to champion diversity and encourage young psychological talent. To those he knew, he conveyed a genuine care, interest and concern for their well-being. He was humble and unassuming in spite of his international renown as an organizational development consultant. We have truly lost two of our brightest stars."

Garfield deBardelaben, PhD (1946 - 2015)

Garfield deBardelaben died at 69 of a long-term illness. He was the first African-American clinical psychologist licensed in the state of Oregon. He provided consulting services to Fortune 500 clients throughout the U.S., Asia and Europe. He was the founding principal of Interpersonal Relations International, LLC, a multi-ethnic organization development consulting firm specializing in helping businesses solve interpersonal and productivity issues, and develop effective leaders.

In addition to his private practice, he worked on the Good Samaritan Hospital rehabilitation team, and was a clinician and instructor at Oregon Health & Science University. He was a founding member of the African American Mental Health Coalition and one of the originating faculty members for the Avel Gordly Center for Healing. Dr. deBardelaben also specialized in diversity and inclusion. His influence fostered racial dialogue with constituents and citizens. He served on the OPA board in many roles and as president from 1993-1994. He is survived by his wife, Marian and other family members. Donations can be made to Amyloidosis Support Groups, amyloidosissupport.org/donations_form.html.

Shane Haydon, PhD (1943 - 2016)

Shane Haydon passed away surrounded by his family on January 14, 2016. Throughout his 13-year battle with cancer, Shane showed incredible resolve, courage and grace, and in so doing he set an example for all who knew him. He studied at the University of Oregon and Lewis & Clark College, and was later accepted into the doctoral program at the University of Victoria, British Columbia where he earned a PhD in clinical neuropsychology. Shane returned to practice psychology in the Willamette Valley, where his service contributed to the lives of many. He began his career as a staff psychologist for the State of Oregon. He went on to have a successful private practice as a neuropsychologist. During that time, he was also a consulting psychologist to addiction-related organizations and treatment centers. He taught psychology at several universities and colleges. He joined Hazeldon Springbook as the director of mental health services and went on to become the Regional Vice President in charge.

Shane was an active participant in OPA serving as President from 1999 to 2000. He received the Labby Award in 2007 for his outstanding contributions to the advancement of psychology. Shane also served on the Oregon Board of Psychologist Examiners and was the chairman from 2011 to 2013. He served with the Board of Bar Examiners for the Oregon State Bar. Shane was a member of St. Philip Benizi Catholic Church in Redland and served as chairman of the Ministry Review Board for the Archdiocese of Portland. He is survived by his wife of 51 years, Kathy, as well as his children and grandchildren. Donations can be made to the Leukemia and Lymphoma Society www.lls.org.

Molly McKenna, PhD (1972 - 2016)

Molly McKenna passed away on February 7th from cancer. She attended Stanford University where she received a degree in psychology. She then received her Doctorate in Counseling Psychology from the University of Illinois Urbana-Champaign. Molly served as the editor of the OPA newsletter the *Bulletin* from May 2005 to December

Continued on page 15

Join OPA's Listserv Community

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

How to subscribe:

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

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

In Memoriam, continued from page 14

2008. Molly is survived by her husband, sons, and other family members.

Celebration of a Life: Dr. Garfield deBardelaben (February 19, 1946 - December 7, 2015)

Tony Farrenkopf, PhD

On Sunday, February 21, 2016 the Lewis & Clark Chapel hummed a medley of Gar's favorite pop music tunes, soothing the hearts of the assembly - a medley of diversity. Nine aging Archon fraternity brothers celebrated Gar's "significant and meaningful life." More than a handful of psychology colleagues remembered Gar as a former OPA president.

"Career memories" from professionals described Gar's "contagious compassion and high-pitched laughter," "a true sweetheart" with a "noble life" and Gar's "mission to make the world a better place." Avel Gordly, former Oregon State Senator, said that "healers bring light to dark places." An attorney praised Gar as "the most ethical person, inspiring trust."

A medley of friends, some far-flung from across the continent, call Gar "an exemplar gentleman," "a real person," "my buddy Dr. Gar," who gave away his new Hawaiian shirt off his back, and who loved to converse about music and books and race relations for hours on end.

Gar's nephew, the Rev. Dr. Bently deBardelaben from Ohio choked up. He had spread some of Gar's ashes onto Pacific Ocean waves the day before, and found some larger flakes in his jacket pocket this morning.

We listened to an audio "poem for uncle Gar" from Gar's nieces. And we listened to Nola Bogle's heart-wrenching Ave Maria - my own pre-selected funeral music, etched into my soul at my mother's death when I was twelve.

An uplifting denouement, Gar's slide show celebrated a "life lived well" on ocean shores, in snows, through forest trails, at festival galas and in pools, braced by wife Marian and friends, right into Gar's later wheelchair days amidst Hawaiian foliage torches, "at peace at the end."

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.

Brain Science in Relationships

The first fully developed therapy based on the brain science of mind-mapping.

Mind-mapping –The brain's innate ability to make a mental map of another person's mind. Figuring out what other people desire, know and believe. Theory of Mind. The cutting edge in brain research.

Mind-masking – The brain's ability to ward off being mind-mapped by someone else. Good mind-maskers can make you think they completely lack mind mapping ability.

Traumatic mind-mapping – Mapping out someone else's mind traumatizes your mind and negatively impacts your brain; a major factor in emotional and sexual trauma. Repeated traumatic mind-mapping creates short and long-term negative brain impacts.

Attending this workshop will enable you to:

1. Harness interpersonal neurobiology through the brain science of mind mapping.

2. Revolutionize couple therapy by detecting clients' mind mapping and mind-masking abilities.

3. Diagnose traumatic mind-mapping and its short and long term neurobiological impacts.

4. Introduce mind mapping in sessions and leverage this into far-reaching insights and effective interventions.

Right-Brain Learning
This workshop emphasizes intuitive "right-brain" learning through personal application and extensive multi-media to develop your clinical abilities using mind mapping in therapy.

Personal Application
Brain-based mind mapping therapy shakes up people's lives and opens new avenues of healing and positive brain-change. Learning about it is personally powerful too.

We can't promise you a life-changing experience, but come prepared for powerful new insights into your clients, how you conduct psychotherapy, and revelations about your personal relationships and life history.

Crucible® Mind Mapping Therapy

July 21-24, 2016—9am to 5 pm—Bellevue, Washington
2016 Crucible 4-Day Clinical Workshop
Presented by best-selling author David Schnarch, Ph.D. & Ruth Morehouse, Ph.D.

For information and registration visit www.crucible4points.com, email: Service@CrucibleInstitute.com or phone us: 303 670 2630

OPA Elections and Annual Meeting Notice

The following is information on OPA's upcoming board of director's election and annual meeting. Voting members of OPA will be mailed a ballot in late March on these issues and returned ballots are to be postmarked by April 28th in order to be tabulated. The OPA annual meeting will take place during our Annual Conference on May 6-7, 2016 at the Oregon Convention Center in Portland, Oregon.

2016-2017 Elections Slate of Candidates

The following is a slate of candidates that the nominating committee presented to the board of directors. The board of directors has approved the following candidates for election:

Officer Positions

- Ryan Dix, PsyD – President Elect
- Natalie Kollross – Treasurer
- Freda Bax, PsyD – Secretary

Director Positions

Please note that you will be asked to vote for 1 candidate for each of the 2 director positions that are available.

- Carilyn Ellis, PsyD – two year position
- Spencer Griffith, PsyD – two year position

Additional nominations may be made by written petition containing the signatures of no fewer than ten OPA voting members. Such nominating petitions must be received by the nominating committee chairman no later than two weeks after this newsletter announcement is sent out via email. Such nominations can be sent to OPA at info@opa.org.

If you have any questions, please contact Sandra Fisher at the OPA office at 503.253.9155 or 800.541.9798, or via email at info@opa.org.

Doggie on the Airplane, continued from page 13

alcohol use disorder diagnosis and her clinical interests include ethics, treatment of deaf clients and dialectical behavior therapy. Her email address is:clmkdb@mail.missouri.edu.

Jeffrey N. Younggren, Ph.D., is a clinical and forensic psychologist practicing in Rolling Hills Estate, Calif. He is also a clinical professor at the UCLA School of Medicine. His email is jeffyounggren@earthlink.net.

Editor's note: This is a condensed version of a longer paper submitted to a peer review journal. The longer version was also co-authored by Jennifer A. Boisvert, PhD.

Permission to reprint this article is granted by The National Psychologist newspaper, www.nationalpsychologist.com.

Reflections on Self Disclosure, continued from page 9

work together.

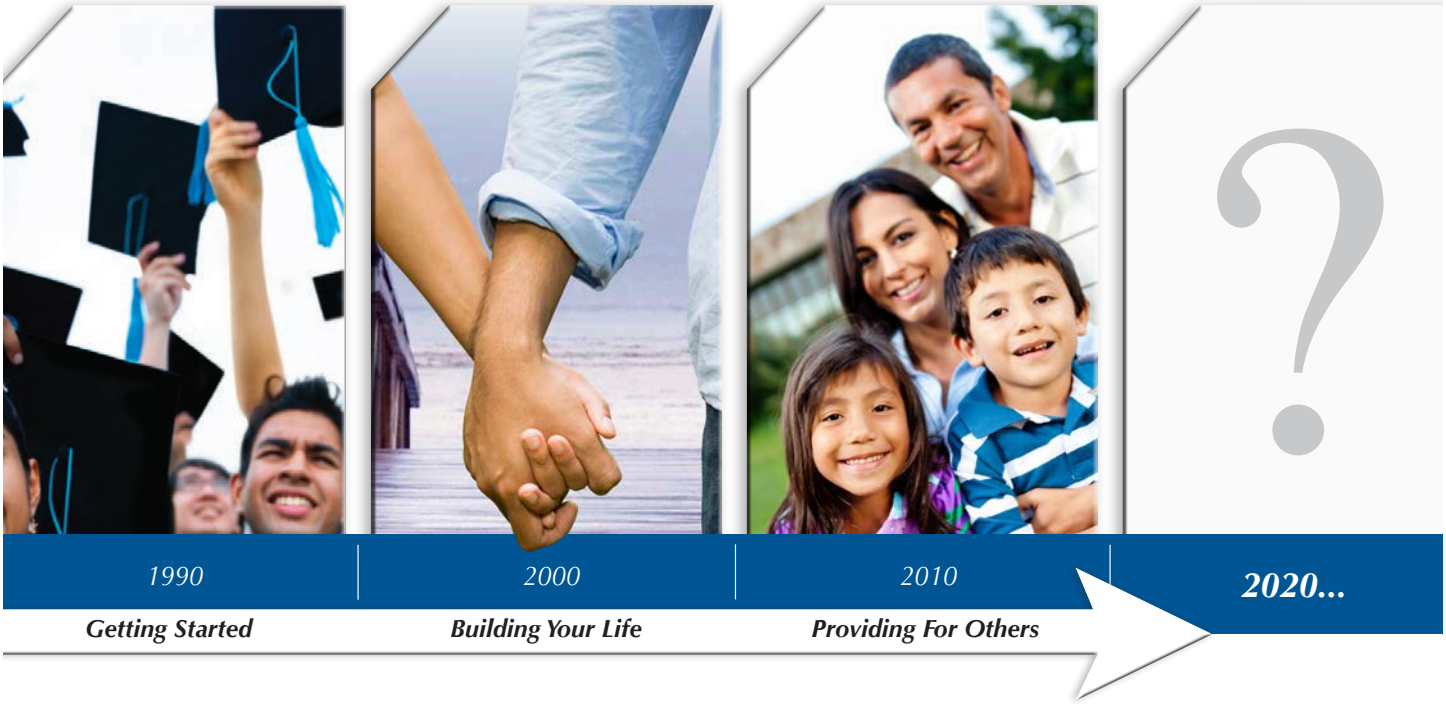
Self-disclosure is a powerful tool in psychotherapy. I recognize its complications due to its very nature. I also believe it can build the therapeutic relationship with culturally diverse clients, particularly in a society wherein there is cultural mistrust due to historical and current racism, discrimination, and prejudice. Self-disclosure is one way I become human and possibly vulnerable, like my clients are being every time they visit my office. Even now, my internal dialogue, my Socratic questioning about self-disclosure, plays out in my mind, and I continuously seek discussion and literature to contribute to my understanding of therapist self-disclosure in cross-cultural relationships.

Readings for Thought

Constantine, M. G. and Kwan, K. L. K. (2003), Cross-cultural considerations of therapist self-disclosure. *Journal of Clinical Psychology, 59,* 581–588. doi: 10.1002/jclp.10160

Hill, C. E., & Knox, S. (2002). Self-disclosure. In J. C. Norcross (Ed.), *Psychotherapy relationship that work: Therapist contributions and responsiveness to patients* (pp. 255–265). London: Oxford University Press.

Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley.



Your life now may be very different than it was ten years ago...

Has your financial planning changed to fit your current or future picture? A new or expanding business, mortgages, automobiles, a larger family… these can all contribute to a very different picture of your financial responsibilities today.

Group Term Life Insurance

Term Life Insurance can play an important role in your family's continued financial security should you die prematurely. Whether you need initial coverage or want to add to what you have, Trust Group Term Life Insurance[1] is affordable and has the features you will need to keep pace with changing family and financial responsibilities.

Call us at **1-877-637-9700** or visit **trustinsurance.com** for a no-obligation consultation.

Great Coverage at Affordable Premiums Including These Features:

- **Inflation Safeguard —** designed to prevent changes in the cost of living from eroding your death protection.[2]
- **Living Benefits —** allows early payment of death benefits if you become terminally ill.
- **Disability Waiver of Premium —** waives your premium payment if you become totally disabled.

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[1] Available in amounts up to $1,000,000. Coverage is individually medically underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group. Plans have limitations and exclusions, and rates are based upon attained age at issue and increase in 5-year age brackets.

[2] Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.

Welcome New and Returning OPA Members

Jessica Beeghly, PhD
Woodburn, OR

Ammon Cheney, MA
Hillsboro, OR

Jennifer Clark, PsyD
Hillsboro, OR

Kylie Coleman, MA
Newberg, OR

Robert Dickey, PsyD
Hillsboro, OR

Arissa Fitch-Martin, PhD
Portland, OR

Suzanne Gascoyne, PhD
Eugene, OR

Marie-Christine Goodworth, PhD
Newberg, OR

Canaan Higa
Beaverton, OR

Robyn Honeycutt, PsyD
Portland, OR

Anastasia Jones
Portland, OR

Leonard Kaufman, PhD
Washington, DC

Adrian Larsen-Sanchez, PsyD
Portland, OR

Sahara Miller
Portland, OR

Golnoush Monfared, PsyD
Cupertino, CA

Louis Moser
Beaverton, OR

Tara Sanderson
Newberg, OR

Sarah Silverman, PsyD
Eugene, OR

Jaaron Smith
Vancouver, WA

William Strahl, BA
Beaverton, OR

Shilo Tippett, PhD
Madras, OR

Veronica Vazquez, PhD
Portland, OR

Michael Villanueva, PsyD, ABPP-CN
Medford, OR

Katje Wagner, PhD
Portland, OR

Meghan Walls
Beaverton, OR

St Luke's™

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 professionals committed to making a difference.

About Twin Falls, ID:
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.

2015-2016 Schedule

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

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.nmpsychology.org for more information.

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

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.

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!

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.

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 electability, 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

JOB OPPORTUNITY

Female child/adult therapist needed for a well established mental health practice in Milwaukie, OR. Part-time or full-time. Child Play Therapy certification preferred. Compensation based on percentage of collections. Send resumes to Suzy at shhadeed@comcast.net or call (503) 652-2810.

OFFICE SPACE

Beautiful, furnished SW John's Landing office (290 sq. ft.) with large reception room, parking, and receptionist, available 1-2 days a week, for $210 per day per month. On bus line, with elevator. Optional secretarial services and billing. Some referrals. Steve Waksman, PhD or Johna, 503.222.4046.

Office Rental: Professional office space, 160 sq ft, furnished or unfurnished, with waiting room in charming English Tudor near Good Samaritan Hospital, NW Portland. Bus/streetcar/freeway access. Full or part-time. 503.225.0498.

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

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

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

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 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.

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

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

*Newsletter Schedule**

2016

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.

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