



What's Inside

The Bookshelf: Bipolar Disorder..... 3

Ethical Considerations of Exposure Therapy: Promoting Empirically-Supported Treatments and Dissemination of Research 7

Get Ready for Back-to-School with #ThisPsychMajor..... 9

Current Events from a Political Psychology Perspective..... 11

Why Ethics? Isn't This the Colleague Assistance Committee?..... 12

Stress Management: How to Strengthen Your Social Support Network 13

Cliff Note: Update from Oregon's Representative to APA Council 17

Welcome New and Returning OPA Members 18

OPA Continuing Education Workshops 19

OPA Classifieds 21

OPA President's Column

Forging Relationships and Building Bridges

Shahana Koslofsky, PhD, OPA President



Hello, membership. Thank you for the honor of letting me serve as President of OPA for this year. In preparation for my presidential year, I have been reflecting on the divided state of our country and considering what we, as psychologists, can do to address this situation. While the divisions in this world are real and the pain is valid, it strikes me that these divisions are not the entire story. Something is missing. While the media reminds us of the many ways we are different and at odds with one another, they fail to acknowledge the ways that we can connect across our differences.

We know that humans are social beings and as social beings we crave social connections. In fact, we are healthier when we are socially connected (APA, n.d.). Of course, these relationships must be healthy. As the daughter of civil rights activists, the question for me then becomes, "What can I do to build healthy relationships with others, and what can we, as psychologists, do to help others build healthy relationships and make this a better world for all?" I am proud that as psychologists we hold a unique set of skills to build healthy relationships because the foundation for our clinical work as psychologists is relationship-building. For this reason, I selected the theme *Forging Relationships and Building Bridges*

as my presidential initiative. It is my hope that together we can reach out, build healthy relationships, and make our community less divided and, therefore, healthier for all.

During the OPA Board of Directors' annual retreat in July, I tasked each member of the Board of Directors with reaching out to an individual, group, or community and building a bridge of connection. By building these connections, OPA can better meet the needs of psychologists and the communities we serve and live in; from independent practitioners to integrated care psychologists to university faculty members; from early career psychologists to mid-career psychologists to late career psychologists; from urban communities to rural communities and everything in between.

It is not my expectation that all psychologists or all communities will always agree on everything. Rather, my hope is that we can strive for balance. Balance that allows us to be respectful of our differences while also working towards creating healthy connections with others. My hope is that you will join me on my presidential journey and ask yourself what you can do to forge relationships and build bridges. Perhaps there is a topic area of interest to you and you will consider joining one of OPA's many committees; perhaps you

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President's Message, continued from page 1

can have coffee with early career psychologists to welcome them to the field and mentor them; or perhaps you can meet with community members to determine what their needs are and how we, as psychologists, can best support them. Together, I believe we can use our unique skill set to forge relationships and create more

balance in the world—a world that recognizes both what divides us and what joins us together. A world that is healthier for all.

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American Psychological Association. (n.d.). Stress management: How to strengthen your social support network [web page]. Retrieved from <http://www.apa.org/helpcenter/emotional-support.aspx>

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The Bookshelf: Bipolar Disorder

Shoshana D. Kerewsky, PsyD, HS-BCP, Editor, *The Oregon Psychologist*

Psychologists frequently request book recommendations on a variety of topics. Here are some of my favorite memoirs by authors with bipolar disorder or their family members. This is not an exhaustive list, but a selection of books on the topic that I have found useful and enjoyable to read.

As with any media, review it yourself before making recommendations to a client or student.

Behrman, Andy (2003). *Electroboy: A memoir of mania*. New York: Random House.

Behrman doesn't tell the reader what mania is like; he shows it. Reading Behrman is exhausting in an illuminating way. The frenetic exposition enacts mania nicely. In some ways, so does Behrman's emotional flatness in recounting some of his experiences. The memoir tends toward the linear recounting of events rather than the construction of the more-complex narrative I would have wished for, and I would have preferred more self-reflection at points throughout. Still, it's a very good, unvarnished look at how intoxicating, and how debilitating, bipolar disorder can be. Behrman received ECT as a treatment and reports that it was helpful.

Cheney, Terri. (2009). *Manic: A memoir*. New York: William Morrow.

Cheney tells her story of bipolar disorder as a series of non-chronological vignettes because that's what having the disorder is like for her—episodic experiences that are vivid but not always easily related. Cheney's account is not only frenetic at times, but also self-reflective and insightful. A sensitive and well-delivered account of how pervasively bipolar disorder can affect one's life. Like Behrman, Cheney received ECT, but characterized this intervention as "devastating," making these two memoirs an excellent choice for contrasting experiences of similar treatments.

Greenberg, Michael. (2008). *Hurry down sunshine: A father's story of love and madness*. New York: Vintage.

Greenberg's memoir of his teen daughter's first bipolar manic episode is both engaging and problematic. "Engaging" because of Greenberg's ability to tell the tale with emotion and immediacy. This wrenching family narrative is well worth reading to understand a parent's experience of extremely difficult and frightening events.

It appears that Greenberg's daughter and family received inadequate and indifferent treatment, which is extremely troubling. His description of the events and their effects on his family is wrenching and raw. "Problematic" first because Greenberg presents the story angrily. This is understandable and certainly warranted given the circumstances, but over the course of the book, the reader's impression is that Greenberg is angry in general. He describes the lack of adequate care his daughter received, and in the absence of context, I assume his report is accurate. However, he doesn't describe which interventions his daughter does receive, and when he alludes later to the course of her recovery from this episode, he is silent on whether he believes that

her hospitalization and therapy were helpful. In many descriptions of his and his family's life, he accentuates the negative, which raises some concerns about the potential narrowness of his focus. Greenberg is trying to be clear and brutally honest about himself, but sometimes just seems brutal.

Further, Greenberg makes some puzzling errors that may speak both to his confusion and a lack of adequate editing. For example, he refers several times to "narcoleptics." He means "neuroleptics," a category of antipsychotic medication. "Narcoleptic" means a person with narcolepsy, a neurological sleep disorder. Unfortunately this error occurs several times; in and of itself this would just be unfortunate, but in conjunction with other areas of lack of clarity, it makes me wonder how well Greenberg and his family understood his daughter's treatment. Treatment can be confusing under the best of circumstances, and I would have no problem with a description of how confusing this experience was. However, it's not obvious whether Greenberg ever got clarity on this. Greenberg expresses his frustration that medical people do not know what causes bipolar disorder, a frustration that is, in fact, shared by many practitioners. However, Greenberg seems to have an ambivalent relationship with the idea that this disorder

Continued on page 4

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may be biologically based, often describing his shame and worry that he caused his daughter's bipolar disorder. Other family members worry that they, too, contributed to the problem, and ruminate about the stigma associated with mental illness. One would expect that part of this story would be the family's realization that accepting this stigma is unreasonable, and the information that they were radicalized by this experience in some way. However, Greenberg does not report this, which seems to me to imply that he accepts the legitimacy of that stigma, and that a primarily biological description (if not explanation) of bipolar disorder is not sufficient for him. He still seems to see the origin of his daughter's illness as interpersonal or psychodynamic. While relational stress is often a contributor to increased symptoms and decreased functioning, a review of the research literature would show that stress and disharmony are not sufficient to cause bipolar disorder in the absence of a biological substrate.

The omission of this information seems strange to me given that Greenberg is a journalist and presumably is able to do his own background reading, call sources who could answer questions, etc. It again raises the question of where his editor was. The overall effect is of a story without a point, at least so far as the narrator's or his daughter's development or learning. In this way, its structure is that of

a case report, not a memoir. Because the problems outweigh the benefits of this narrative, I would not recommend it for people or families trying to understand bipolar disorder. I would not assign it for a class on diagnosis, but might in a class focused on disconnections between families and providers.

Hersh, Kristin. (2010). *Rat girl: A memoir*. New York: Penguin.

An engaging memoir that includes bipolar disorder, music, and much more. Smart writing and choice of details make this a literary memoir of greater interest than many reports of mental illness. Plus, it's by Kristin Hersh of Throwing Muses.

Hornbacher, Marya. (2008). *Madness: A bipolar life*. New York: Houghton Mifflin.

Hornbacher's previous memoir (*Wasted: A Memoir of Anorexia and Bulimia*) started a narrative that continues here, making this pair of books useful for exploring how new information and a new diagnosis change a person's perspective on their life narrative. Hornbacher experiences a complex constellation of her own and her parents' mental health challenges, making this a good book or set of books for students' diagnostic practice.

Jamison, Kay Redfield. (1997). *An unquiet mind: A memoir of moods and madness*. New York: Vintage.

In this classic and accessible account, Jamison describes her experience with bipolar disorder. As one of the major contributors to the scientific research on bipolar disorder, she characterizes the diagnosis both more accurately and more hopefully than some authors. Jamison provides a useful description of the shifts in her symptoms, and hence, her decisions about interventions, over time. This may be a helpful memoir for clients and students who worry that their own bipolar diagnosis means that they cannot be successful professionals.

Pauley, Jane. (2004). *Skywriting: A life out of the blue*. New York: Random House.

Pauley characterizes herself as having "Bipolar III," medication-induced bipolar disorder (in her case, the medication is steroidal, prescribed for hives). This may be confusing since "bipolar III" is sometimes, but not widely, used to refer to hypomania. I also question whether a medication, like any other stressor, triggered an underlying vulnerability (this being, after all, the definition of the diathesis-stress model—biological predisposition is precipitated by an environmental event). A reader of the entire memoir will notice a cyclic pattern of medical signs that proceed her florid manic episodes, though Pauley does not seem to see this pattern. Diagnostically interesting, but probably confusing for clients and students.

Vonnegut, Mark. (1975.) *The Eden Express: A memoir of insanity*. New York: Laurel.

I was delighted to see that this memoir by novelist Kurt Vonnegut's son was back in print. At the time, Mark Vonnegut described his diagnosis as schizophrenia. When I read it in college, the diagnosis didn't seem to fit the



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Continued on page 5

diagnostic criteria, but I assumed that the hefty dose of illicit substances was muddying the waters. Later (and armed with a DSM), bipolar disorder seemed more accurate. A well-told and engaging memoir that captures the time and culture well in addition to the author's alarming episodes.

Vonnegut, Mark. (2011). *Just like someone without mental illness only more so: A memoir.* New York: Bantam.

In the interval between *The Eden Express* and the present memoir, Vonnegut's diagnosis has shifted from schizophrenia to bipolar disorder. This isn't surprising. He responded well to lithium, which tipped the scales toward a bipolar diagnosis. "Schizophrenia" has been a garbage category historically for a range of presentations that include psychosis. These days, there's a lot less hebephrenic schizophrenia and a lot more bipolar II. *The Eden Express* makes more sense as a narrative of manic and depressive episodes (leavened with Vonnegut's plethora of recreational substances and reasonable cultural paranoia). It's wild, fast, and roller coaster-like. The author is not in consensual reality for much of the story. By contrast, *Just Like Someone Without Mental Illness Only More So* is a normalized book, slower and perhaps less interesting, although the contrast over time is fascinating. Read the two together as a really good look at how disruptive unchecked bipolar disorder can be.

Trudeau, Margaret. (2011). *Changing my mind.* New York: HarperCollins.

Trudeau's story is easy to read and, like Pauley's, describes some of the difficulties faced by people with mental health issues who are in the public eye.

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.

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 information about running the business of psychology, articles related to practice by PAC members, guidelines, and a template for professional wills, information on APA Record Keeping Guidelines, links to CEUs related to practice, and more!

You will find many related books by entering these titles on Goodreads, Library Thing, Powell's, Amazon, or other online book review and sales sites.

What's on your bookshelf? You're welcome to submit your own annotated list with APA-style references for main entries to kereuskyopa@gmail.com. Single book reviews of interest to psychologists are also welcome. If you've published a book, you're welcome to write an article describing it (please identify yourself as the author in your write-up).

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Ethical Considerations of Exposure Therapy: Promoting Empirically-Supported Treatments and Dissemination of Research

Jill Davidson, PsyD, OPA Ethics Committee

Empirically-supported treatments are underutilized in clinical practice despite clear and well established efficacy (whether treatment works) and effectiveness (whether it works in everyday practice). These empirically-supported treatments, such as exposure therapy for anxiety disorders in which patients are asked to deliberately face their fears, are the “gold standard” for various psychopathologies. Anxiety disorders comprise the most common mental categories in the United States and cost an estimated \$42.3 billion annually, which represents one-third of the country’s total mental health bill of \$148 billion per year (Greenberg et al., 1999). Without effective treatment, anxiety disorders have a chronic, often unremitting and worsening course. As such, effective, efficient, and efficacious treatment is of the highest importance, yet despite the abundance of evidence, empirical support and expert consensus guidelines identifying exposure as the gold standard care for individuals with anxiety, exposure remains underutilized, leaving many patients undertreated according to the standards of care (Waller, 2009).

Why don’t more practitioners utilize this treatment modality when the benefits have been proven? If practitioners believe the delivery of exposure is harmful then ethical considerations are warranted, as practitioners must first “take care and do no harm” and “safeguard the welfare and rights” of their patients. (APA, 2010). According to the available evidence, exposure is not inherently harmful. Practitioners may deem it uncomfortable or difficult for themselves to increase patient anxiety through exposure given their goal is generally to decrease patient discomfort. However, kind intentions in the short-term can lead to long-

term immobility or exacerbation of the original condition (Waller, 2009). Practitioner perceptions that their patients will not tolerate exposure are unfounded (Deacon & Abramowitz, 2004). If exposure were intolerable, we would expect high drop-out rates; however, drop out rates for exposure therapies are no greater than other interventions, and drop-out rates are lowered for exposure when compared to psychotropic medications alone for anxiety disorders (Cahill & Foa, 2004). Other barriers to the use of exposure include lack of training and supervision in exposure techniques, little confidence or trust in administering exposure, and minimal knowledge in understanding the mechanisms of change involved in implementing exposure based therapies. Practitioners may worry about legal risk involved in exposure, but after all, we are asking our patients to feel anxiety, something they are already feeling every day, and the physiological response to fear is not inherently dangerous or harmful.

Exposure-based treatments are arguably the most efficacious and successful psychological treatments for anxiety disorders (Deacon & Abramowitz, 2004). Misinformation about exposure-based treatments and lack of dissemination are a clear barrier for this effective treatment.

Although exposure is safe, it may in fact place patients at more risk compared to traditional talk therapies. Patients are asked to do a variety of uncomfortable exercises such as touching toilets and animals, purposely inducing panic symptoms (hyperventilation, spinning, exercise, etc.) and eating without washing their hands. Olatunji, Deacon, and Abramowitz (2009) propose ways in which practitioners can avoid ethical conflicts and minimize risk in the use of exposure. First,

informed consent is used as an ongoing process, consistent with the APA ethical mandate (APA 2010, Section 10.01), and used to evaluate the risk and benefit of exposure as well as to decrease the likelihood of harm. Informed consent is frequently revisited during the treatment process. Olatunji et al. indicate, “Exposure therapy is likely an exemplar among psychotherapies for satisfying the ethical principle of informed consent” (p.175). Second, naturalistic comparisons can be used to determine whether the risk associated with exposure is acceptable by determining if the exposure is something at least some ordinary people do without adverse reaction, such as eating after petting the dog without washing their hands first, or exercising without checking their blood pressure. Specific exposures may not be appropriate for every patient, such as asking a patient who has heart problems to run up and down the stairs to induce panic symptoms. Third, scheduling and session management are necessary to ensure the session is long enough to complete an exposure with anxiety reduction, which may take longer than the typical 50-minute session. Fourth, it is important to manage and prepare for negative outcomes, because, although rare, exposures may not go as planned (car accidents happen, people faint, animals bite). The costs and probability of outcomes are discussed before exposure work. Lastly, it is often necessary and clinically appropriate to provide exposure sessions outside of an office setting (riding elevators, driving over bridges, touching dumpsters, traveling to the patient’s home), which can lead some practitioners to believe there is greater risk of boundary violations or multiple

Continued on page 8

relationships. Olatunji et al. propose that boundary crossings done judiciously and ethically in exposure treatments do not create a risk of these violations. Precautions can also be taken in protecting confidentiality while working in a community setting, such as planning with the patient ahead of time. Olatunji et al. propose several suggestions of how to protect patient confidentiality in the real world, such as the practitioner de-identifying themselves (removing name badges), doing exposures in an area outside of where the patient lives, and planning ahead about what to do if they run into acquaintances.

Practitioner beliefs combined with lack of training contribute to the underutilization of exposure with anxiety sufferers. Many practitioners simply do not think scientifically. There is a large divide between research and practice. There is not even consensus in our field that “good practice” should be guided by science (Kettlewell, 2004). The divide between lab and couch is a disconcerting problem. Psychotherapeutic treatment should be sufficiently tested before reaching the consuming public and to do anything differently could result in faulting practitioners for not doing what ethical and scientific considerations require. There is not adequate dissemination of information of empirically-supported treatments to practitioners, regulatory bodies, the general public, and prospective patients. These obstacles are not unique to anxiety disorders, and the lack of dissemination is not specific to a particular form of treatment.

These are such exciting and promising times in the field of psychology. There have been so many advances in the comprehension of psychopathology and methods of assessing an ever-broadening range of people and problems and an abundance of scientifically and empirically principled treatments.

There are also numerous countervailing practical concerns facing clinical practitioners (reimbursement, employment, continuing education, licensing, expanding scopes of practice) that make successfully navigating clinical practice challenging. It is challenging to feel assured that one is practicing with prudence and due diligence when choosing treatments with the broadening array of increasingly complex patients. The APA Ethical Principles of Psychologists and Code of Conduct (2010) 2.01 refer to boundaries of competence: “Psychologists provide services, teach and conduct research with populations and in areas only within their boundaries of competence, based on their education, training, supervised experience, consultation, study, or professional relationship.” The integrity of the professional service of psychology depends upon its scientific foundation, and continued strengthening of that foundation is essential (Peterson, 2004). Adequate training is the determining factor as to whether practitioners will use empirically-supported treatments. It is our ethical responsibility to critically evaluate innovative ways to provide effective training and delivery of such treatments and to increase the overall utilization of empirically-supported treatments such as exposure. The majority of practitioners have simply not received specific enough training in these evidence-based treatments. The answer is simple: Train increasing numbers of clinical practitioners to be scientific thinkers.

Practitioners may, while perhaps unknowingly in many cases, not be taking reasonable steps to avoid harming their patients if they are not aware of the expert guidelines for treating anxiety disorders and the use of exposure in clinical practice. If you are an expert in providing an evidence based treatment modality, seek opportunities to train your peers and if you have not been trained in

exposure therapies and treat anxiety and related disorders, seek out training opportunities.

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Get Ready for Back-to-School with #ThisPsychMajor

Deanna Chappell Belcher, MA, EdM, Director, University of Oregon Service-Learning Program

Last fall, Jeb(!) Bush got himself into trouble for an off-handed comment about psychology majors' preparation for a job in food service (Strauss, 2015). The response was swift, and it had wings (Langley, 2015). Thousands took to Twitter to share their careers, their continuing education, and their volunteer projects. Psychology majors are making a difference everywhere, from drug abuse treatment and prevention to helping folks save money on their electric bills; from helping survivors of sex trafficking to teaching preschool. No matter our divergent paths, that "hashtag moment" let us feel solidarity around being a psychology major, gave us a platform to brag, and a chance to appreciate one another. One year later, just in time for back-to-school, I am here to remind us of #ThisPsychMajor, and hopefully to reignite that feeling.

I was a psych major, and now I work with undergraduate students from all majors. I admit to having a special soft spot for the psychology folks. "You never know what your academic knowledge can do until you give it a chance; until you really put it to work," I tell them. "Don't wait until graduation, get out there now!" In our service-learning program, college students have

opportunities to make community connections, gain experience, and earn credit outside the classroom. Here are just a few of the many benefits of participating in service-learning in college:

- **Getting out in the community and trying things.** Service-learning leaders on college campuses have relationships with community partners that allow risk-taking and hands-on learning in supportive environments. One of my psychology majors came in with the idea of being a child and family therapist, only to discover, after a few months volunteering at a high-need elementary school, that she didn't enjoy working with kids! Her on-site supervisor helped her find a different volunteer opportunity that let her work with parents, and she discovered a new calling: Helping children by supporting the adults in their lives.
- **Framing the idea of "helping people" in the context of larger societal structures.** The social justice focus of service-learning pedagogy means that even as I am sending students into the community to "be the change," I am providing them with tools and resources that help them see their work as part of a larger ongoing project—making the world a place where *all people* can thrive. One psych major I know had a fixed idea in his head about a private practice doing play therapy with young children. After a volunteer stint at the therapeutic nursery in our community, he widened his focus to include political advocacy for early childhood education and resources in addition to supporting individual kids and families.
- **Learning to work in diverse environments.** We want our psych majors to be "culturally competent," but that requires experience as well as a theoretical grounding. With service-learning's explicit focus on diversity, students are able to grow into a culturally competent mindset through real-life work with people different from them, paired with opportunities to explore issues of diversity in a safe classroom setting. A cis-gender student of mine volunteered at a local high school where she met a tenth grader who identified as transgender. My student was surprised at her own reaction to the younger person's self-identification. "I support LGBTQ rights!" she exclaimed, but her emotions around working with a transgender youth belied her intellectual commitment to equality. Her service-learning seminar allowed her space to talk about her confusion and get support from peers and a skilled facilitator.

Continued on page 10

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- **Synthesizing what you are learning through reflection.** One of the mainstays of service-learning pedagogy, reflection helps students digest what they are learning in the community and synthesize it with their academic content. The result is deep learning, knowledge, and attitudes that really become a part of us and cannot be forgotten after a test. I ask my students to consider issues and questions from three angles: First, what does my own experience and socialization tell me about this issue? What do I bring to the work, and how are my new experiences in the community informed by my preconceptions (and vice versa)? Second, what am I learning through the readings, in my service-learning seminar, and in other classes? How does the literature inform my previously held beliefs (and vice versa)? And finally, what am I learning in discussions with my peers? How do the diverse perspectives offered in class discussions help me see things differently and think about problems in new ways? By intentionally weaving together these three strands, students flex their critical thinking muscles, synthesize their learning, and ultimately come to own their education in a way that traditional book learning does not allow.

So this year, when a psychology major comes to you with a vague idea of wanting to “help people,” tell them about your own journey, and tell them about your colleagues’ diverse work and experiences. Tell them to get on Twitter and read about some of the amazing and impactful careers we have. And send them to their campus’s service-learning office. There they will find someone who will be glad to connect them with exciting volunteer opportunities and give a bit of a head start on answering the question, “What can I do with my psych major?”

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Current Events from a Political Psychology Perspective.

William McConochie, PhD, Political Psychology Research, Inc.

Doing research as a political psychologist, I have clarified the complex psychological underpinnings of human political attitudes. These attitudes virtually define the liberal and conservative worldviews. They also show that strong liberals and strong conservatives, as groups, are actually rather close together on virtually all dimensions of political discourse, strange as that may seem.

These attitudes include religious beliefs, which tend to fall into two clusters that are referred to in the literature as fundamentalist on the one hand and as kindly religious beliefs (in my terminology) on the other. The fundamentalist orientation correlates positively and substantially with warmongering endorsement.

With this background in mind, I have my “antennas” up for new ideas. Consider the following:

Try Making Religious Violence Illegal. The recent EgyptAir jetliner loss in the Mediterranean Sea smacked of continuing terrorism, highlighting the futility of our military efforts in the Middle East. A successful business owner friend of mine here in Eugene migrated to the US 30 years ago from his childhood homeland in the Middle East. He continues to lose relatives to that military mayhem, recently a cousin by shelling in Aleppo.

He cares deeply about the Middle East and studies it carefully. He believes the religious factions are so numerous and complex that resolution by either conventional or radical military means is impractical.

He believes the only solution is to follow India’s example of simply outlawing any religious leader’s teachings of violence and killing as an expression of religion. Imams got the message in India and radical Muslim violence was prevented.

In the Middle East we’ve tried to impose resolution with the most powerful military in the world for a dozen years but without success (an informal definition of neurosis is repeating the same unsuccessful behaviors over and over, expecting a

different outcome).

Building on our immigrant citizens’ ideas, it has occurred to me that we might make membership in the UN very appealing. And require member nations to have constitutions that explicitly prohibit religious-based violence. Violation of this requirement would result in suspension of UN benefits until the violence is resolved.

Bad idea? Then come up with a better one. But don’t persist in our militaristic Middle East foreign policy, expecting a different outcome. That’s proving to be as crazy as our violent misadventure in South Vietnam.

And, on another recent theme, consider these psychological perspectives on the presidential campaign:

Donald Trump: Savior or Sociopath? Republican presidential candidate Donald Trump has been described as a sociopath by his ghostwriter, Tony Schwartz (Associated Press, 7/19/16), and as a narcissist by Professor of Psychology Dan P. McAdams (2016). McAdams quotes Trump several times. For example: “Man is the most vicious of all animals, and life is a series of battles ending in victory or defeat.” Regarding national foreign policy: “Everything begins with a strong military. Everything.... Members of ISIS are medieval barbarians who must be pursued relentlessly wherever they are, without stopping, until every one of them is dead.”

My research in political psychology (see my book, *Party Time!* (McConochie, 2014) documents positive correlations between warmongering endorsement and the conservative political worldview, and negative correlations between warmongering endorsement and liberalism. Paradoxically, my research also documents that the majority of strong conservatives, as a group, disavow warmongering as overt national foreign policy. Liberals disavow it more strongly. Thus, a political candidate that

strongly endorses warmongering is an anomaly.

Research also shows that under threat, citizens tend to lean to the right, to the conservative worldview, and that the conservative worldview is associated with a cluster of traits including authoritarianism, xenophobia (fear of foreigners), in-group protectionism, religious fundamentalism and militarism.

In recent years our nation and the world have experienced a rash of killings, including terrorist attacks, civilian mass murders of school children, assassinations of police officers, and police killings of minority group members. These incidents are immediately and vividly broadcast to everyone by the media. Thus, we are in a vulnerable situation that might make us reflexively endorse leaders of violent, militaristic disposition.

May we be careful not to follow too easily in the footsteps of Germans in the 1930’s. We all know where that led.

I’ve had versions of the two pieces above published in recent months in our local paper as letters to the editor. This is one way we psychologists can spread the insights we glean from our professional work.

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Why Ethics? Isn't This the Colleague Assistance Committee?

Lori Queen, PhD, Past Colleague Assistance Committee Member

The Colleague Assistance Committee (CAC) was recently approached by a graduate student with an interest in joining. As part of an introduction to the committee, we sent her a questionnaire that is given to all potential CAC members involving a complex situation of a psychologist in therapy. Given that she is a student, we did not expect her to complete the questionnaire, but rather to begin with a flavor of our focus or issues. She subsequently rescinded her request to join due to scheduling issues, but also noted that her change of mind was in some way related to the questions. We were curious how those questions impacted her decision so asked her directly. The following are excerpts of our exchange which describe the rationale from both perspectives. We thought it may be interesting to share this with OPA membership as it ties together the ethical and support dynamics which we believe to be mutually dependent. [Editor's note: The student graciously permitted CAC to share this exchange. The punctuation, but not the content, has been very lightly edited for clarity.]

LQ:

As you know, we're just starting to consider a student member and would be very interested in your feedback to help us further our ability to make this possible and

positive. You mentioned that the questions played some role in your decision to not join us. Could you please let me know what you thought of those? Feel free to be completely candid as it will help us in moving forward.

Student:

In regards to what I thought of the questions you asked me to think about, my impression was that they were ethical in nature, which I wasn't anticipating. In hindsight I understand why you would want your committee members to think about those questions, as I'm sure much of the contact you receive from psychologists who reach out to you for services/consultation are dealing with ethical dilemmas, complaints, and reporting conduct issues. This didn't occur to me initially and (I hope this doesn't sound bad!) I admittedly have less interest in that area. My perception of the CAC originally was that it dealt less with ethical dilemmas and was more concerned with helping psychologists deal with personal issues. The five questions that you ask of potential members seemed more like questions that I would expect in joining the OPA Ethics Committee. I feel strongly about advocating for self-care, personal therapy, and psychologists/clinicians successfully navigating difficult life issues—I want to make sure that I am able to model a healthy life style for my clients, and to encourage the same in other clinicians! It sounded lovely to be a member of a committee that helped psychologists achieve that goal and to learn more about what it looks like to navigate those issues/what is generally recommended.

LQ:

You're right in that these are very ethics-based questions. There is a back story to that which may help explain it. In some of our research about trying to see why psychologists may be reluctant to approach a colleague assistance program for help, we found that psychologists may be concerned about judgment and confidentiality. Despite the fact that any information shared in a therapy setting (or peer review format) is confidential psychologists didn't necessarily trust that. We did a bit more research to see if that was valid. Unfortunately, what we found is that a significant minority of psychologists stated that they would report a colleague to the Board if the client/psychologist disclosed such unethical behavior. Many of the psychologists surveyed based their determination on an erroneous interpretation of Oregon law as well as APA Ethical Standards. Some stated that they would report the client/psychologist knowing that it was against laws and ethics to do so but they saw it as their professional moral duty. It then became an important message for the CAC to communicate not only



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Continued on page 15

Stress Management: How to Strengthen Your Social Support Network

Stress is a normal and unavoidable part of life — but too much stress can affect your emotional and physical wellbeing. According to APA's 2015 Stress in America survey¹, average stress levels today are slightly higher than they were in 2014. On a scale of 1 to 10 where 10 is “a great deal of stress” and one is “little or no stress,” American adults rated their stress level at a 5.1 today, up from 4.9 in 2014. But worrisomely, a significantly greater percentage of adults reported experiencing a stress level of 8 or higher on the 10-point scale. Twenty-four percent of American adults reported this extreme level of stress in 2015, up from 18 percent the previous year.

Emotional support is an important protective factor for dealing with life's difficulties. The 2015 survey found the average stress level for those with emotional support was 5.0 out of 10, compared to 6.3 for those without such support.

Loneliness has been associated with a wide variety of health problems including high blood pressure, diminished immunity, cardiovascular disease and cognitive decline.² In fact, low levels of social support have even been linked to increased risk of death from cardiovascular disease, infectious diseases and cancer.³

The good news is that there are ways to seek out such support, and to nurture your supportive relationships.

The benefits of social support

As important as social support is, many Americans don't feel they have access to this valuable resource. When asked if there is someone they can ask for emotional support, such as talking over problems or helping make difficult decisions, 70 percent said yes. However, more than half (55 percent) also said they could have used at least a little more emotional support.

In fact, experts say, almost all of us benefit from social and emotional support. And though it may seem counterintuitive, having strong social support can actually make you more able to cope with problems on your own, by improving your self-esteem and sense of autonomy.

You don't need a huge network of friends and family to benefit from social support, however. Some people find camaraderie among just a handful of people, be they co-workers, neighbors or friends from their church or religious institution, for instance.

Yet social skills don't always come naturally. Some people have trouble making social connections. Many others lose established connections due to life changes such as retirement, relocation or the death of a loved one. In any case, it's possible to forge new connections to reap the benefits of a healthy support network.

Grow your support network

Cast a wide net. When it comes to your social supports, one size doesn't fit all. You may not have someone you can confide in about everything—and that's okay. Maybe you have a colleague you can talk to about problems at work, and a neighbor who lends an ear when you have difficulties with your kids. Look to different relationships for different kinds of support. But remember to look to people you can trust and count on, to avoid disappointing, negative interactions that can make you feel worse.

Be proactive. Often people expect others to reach out to them, and then feel rejected when people don't go out of their way to do so. To get the most out of your social relationships, you have to make an effort. Make time for friends and family. Reach out to lend a hand or just say hello. If you're there for others, they'll be more likely to be there for you. And in fact, when it comes to longevity, research suggests that providing social support to friends and family may be even more important than receiving it.⁴

Take advantage of technology. It's nice to sit down with a friend face-to-face, but it isn't always possible. Luckily, technology makes it easier than ever before to stay connected with loved ones far away. Write an email, send a text message or make a date for a video chat. Don't rely too heavily on digital connections, however. Some research suggests that face-to-face interactions are most beneficial.

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Continued on page 15

OPA 2017 Conference Request for Presentations

Now is the time to set aside May 5-6, 2017 for the OPA Conference at the Hilton Eugene Conference Center in Eugene, OR. This is also the official call for presentations.

- ❖ Our conference theme is **“Psychology for all ages and stages: Considering culture, bias and advocacy throughout a career”**. We are considering creating 3 tracks at this year’s conference aimed at early career, mid career and late career. While no one is required to stay in the tracks, we hope that some find this more specialized conference experience enjoyable. As such, we are interested both in topics that specifically speak to issues relevant to particular career stages as well as topics that address an issue across those career stages. Some possible content areas might include: financial viability, alternate revenue streams, insurance panels, ethical and HIPAA-compliant use and options for various technologies, growing pains, establishing self as practitioner, anxiety about being new, staying the course, keeping it interesting, further development and honing of skills, phasing out and retirement. All presentations are to run 1.5 hours.
- ❖ If you would like to suggest a specific presenter and topic, please e-mail OPA at info@opa.org with that information.
- ❖ Psychology students are encouraged to submit their work as well.
- ❖ Due to the limited number of sessions available during the conference, not all submissions can be accepted. The OPA conference committee will make the selections based on the foundation in evidence, clarity of the proposal, probable interest to participants, feasibility, and space and time constraints.

If you would like to submit a proposed presentation, please fill out the following information and send it to the OPA office preferably via email at info@opa.org or fax it to 503.253.9172. You can also use the on-line application form at www.opa.org. **All applications must be received by 5:00 p.m. on October 21, 2016.** Any proposals received after that time will not be considered by the committee. Please note that if your presentation is selected, OPA will *not* be able to give an honorarium, a complimentary conference registration, or pay for lodging or travel to the conference. Questions? Call the OPA office at 503.253.9155 or 800.541.9798, or email us at info@opa.org.

➤ COMPLETE ONE FORM FOR EACH PRESENTATION TOPIC YOU WISH TO SUBMIT◀

OPA 2017 Conference Call for Presentations Application

Presenter’s name(s):		
Phone:	Email:	
Address:		
City:	State:	Zip:

Title of Presentation:

Quick Speaker Bio (3-4 sentences):

Are you a psychologist? Yes No If no, please state your profession here:

Date Preference Friday Saturday Doesn’t matter

How many presentations have you made in the last five years?

Summary of Presentation:

Return to the OPA office by 5:00 p.m., October 21, 2016 to info@opa.org or FAX to 503.253.9172

Follow your interests. Do you like to hike, sing, make jewelry, play tennis, get involved in local politics? You're more likely to connect with people who like the things you like. Join a club, sign up for a class or take on a volunteer position that will allow you to meet others who share your interests. Don't be discouraged if you don't make friends overnight. Try to enjoy the experience as you get to know others over time.

Seek out peer support. If you're dealing with a specific stressful situation—such as caring for a family member or dealing with a chronic illness—you may not find the support you need from your current network. Consider joining a support group to meet others who are dealing with similar challenges.

Improve your social skills. If you feel awkward in social situations and just don't know what to say, try asking simple questions about the other person to get the ball rolling. If you're shy, it can be less intimidating to get to know others over shared activities—such as a bike ride or a knitting class—rather than just hanging out and talking. If you feel particularly anxious in social situations, consider talking to a therapist with experience in social anxiety and social-skills training.

Ask for help. If you lack a strong support network and aren't sure where to start, there are resources you can turn

to. Places of worship, senior and community centers, local libraries, refugee and immigrant groups, neighborhood health clinics and local branches of national organizations such as Catholic Charities or the YMCA/YWCA may be able to help you identify services, support groups and other programs in your community.

Seek professional help

If you're feeling stressed and don't have anyone to rely on, psychologists can help. As experts in human behavior, psychologists can help you develop strategies to manage stress and improve your social skills. Use the APA's Psychologist Locator Service to find a psychologist in your area. You can also visit www.mentalhealth.gov, a website of the U.S. Department of Health & Human Services that offers resources in English and Spanish.

Thanks to psychologists Mary Alvord, PhD, Bert Uchino, PhD, and Vaile Wright, PhD, who assisted with this article.

- 1 For full survey results and methodology, please visit www.stressinamerica.org.
- 2 Masi, C. M., Chen, H., Hawkey, L. C., and Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review* 15(3), 219-266.
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Why Ethics? continued from page 12

about accurate interpretations of law and ethics but also to increase compassion for psychologists. We're trying to emphasize that psychologists have the right to be human and make mistakes and to have the same rights as everyone else to have a safe place in which to work out even the most egregious issues. The questions we send out have served the purpose of both being able to educate people but more specifically for us, to determine a certain level of professionalism and compassion that we see as essential to someone serving on this committee. So while they sound terribly strict, it's actually designed to identify those who may be more judgmental than not.

We encourage all psychologists to view ethics as self-care and self-care as ethical.

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Rebeca Farca, MA, MFT REGISTERED INTERN, has studied Humanist Counseling, Group Processing, and Gestalt Psychotherapy and trained in CORE Energetics in Mexico City, where she held a private practice. Rebeca has also lectured for the US Department of Veteran Affairs on the treatment of trauma with Sensorimotor PsychotherapySM with clients who have experienced military sexual trauma and chronic pain. Rebeca currently works in Los Angeles integrating Sensorimotor PsychotherapySM into the treatment of traumatic and developmental issues.

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Cliff Note: Update from Oregon's Representative to APA Council

Cliff Johannsen, PhD, APA Council Representative

I was advised to reprise the longstanding moniker "Rep Rap" for this column, but have opted instead to reactivate the above title from my presidential columns of many years ago. Hopefully, by dropping two letters and using my own name, I will not be infringing on the well-known trademark.

I have now attended two meetings (February and August, 2016) of the APA Council of Representatives, and am starting to feel oriented to the role. It is a daunting task to ask roughly 170 individuals from APA Divisions and States/Provinces to be the policy making body of our national association.

My constituents consist of all APA members residing in Oregon, and not just OPA members. This seems a little convoluted, as I was nominated by OPA, hold an OPA Board of Directors position by virtue of being the Council Representative, and utilize the various venues of OPA to report on the Council's activities. APA cannot provide me with a means for communicating with members, aside from OPA. This is striking because until recently I have been communicating with APA members through the advocacy tool "capwiz" as Oregon's APA PO Federal Advocacy Coordinator. APA is actually two organizations, APA and APA PO, but this is widely misunderstood.

Some psychologists in Oregon belong to no professional organization, some to OPA, some to APA, some to both APA and OPA, and some belong only to specialty organizations. I advocate that psychologists belong to at least the state and national organizations. I know from personal experience that is possible but difficult for some.

A national trend among professional associations is declining membership. The APA Council is aware of this, sees confirmation in declining APA membership, and is taking steps to make the association more relevant to all psychologists.

It is fair to say that the Council and the whole of APA is going through a period of re-organization. There

seem to be several sources of this turmoil. One is the Good Governance Project and whether it should be adopted or rejected, in whole or in part. An aspect of that is whether APA is an organization open or closed to broad participation by members. Another source is the Independent Review (or Hoffman Report). Finally, there are several entities striving for role definition simultaneously. Those include the executive and staff positions, the Board of Directors, the Council Leadership Team, and various committees and work groups.

A plan first crafted in August 2015 and subsequently revised at February and August 2016 meetings includes the following provisions:

- Clarification of the role of psychologists in national security sites and interrogations. This is ongoing and will again be on the agenda of the February 2017 meeting.
- A Conflict of Interest Work Group.
- An Ethics Commission.
- A Work Group to review best practices in developing APA policies and procedures.
- A Work Group on Civility Issues. This group has completed their charge as of August 2016.
- An Amendment of the Guidelines for Council Resolutions to include the extent to which a resolution is consistent with APA's core values, and the extent to which it addresses human rights, health and welfare, and ethics.
- Prioritization of ethics, human rights, and social justice in the next strategic plan.

I have been appointed to serve on the "D. Policies and Procedures" work group. We were originally charged with topics related to:

- Organizational checks and balances.
- Fiduciary duties of governance members.
- Appropriate oversight of governance members in the execution of their roles and responsibilities to ensure adherence to the highest standards

of professional behavior.

- Application of established policies and procedures. See "Rules" below.
- Transparency of decision-making.
- Sensitivity to, and willingness to address, differences arising from power differentials.
- Consideration of effective governance and staff working relationships.

Another topic that we will likely address is:

- Unauthorized disclosures of information shared in Council and Ethics Committee executive sessions.

The topics have been divided among work group members. I will be drafting "6. Power differentials," so if you have recommendations, please contact me, cjohannsen@comcast.net.

The 20 articles of the APA Bylaws serve as the association's constitution. They can only be amended by vote of the membership, and have remained fundamentally unchanged since they were ratified by the members a half-century ago.

The association Rules, adopted and amended by the APA Council of Representatives, detail the operational and managerial authority needed to conduct the affairs of the association under the bylaws.

The existing policies and procedures are nested within the Rules, and for that reason are somewhat obscure. I will be advocating that the policies and procedures stand on their own as elaborations of bylaws and rules. I think that will cause them to be more accessible and used in the daily operation of the association.

The organizational structure can be accessed at <http://www.apa.org/about/governance/bylaws/index.aspx>, for those policy wonks among us.

The August 2016 meeting lasted for 1½ days, and the February meeting is longer. There was discussion among attendees this August that an abbreviated meeting during the annual convention was sufficiently expensive that it should be extended to match the February meeting. I'll keep you apprised of that idea as we go along.

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:

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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.

Welcome New and Returning OPA Members

Robert Basham, PhD
Portland OR

Morgan Bolen, MS
Portland OR

Justin Bush, PhD
Portland OR

Megan Callahan, PsyD
Portland OR

Charla Cunningham, LMFT
Portland OR

Jenny Marion, MA
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Christian Melendez-Cruz, PsyD
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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.

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.



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

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

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

The Oregon Psychological Association maintains responsibility for the program and its content.

OPA Current Education Offerings

All workshops are held in Portland, OR unless otherwise noted. **In order to register for OPA workshops on-line you will need a credit card for workshop payment to complete your order.** Registration

fees for workshops will not be refunded for cancellations as of one week prior to the scheduled event or for no-shows at the event. Prior to that, a \$25 cancellation fee will be assessed. For other events, check their specific cancellation/refund policy.

Links for more information and registration for Fall of 2016 and beyond will be available this summer—please check back.

2016-2017 Schedule

October 21, 2016

OPA is Partnering with the 8th Annual Rural Behavioral Health Practice Conference

Critical Issues in Rural Practice

This will be a virtual meeting with webcast to individuals and groups

October 28, 2016

Top 10 Secrets of Practicing Ethically-A Legal, Ethical and Legislative Update On Mental Health Practice in Oregon

By Paul Cooney, JD and David Madigan, JD

November 18, 2016

Cultural Competence in 21st Century Behavioral Health: Ethical Considerations

By James Mason, PhD

December 2, 2016

Power Dynamics in Relationships

By Chris Huffine, PsyD

January 27, 2017

Practice Innovations for 2017-2020: New Settings, Models and Contracts for Psychologists in Individual and Group Practices

By Helen L. Coons, PhD

May 5-6, 2017

2017 Annual Conference

Hilton Eugene Conference Center - Eugene, OR

June 9, 2017

Neuropsychology for the Rest of Us

By Amelia Anderson Mooney, PhD

To register go to www.opa.org

OPA Ethics Committee

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

Here's what the OPA Ethics Committee offers:

- **Free** consultation of your ethical dilemma.

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

back our group's conclusions and advice.

All current OPA Ethics Committee members are available for contact by phone. For more information and phone numbers, visit the Ethics Committee section of the OPA website in the Members Only section, and page 26 of this newsletter.

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

OFFICE SPACE

We have 2 offices available for rent in Hillsboro. The other occupants are mental health providers. Parking, fax, internet, janitorial included. Information can be found by searching "LoopNet Blue Victorian Executive Suites" or call Nick Baldwin 503.709.6190.

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 akotspdh@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.

SERVICES

Clinical supervision & practice development for Psychologist Residents (individual & group). 25 years experience. Fee structure based on case load. Referrals possible. Support & training in group psychotherapy, psycho-educational short-courses, individual adult, adolescent, & child psychotherapy. Elsbeth Martindale. PsyD, 503.236.0855.

Medical Transcription 35 years' exp in all mental health domains • 140 wpm, 180 wpm real time • Accurate, dependable • Verification of content integrity • HIPAA compliant encryption used to send/receive data • Excellent current references available • Laura Arntz, 503.260.6506, oregonbranch@gmail.com, LinkedIn.

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.

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

Allan Cordova, PhD,
503.546.2089

Jennifer Huwe, PsyD,
503.538.6045

Kate Leonard, PhD, 503.292.9873

Rebecca Martin-Gerhards, EdD,
503.243.2900

Colleen Parker, PhD,
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

Michael Dunlap, PsyD,
503.227.2027 ext. 10

Debra L. Jackson, PhD,
541.465.1885

Kate Leonard, PhD, 503.292.9873

Doug McClure, PsyD,
503.697.1800

Lori Queen, PhD, 503.639.6843

Ed Versteeg, PsyD, 503.684.6205

Beth Westbrook, PsyD,
503.222.4031

Marcia Wood, PhD, 503.248.4511

The Oregon Psychologist Advertising Rates, Policies, & Publication Schedule

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

Advertising Rates & Sizes

Advertising Rates & Policies Effective September 2013:

1/4 page display ad is \$100

1/2 page display ad is \$175

Full page display ad is \$325

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

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

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

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

OPA Ethics Committee

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

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

Jill Davidson, PsyD
503.313.0028

Jenne Henderson, PhD
503.452.8002

Cathy Miller, PhD, Chair Elect
503.352.7324

Nnenna Nwankwo, MS
Student Member

Del Rapier, MS, MA
Student Member

Nicole Sage, PsyD
503.452.8002

Lisa Schimmel, PhD, Chair
503.381.9524

Sharon Smith, PhD
541.343.3114

Casey Stewart, PhD, ABPP
503.317.4453

Jane Ward, PhD, CSAT
503.626.6226

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

Newsletter Schedule*

2016

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

2017

1st Quarter Issue - deadline is February 3 (target date for issue to be sent out is mid-March)

2nd Quarter Issue - deadline is May 12 (target date for issue to be sent out is mid-June)

3rd Quarter Issue - deadline is August 4 (target date for issue to be sent out is mid-September)

4th Quarter Issue - deadline is November 3 (target date for issue to be sent out is mid-December)

*Subject to change

The Oregon Psychologist

Shahana Koslofsky, PhD, President • Shoshana D. Kerewsky, PsyD, Editor

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

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

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

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

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