

# The Oregon Psychologist

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## OPA President's Column

### Forging Relationships and Building Bridges; Reflections on a Presidential Year

Shahana Koslofsky, PhD, OPA President



As I embark on writing my final presidential column, I find myself reflecting on the past year. It has been a busy year for all of us as psychologists and as community

members. We were faced with a divisive election and presidency that directly impacts us and the communities we live and work in, as well as ongoing legislation that targets the work we do and the communities we live in and work with. Over the past year, as I tried to manage these challenges both personally and professionally, I was impressed with how our skills as psychologists helped to navigate these tumultuous times personally and professionally. On a personal level, these challenging times have certainly pushed us to engage in self-care and seek balance in our lives so as not to be overwhelmed and lose our way. On a professional level, our skills as psychologists have allowed us to look to both science and practice to inform our opinions and behaviors related to matters ranging from health care to immigration to the environment. Finally, our guiding Ethical Principles encouraged us to find our voices and engage in advocacy in order to work to "respect and protect civil and human rights" (APA, 2010, p. 3). Together, the guidelines and training from our field ushered me through these challenging times and in the end enabled me to leave this presidency with even more respect and admiration for psychology and psychologists than when I started. Specifically, psychology helped me

navigate the past year and helped me find my voice to advocate for what mattered to me. While I cannot count on the outcome of my work, I take comfort in knowing I spoke up.

As I leave this presidential year feeling empowered and encouraged, I owe a debt of gratitude to OPA and its members for giving me this opportunity. I am hopeful that my presidential initiative, *Forging Relationships and Building Bridges*, which included direct communications with OPTUM to advocate on behalf of psychologists, transparency and open communication with membership on Board actions and decisions, and the newly developed DPA position, leaves behind pathways that allow us to advocate on behalf of ourselves as psychologists, and on behalf of our communities so that we can work towards bridging the divide our nation is now facing. I am aware that over the last year members did not always agree with decisions I made; however, the questions and challenges that were presented pushed me to think about matters more deeply and broadly. I leave this position with more expansive views on issues, views that I hope are more inclusive and representative of the communities that I live and work in. Thank you for giving me this opportunity to work with and for you. I look forward to our continued work together.

#### Reference

American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/>

## OPA Helpful Contacts

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

### **OPA Office**

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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.*

## OPA Announces 2017-2018 Board of Directors

The following OPA members were elected to serve as the new officers for the 2017-2018 board of directors and will take office on July 1st:

**Natalie Kollross, PsyD** – *President Elect*

**Freda Bax, PsyD** – *Treasurer*

**Alan Ledford, PhD** – *Secretary*

The following OPA members were elected as directors for the 2017-2018 board:

**Marie-Christine Goodworth, PhD**

**Mary Peterson, PhD, ABPP/CL**

Remaining Board members will include (with the title that will go into

effect on July 1, 2017): Ryan Dix, PsyD, President; Shahana Koslofsky, PhD, Past President; Cliff Johannsen, PhD, Director/APA Council Representative; Amy Kobus, PhD, Diversity Committee Chair; Catherine Miller, PhD, Ethics Committee Chair; Robin Henderson, PsyD, Legislative Committee Chair; Carilyn Ellis, PsyD, Director; Spencer Griffith, PsyD, Director; Mary Peterson, PhD, ABPP/CL, OBPE Liaison; Jennifer Shaheed, MA, Student Representative; Bill McConochie, PhD, Lane County Chapter Rep.; and Kim Swanson, PhD, Central Oregon Chapter Rep.

## Dues Increase Approved to Implement Director of Professional Affairs

The OPA Board of Directors met on May 4th and reviewed and discussed all of the member feedback we received on the proposed membership dues increase. Due to the overwhelmingly positive feedback on the proposed dues increase in support of hiring a Director of Professional Affairs (DPA) position, the Board voted to unanimously approve the dues increase in order to fund the DPA position. The \$30 dues increase (except for the categories of life and student memberships) went into effect as of May 5, 2017. The dues increase will help to implement a DPA for the membership. You may recall from previous communications that the DPA will have specific responsibilities related to cultivating and maintaining relationships with the major third party payers that Oregon psychologists interact with.

The DPA's major job responsibilities will include:

- To advocate for members by meeting with insurance representatives to discuss fair reimbursement, psychologist value, and specific member concerns
- To keep members informed of new rules that affect payment for services
- To respond to member concerns about reimbursement issues
- The DPA position will work in collaboration with the OPA Professional Affairs Committee (PAC).

For more information about the DPA position, please visit our website at [www.opa.org/dpa](http://www.opa.org/dpa). It is our hope that the DPA can advocate for our profession in a way that ensures our ability to thrive and meet the needs of the communities we work with.

## 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.

# No Fee and Fancy-Free? Ethical Considerations of Pro Bono Work

Nichole Sage, PsyD, and Steffanie La Torre, MS, OPA Ethics Committee

As psychologists, we are encouraged to contribute a portion of our professional time for little or no compensation or personal advantage. In other words, we should engage in pro bono work, or the act of giving away our professional services for free. Although pro bono work is encouraged under Principle B: Fidelity and Responsibility in the APA Ethics Code (American Psychological Association, 2010), there is no specific standard or even comprehensive research on the topic to guide decision-making. The idea of providing free services is surely appealing to many psychologists; after all, most clinicians enter the field to help others. The actual mechanics of making decisions and arrangements is one probable barrier and the lack of firm rules raises the question of how we know that we are engaging in ethical behavior. In this article, we aim to stimulate critical thinking and offer some pragmatic advice on choosing to offer services for low- or no-cost.

Psychologists may choose to provide pro bono services to an individual, group, or agency, and in a consultative, direct-service, or other capacity. Perhaps the work is reduced-fee therapy with an existing client having money troubles, acting as a mental health specialist for a summer camp, or conducting a support group for a non-profit agency. Clinicians must consider, however, whether the work represents volunteerism or voluntarily providing psychological services: Are you wearing your psychologist hat first, or are you strictly a volunteer who also happens to be a psychologist? The answer to this question clarifies the expectations, role parameters, and ethical considerations.

Understandably, one barrier to providing pro bono services is the fear of how the financial change could impact clients. Clinicians may be

concerned that clients' perceptions of the value of the work will change, engagement will weaken, motivation will dip, or progress will stall. Fortunately, these fears do not line up with existing literature, as there is no conclusive evidence that clients receiving pro bono services value therapy less or make fewer gains than their full-fee counterparts (Zur, 2015). Yet, we agree with Knapp and VandeCreek's (2008) opinion that "decisions about pro bono services or low cost services need to be carefully and deliberately considered" (p. 622). Examine the psychological needs of the client: Will pro bono services be contraindicated for the particular clinical presentation? Would waiving or cutting the fee cause the provider to put forth less effort on the client's behalf?

Busy psychologists may feel stretched thin due to packed schedules and increasing administrative demands. So why add yet another commitment that does not come with a monetary incentive? The benefits of conducting pro bono services can be vast and rewarding. First, volunteering psychological services can help individuals and enrich a community, fostering a sense of "giving back." Pro bono work may freshen clinical skills and enhance creativity. Providing no-cost services may decrease burnout for psychologists, depending on the type of service offered. Additionally, a psychologist offering pro bono work may have the opportunity to meet new people and network (DeAngelis, 2006).

Seeking consultation with colleagues or a state ethics committee to ensure a thorough analysis and sound decision-making is a prudent initial step. Take care to document clinical and ethical thinking. Once the decision is made, proceed cautiously. Discuss the situation collaboratively yet frankly with the consumer. Outline a plan, including a timeline,

if applicable. Strive for specificity and precision when communicating with consumers about pro bono arrangements; avoid vague references to payment. Although not required by the Ethical Principles (APA, 2010), consider rendering a written summary of the fee agreement as you might for a full-fee client. Pay close attention to contractual obligations and take care not to violate an agreement with a payor, such as routinely waiving an insurance co-pay. Be practical about what is reasonable within the confines of the practice and adjust pro bono offerings based on affordability for the provider (Knapp & VandeCreek, 2008).

In sum, there are many advantages to allocating part of one's clinical activities for pro bono work for the provider, consumer, and field of psychology. With judicious preparation, evaluation of motives and potential outcomes, and thoughtful deliberation, the rewards will be ready for reaping.

## References

- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/>
- DeAngelis, T. (2006). The power of reaching out: Volunteering your expertise can freshen your practice, increase your visibility—and even change lives. *Monitor on Psychology*, 37(2), 22.
- Knapp, S., & VandeCreek, L. (2008). The ethics of advertising, billing, and finances in psychotherapy. *Journal of Clinical Psychology: In Session*, 64(5), 613-625. doi: 10.1002/jclp.20475
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# Advice for Psychologists from a Lesbian Adolescent

Shoshana D. Kerewsky, PsyD, OPA Diversity Committee

I was a teenage lesbian who thought she might one day become a psychotherapist. With this career goal, I noticed what psychologists and other therapists did and said in relation to me and my sexual/affectional orientation. Based on those long-ago observations when I was 13 to 17 years old, I'd like to share some suggestions about psychotherapy with minors, and especially LGBTQ minors. I'd have shared them then if anyone had asked, but no one did, and as far as I know, I was unsuccessful at conveying the parts that I articulated even without an invitation. Unfortunately, much of this advice is still relevant to the practice of psychotherapy 40 years later.

I came out as lesbian at 12, having read a paragraph mentioning this possibility in a book. I found this insight about myself interesting and not distressing. The only distress I've ever experienced related to being lesbian has been due to negative or discriminatory responses from other people. From the instant I learned that lesbianism existed, I've known it described me and I've been comfortable with it. I wasn't ambivalent, I wasn't suicidal, and I wasn't secretive. I asked to see a therapist as a young adolescent, but saw her only once, for reasons I'll describe below. I came out to my parents at 14, and at 16 they sent me to therapy that I didn't want. I'll call therapist #1 "Janet" and therapist #2 "Arjun."

Here is my advice about how to be a better therapist than the first two I saw as a minor. They weren't bad people, but they weren't good therapists, and I really could have used a good therapist.

**Provide informed assent and discuss the limits of privacy.** Neither therapist let me know what they would be sharing with my parents. Therefore, I worked on the assumption that they wouldn't hold anything private, which severely limited the utility of both therapies. Sitting on Janet's couch, I realized that I couldn't tell her anything because I wasn't ready to come out to my parents. I desperately wanted to talk with her, but I couldn't trust her. I assumed that if I asked what she would tell my parents, this would alert her that there were issues that I didn't want my parents to know about. In this *damned if you do, damned if you don't* scenario, I sat silently for much of the session, then afterward mumbled something to my parents about not thinking this would be helpful. That was my first, one-session therapy. Had I encountered Janet later in my adolescence, I might have had a better experience with her, though I have no idea what her attitude would have been or whether by that time she would have included a conversation about the limits of my privacy.

I was sent to Arjun a few years later when it became clear that this wasn't, in the parlance of the times, just a phase. I was graduating from high school early, and my parents made this therapy a requirement for attending college the next year. By the time that I was sent to Arjun, I was more sophisticated about therapy. I was out to my parents by then, but knew I wouldn't have any real privacy. Therefore, I again held back from discussing some aspects of my life that might have made the therapy useful to me. It turned the experience into a way to placate my parents rather than engage in actual therapy.

Minor clients should know the limits of their privacy. First, be sure they understand your mandated and permissive reporting responsibilities. Second, identify what kinds of information you plan to share with their parents or guardians, and at what level of detail. Neither of my therapists provided any information about what information would or could go out of the session. By the time I saw Arjun, I was sexually active. My parents were aware of this, but in today's ethico-legal culture, a therapist might decide that this information needed to be reported as mutual child abuse.

**If a minor expresses a preference about a therapist or kind of therapy, help make it happen if it's not contraindicated.** I was sent to Arjun without a choice. I asked to return to Janet, since by that time I had heard from other teens who liked her. I also asked to go to family therapy rather than individual, and I asked to see a female therapist. These requests weren't honored. I imagine that most of us have seen clients who are actually or functionally mandated to see us. This is an uphill battle for the therapist, and disempowering for the client. If a

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child is required to see you and there is a better match for her preferences, it would be a kindness to the child to facilitate this, and potentially contribute to more effective therapy.

**Seek accord on the problem definition.** I told Arjun that I was comfortable being lesbian, was reasonably happy with myself, and hadn't chosen to be in this therapy. I said that I'd agreed to it but wanted family therapy since I understood the issue to be familial discord, not my sexual orientation. Since my parents wouldn't do this, I wanted to focus this therapy on what I could do to decrease the conflict. Arjun agreed to this, then ignored it, returning repeatedly to my peer relationships and the origins of my sexual orientation. This occasions my next piece of advice, which I assume is self-explanatory.

**Don't lie to children.** Closely related concepts include **don't assume children are stupid, don't assume children lack self-awareness**, and, more broadly, **build trust by being transparent about the treatment.**

**Stay up-to-date with professional standards.**

Homosexuality was classified as a mental disorder in DSM-II in 1968. In 1973, the American Psychiatric Association removed it. I came out in 1975, the year in which the American Psychological Association also affirmed that it was not a mental disorder. By the time that I was sent to Arjun in 1978 or 1979, this wasn't new news. However, DSM-III (which still listed ego-dystonic homosexuality) had not yet been published, so DSM-II was the version on everyone's shelf. I don't really know what Arjun thought about lesbianism. He initially agreed with my description of what I wanted to do in therapy, though he subsequently ignored it. He certainly focused the therapy in a way that suggested that he thought it was a problem. Since he was on the staff of an APA-accredited internship, I would hope that he was aware of changes in the professional culture, but I have no evidence of this and some experience

to the contrary. In this era, there was little to no talk about gay-affirmative therapy or even much on support for diverse populations, so I don't think I can fault him for not being celebratory. However, I suspect that his stance didn't even rise to the level of neutrality.

**Assess the potential for self-harm, substance use, and running away, as well as abuse by or hostility from family members.** I was never suicidal and my adolescent substance use was nominal. I once left the house after an argument, but I never disappeared. My parents were not abusive. However, these issues occur with some frequency for LGBTQ youth, and as we know, some are vectors for the others. Neither Janet nor Arjun asked me about any of these phenomena.

**Ask what the presenting issues mean for the client.** When I've had therapy as an adult, I've always been asked this. As an early adolescent, I never was. I felt betrayed by my parents and experienced my time with Arjun as a test that would determine whether I would be allowed to go to college or would leave home and never speak to my family again, which were the only options I could generate at the time. I felt terribly vulnerable and worried that if I protested the stressful, involuntary therapy, Arjun would tell my parents that I should not attend college the next year. This cast a pall over my college application process, and I didn't really relax until I was safely on campus the next fall. Arjun never asked how I felt about this requirement, or about my parents, or about going to college. Not being asked what anything meant to me contributed to my alienation from the process.

My third therapist was at college. By this time, I'd learned how to interview a therapist to see if we were a good fit, including asking, "Do you see homosexuality as a normal developmental variation?" Therapist #3, "Selene," said that she did, and throughout my therapy with her, this seemed to be true. This was my first good therapy experience—the first in which I could actually be vulnerable, the first that was useful, and the first in which I felt any sense that we were

working together. I was still a minor, but Selene's attitude was collaborative and respectful. It wasn't until I was in this therapy that I realized how lacking my previous therapies had been, and how little I had felt informed, respected, or seen.

There is a joke I tell my students who are therapists-in-training: *It's best to be someone's third therapist. When you're their first therapist, they don't know how to do therapy yet, so you spend a lot of time helping them adjust to the culture and expectations of therapy. You don't want to be their second therapist, because too much of the therapy is spent hearing about how wonderful or how lousy the first therapist was. But by the time a person gets to their third therapist, they're ready to get to work.* This isn't quite what I experienced. I would say that I was ready to work with Janet, and even Arjun. However, neither engaged in sufficient disclosure about therapy, nor did their actions as therapists suggest to me that it would be safe to talk about anything meaningful. I'm sometimes amazed that I ever sought out therapy again. I've related this joke in the hope that all of us, even as a child's first therapist, would be good enough that the child can treat us as if we were therapist #3.

## 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](http://www.opa.org) and click on Committees and then Diversity Committee.

We hope the Diversity Committee's webpage is helpful to OPA members and community members in our mission to serve Oregon's diverse communities.

# The Psychology of Presidents and Terrorists

William A. McConochie, PhD, Political Psychology Research, Inc.

Recently psychologist Dr. John Gartner, a former faculty member at Johns Hopkins Medical School, posted a petition on the web that attracted 41,000 signatures (as of 4/23/17) to urge impeachment of President Trump on grounds of mental illness. And Dr. Bandy Lee, a Yale psychiatrist, formed a coalition of 800 mental-health professionals who are “sufficiently alarmed that they feel the need to speak up about the mental-health status of the President” (Sheehy, 2017). Trump is a leader, they believe, “who is dangerous to the health and security of our patients.” Another psychologist, Dan McAdams of Northwestern University in Chicago, wrote an article in *The Atlantic* magazine last summer, diagnosing Trump with narcissistic personality disorder (2016).

Debate has circulated on the ethics of diagnosing political leaders from afar, citing the lawsuit presidential candidate Barry Goldwater won against psychologists who diagnosed him from afar when they were concerned with his warmongering tendencies decades ago. So, we psychologists are in an ethical quandary: We’re not supposed to diagnose people without examining them in our office, but we also have an ethical duty to warn, as in warning authorities of dangers to citizens from possible harm by a person we know well, as through a diagnostic evaluation or treatment relationship.

And, consider that U. S. Air Force officers at ICBM sites are in charge of firing atomic missiles on order from the president. They undergo careful psychiatric evaluations to protect against wayward behavior for the safety of the world. But they get their orders from the president. So, shouldn’t the president also be evaluated for psychiatric stability?

What if psychologists developed valid and reliable measures of traits of political leaders, measures such as rating scales that can permit measurement from afar that identify leaders who are potentially dangerous? If psychologists had developed such a measure that showed Adolf Hitler was prone to warmongering, for example, would they have been within a reasonable professional code of ethics to make that measure available to citizens?

Imagine that German psychologists had developed a 20-item rating of warmongering-proneness that had good reliability and validity. Imagine further that a group of 50 European journalists used it to rate Hitler and found that his average score across different groups of raters was consistently as high as prior political and military leaders such as Genghis Khan, Attila the Hun, and Alexander the Great. We can expect that Hitler would have been outraged and would have tried to snuff out the information. But citizens in Germany, knowing this information about Hitler, might have been very hesitant to support him in gaining political power. They might have vigorously disseminated the information to the general public, via the underground if necessary, risking retribution for the sake of peace and security.

If you find this an interesting issue, you may go to my web site, [Politicalpsychologyresearch.com](http://Politicalpsychologyresearch.com). On the Publications page, items 1 and 43, you’ll find the manual and related studies on a rating scale that measures warmongering-proneness. On the Help Do Research page, study #6, you can rate Trump to get a score on this trait. The average score of half a dozen careful raters will yield a reliable estimate of his warmongering-proneness. Trump has expressed admiration for WWII General George Patton. Could Trump have a warmongering-proneness score similar to Patton’s?

On a related theme, a recent issue of *The American Psychologist* (Horgan & Kazak, 2017) focused on terrorism. This is a complex concept, the authors point out. One issue is definition. There are literally dozens of definitions of terrorism, and examples range from politically organized movements such as those in the Middle East that pose threats to Israel and Syria to the relatively apolitical “lone wolf” actions of Osama Bin Laden, the two Chechen-American brothers who did the Boston Marathon bombing, Timothy McVeigh, an ex-U.S. Army soldier who bombed the Oklahoma Federal Building, and school shooters of many sorts, including Oregon’s Kip Kinkel. The authors bemoan the lack of psychological research on terrorism.

One way to study the psychological and other motives underlying terrorism would be to interview incarcerated terrorists. I wonder if any of the Guantanamo prisoners have been interviewed by psychologists in this effort.

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Interviewing terrorists might reveal childhood, cultural, political, psychological, and religious origins of terrorism. A psychologist interviewed Herman Goering, Hitler's right hand man, while he awaited trial for war crimes after WWII, yielding interesting information about Goering's thinking.

Another way to study terrorism is to define "terrorism endorsement" as psychological attitudes or beliefs underlying terrorist activity. For example, I have studied the trait of terrorism endorsement with a simple 12-item scale of these statements:

**1 2 3 4 5**

*If people refused to help you with your problems, you might be justified in killing them.*

**1 2 3 4 5**

*If you are mad at the whole world, then it makes sense to destroy the whole world.*

**1 2 3 4 5**

*The United States deserved the September 11, 2001 destruction of the World Trade Center buildings in New York City.*

**1 2 3 4 5**

*I have the courage to die in committing an act of terrorism.*

**1 2 3 4 5**

*I would be willing to join a terrorist organization.*

**1 2 3 4 5**

*A good way to bring down a corrupt government is to kill its civilians in terrorist acts.*

**1 2 3 4 5**

*People who feel very mistreated by a country have the right to commit terrorist acts against that country.*

**1 2 3 4 5**

*I would enjoy steering a big plane into the Pentagon building, or another military headquarters, to destroy it.*

**1 2 3 4 5**

*If I were wealthy, I would be willing to donate money to a terrorist organization.*

**1 2 3 4 5**

*I would feel honored if I were invited to join a terrorist group.*

**1 2 3 4 5**

*I want to learn more about how to become a terrorist.*

**1 2 3 4 5**

*I admire terrorists who die for their cause.*

This scale is quite reliable (.91) and correlates .64 with an independent 58-item questionnaire measure of violence-proneness. It also correlates with sub-scales of this violence-proneness measure, specifically Rigid Thinking (.40), Hostile Pleasure (.68), Homicide Endorsement (.49), Being Close to Help (.57), not being willing to Help Stop Violence (.54) and being Dishonest in Taking Tests (.61). This violence-proneness scale differentiates incarcerated from non-incarcerated teenagers and adults. Thus, it measures traits that are associated with criminality in general.

The Terrorism-Endorsement Scale also correlates significantly with measures of Social Disenfranchisement on an individual level (.37\*), a group level (.41\*) and overall (.52\*\*). Social disenfranchisement is measured with a scale of 80 items which measure five components at the individual and

group levels: Injustice, vulnerability, helplessness, distrust, and superiority.

This terrorism endorsement scale also correlates with several measures of Authority Paranoia, expectations of being mistreated by parents (.56\*\*), police (.57\*\*), one's national government (.36\*), other national governments (.39\*), people of other races (.50\*\*), people of other religions (.33\*) and people of other groups in general (.44\*\*).

This sort of information leads to the hypothesis that criminal behavior in general and violence and terrorism in particular may be symptoms of a failed society, beginning in one's childhood family. For example, persons who were abused in childhood tend to see police, religions, governments, etc. as abusive of them when adults. As adults, they seem to project unresolved childhood fear and anger onto institutions.

I once read in a book about war

*Continued on page 8*

## Welcome New and Returning OPA Members

**Darin Bergen, PsyD**

Portland, OR

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Portland, OR

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**Mandy Porter, PsyD**

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**Laura Zorich, PsyD**

Portland, OR

which proposed that wars can't be won on the defensive. One can't hole up in a castle and outlast persistent attackers. From this we might speculate that wars against persistent terrorists, such as the ISIS and Taliban groups in the Middle East, can't be won with military action if it is of a defensive nature. Indeed, military action may simply prolong the conflict if viewed from the above perspective.

Instead of defending our way of life with militarism, perhaps we must take to the offensive in a different way. Perhaps we need to "sell" to the angry men of the Middle East a package of new opportunities; opportunities to feel a sense of belonging to constructive groups.

Authors of some of the articles in the *American Psychologist* volume cited above opine that terrorists want to feel a sense of social belonging. If left with no other alternatives, they are vulnerable to recruitment by terrorist organizations. If their countries offer limited meaningful opportunities for education, employment, marriage, public service, recreation, and other constructive community activities, they can be seen as lacking opportunities to belong. We can imagine then that they see the world from the perspective of one who is socially disenfranchised, as discussed above. Belonging to a terrorist organization can give them a sense of belonging, even if it is only to a destructive organization, perhaps in the way that juvenile delinquents with few constructive options in inner city ghettos join gangs.

We could help the countries in the Middle East to provide

more constructive opportunities for their citizens to belong to constructive organizations, as to construction companies building infrastructure, to service clubs such as Rotary International, to recreational organizations such as amateur sports teams or their fans, and to choirs and band members or their fans.

Fighting such groups as ghetto teen gangs or militant terrorists with guns can be expected to fail because it reinforces the self-image of the gang member or terrorist as one who is being socially rejected. And it makes captured guns more available to gangs and terrorists to use in fighting back. They vent their anger toward a world they see as unjust, making them feel helpless, vulnerable, and distrustful. They can feel momentary superiority when pulling the trigger of a powerful weapon.

Other research I have been doing in political psychology strongly suggests that the liberal and conservative worldviews evolved in the human species to serve different functions in the service of clans. The conservative worldview includes endorsement of several traits oriented to protection against threats, such as fearfulness, xenophobia, authoritarianism, prejudice, religious fundamentalism, lying and conniving, social disenfranchisement, and militarism.

Research shows that under stress, citizens tend to lean to the right politically. Lately we see signs of this with England opting out of the European Union and politics leaning right in different ways in France, Turkey, and the United States.

World population is growing steadily, as are average temperature, melting of the ice caps, and storm frequencies. The U.N. reports dangerous levels of air pollution in most cities of the world. We seem as a species to be feeble in our resolve to seriously address these many problems. Instead, we run around looking for boogie men and load our guns. Pogo, the comic strip opossum, told us decades ago that the enemy is us. Opossums play dead in the face of threat.

Instead of rolling over and playing dead, may we psychologists have the courage and insight to wake up in the face of threats and carefully apply our skills wisely and persistently in the interest of a safer, more peaceful and happier world. Surely we can imagine alternatives other than more guns and bombs. For fifteen years, we've tried that approach in vain in the Middle East. Let's at least discuss some new, peaceful and constructive opportunities we could offer citizens in the Middle East to help them feel a sense of belonging to peaceful organizations, instead of simply feeling like targets of our hatred.

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# Clinical Implications of Gratitude

Jacob Lowen, MA

Gratitude has been considered virtuous for centuries among many of the world's largest religions, as well as being the focus of numerous philosophers, theologians, and popular contemporary authors throughout time (Emmons & McCullough, 2004; McCullough, Emmons, & Tsang, 2002). It has even been argued that gratitude is the "glue and lubricant" of human society, because our society would not exist as it does without appreciation for the acts of others (Bonnie & de Waal, 2004, p. 214). Knowing the historical and societal impacts of gratitude, psychologists would be remiss not to include it as a potential tool in the treatment of clients. Through a deeper understanding of gratitude and simple gratitude interventions, clinicians can help guide their clients toward health and well-being.

The relatively recent boom of positive psychology has included a focus on gratitude, which has emerged as a psychological construct related to overall well-being, as well as subjective, psychological, spiritual, and physical well-being (Wood, Froh, & Geraghty, 2010). As a simple psychological definition, gratitude is viewed as the positive recognition of benefits received, usually some kind of underserved merit, where the person receiving the benefits has done nothing directly to deserve the benefits they are receiving. Grateful people are more inclined than others to notice and appreciate the positive things in life (Wood, Maltby, Stewart, et al., 2008), utilize coping skills and strategies (Wood, Joseph, & Linley, 2007), experience positive and reciprocal relationships (Froh, Yurkewicz, & Kashdan, 2009; Kashdan et al., 2009), feel more connected to others (Kerr, O'Donovan, & Pepping, 2015), experience positive affect (Emmons & McCullough, 2003; Froh, Sefick, & Emmons, 2008; McCullough, Emmons, & Tsang, 2002), and have social and psychological health (Hill, Allemand, & Roberts, 2013).

In addition to subjective and psychological well-being, gratitude

has been associated with benefits in physical well-being (Emmons & McCullough, 2003). Gratitude has been shown to decrease stress over time (Krause, 2006; Wood, Maltby, Gillett, et al., 2008) an effort was made to test for gender differences in this process. Three main findings emerged from the analysis of data provided by a nationwide sample of older adults. First, the data suggest that older women are more likely to feel grateful to God than older men. Second, the results revealed that the effects of stress (e.g., living in a deteriorated neighborhood, which in turn increases an individual's physical health and health behaviors due to decreased stress. Shipon (2007) found significant evidence that utilizing a gratitude intervention reduced blood pressure in participants due to inducing relaxation. Utilizing gratitude interventions also helps individuals show an increase in energy and vitality (Emmons & McCullough, 2003; Hill et al., 2013). Furthermore, gratitude may have a positive impact on sleep. Emmons and McCullough (2003) and Wood, Joseph, Lloyd, & Atkins (2009) found during an intervention designed to increase gratitude that individuals increased the amount of sleep they were getting related to "pre-sleep cognitions" (Wood et al., 2009).

Historically, gratitude has been viewed as an end state or goal, something that is achieved rather than used as a tool during the process of change. These benefits of gratitude demonstrate that gratitude does have a place in clinical work, and incorporating gratitude interventions can help create emotional experiences to promote constructive change (Kerr et al., 2015). The robust benefits of gratitude naturally led researchers to question if it could be instilled through experimental interventions, and indeed interventions designed to increase gratitude have been shown to be successful in increasing subjective, psychological, social, and physical well-being (Emmons & McCullough, 2003; Froh et al., 2008; Hill et al., 2013; Huffman et al., 2014).

Numerous individuals and researchers have designed, used, and tested multiple interventions to increase gratitude in an individual (Huffman et al., 2014; Maslow, 1991; Wood et al., 2010). Huffman et al. (2014) describe some of these interventions, include writing a letter to another person to express gratitude, focusing on personal strengths, performing acts of kindness for others, counting one's blessings (gratitude journaling/gratitude lists), writing about one's best possible self, or writing a letter to someone asking for forgiveness. The most simple of exercises, such as the gratitude letter and counting blessings, seemed to decrease negative symptoms the most, while writing a letter asking for forgiveness performed the most poorly because it brought up past negative emotions (Huffman et al., 2014). Both Huffman et al. (2014) in their research and Wood et al. (2010) in their meta-analysis saw the largest positive increase with gratitude letters.

Wood et al. (2010) discussed two kinds of gratitude lists in their meta-analysis, one in which individuals wrote what they were grateful for on a regular basis and the other where individuals wrote things that they were grateful to be able to do over a period of time. Both types of lists seemed to improve an individual's mood and increase satisfaction.

Kerr et al. (2015) also found that utilizing a gratitude intervention in pre-treatment stages where individuals were waitlisted helped to increase their feelings of connectedness to others, and therefore rallied their existing social supports to reduce symptoms before they were seen by a professional.

The evidence on gratitude is clear. While it is a helpful end state and positive emotional experience, it is also a tool that can be used clinically with patients to stimulate positive change. Gratitude can empower an individual to improve their social and emotional functioning as well as their physical well-being, and in turn increase their overall well-being.

*Continued on page 11*



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Elyse Beckman, LPC

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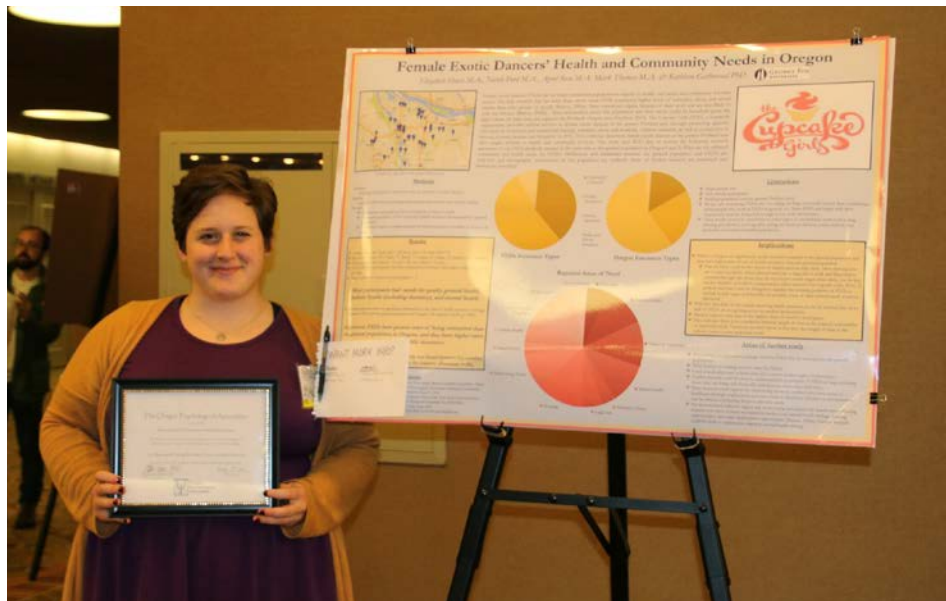




## Conference Highlights



**OPA President Shahana Koslofsky presents Lynnea Lindsey with the Labby Award.**



**Poster session awardee Elizabeth Hoose.**



**OPA President Shahana Koslofsky along with Jennifer Shaheed and Ben Paynter present a poster session award to Annelise Linrud.**



**OPA President Shahana Koslofsky along with Jennifer Shaheed and Ben Paynter present a poster session award accepted by Nina Hidalgo.**



**Poster session presenters.**



**OPA Diversity Committee member Shoshana Kerewsky presents the Diversity Award to Sandra Gonzalez and Eleanor Gil-Kashiwabara.**



**OPA President Shahana Koslofsky presents Immediate Past President Wendy Bourg with her gavel plaque.**





**Conference attendees Bill McConochie, Freda Bax, and Charity Benham enjoy the reception.**



**A representative from Children's Health Alliance and Dawn Creach from the Children's Health Alliance and Children's Health Foundation accept the Outstanding Service Award.**



**OPA President Shahana Koslofsky with Public Education Award winner Elsbeth Martindale and PEC Chair Cyndi Connolly.**



**Members networking at the reception.**



**Poster session presentations proved to be interesting and insightful.**



**Attendees reviewing the poster sessions.**



**Ben Paynter, Roseann Fish Getchell, Jennifer Shaheed, and Cyndi Connolly enjoying the conference.**



**Attendees enjoyed the lunch time at the conference to network, hear about OPA advocacy efforts and hear awards presentations.**



## OPA 2017 Award Honorees

Every year OPA recognizes outstanding individuals and organizations through its award ceremonies at the Annual Conference. Below are this year's recipients.

### Outstanding Service Award

This award honors a special group within our community that has made strides to help teach our community about the importance of psychology and mental health. The award was established to acknowledge the contributions of a person or group in Oregon, who has by its actions, theory or research promoted or contributed to the emotional and psychological well-being of others through the positive use of psychological principles.

This year OPA honored the Children's Health Alliance and Children's Health Foundation.

The Children's Health Alliance and Foundation (CHA) has a long history of collaboration and innovation focused on improving children's health. The Children's Health Alliance is a not-for-profit association of over 100 pediatrician members who work collaboratively across their twenty-one clinic sites to provide the highest quality care for more than 100,000 children and their families.

Since 2007, CHA has implemented quality initiatives targeting areas such as immunization rates, asthma care management, patient and family experience of care, integrated behavioral health, and Adverse Childhood Experiences and building resilience. They are also committed to improving the health of all Oregon's children by collaborating with community organizations and through their policy and advocacy efforts.

Today, the Alliance organizes and implements collaborative quality improvement initiatives focused on children's health care, and provides other services to assist private practice pediatricians in providing quality, cost-effective care to patients. The Alliance is highly committed to offer the best primary care including the integration of behavioral health clinicians, primarily psychologists, on primary care teams. The Alliance has actively participated in the work of Integrated Behavioral Health Alliance of Oregon (IBHAO), championing the offering of health care across the spectrum of physical and behavioral health services increasing access to care, especially for impoverished children and their families.

OPA was pleased to honor the Children's Health Alliance and Children's Health Foundation and their representatives with this year's Outstanding Service Award. Accepting the award at the OPA Conference were Deborah Rumsey, Executive Director and Dawn Creach, MS Program Manager of Medical Home Delivery and Innovation for CHA and CHF.

### Labby Award

The Labby Award is the association's most prestigious award. It represents an OPA member who has shown outstanding contributions to the development of the advancement of psychology in Oregon.

OPA selected Dr. Lynnea Lindsey, PhD, MSCP as the 2017 Labby Award recipient. She exemplifies the merits

the award calls for through her years of service and contributions to the development and advancement of psychology.

Dr. Lindsey has more than 27 years' worth of service to the psychological community. It is fair to say that Dr. Lindsey is a learned woman. She started her educational path by earning her Bachelor of Arts in Political Science, then a Master of Divinity in Theology (which led to being ordained and still on active clergy status with the United Church of Christ), and then a PhD in Psychology. Her most recent endeavor is a Postdoctoral Master of Science in Clinical Psychopharmacology. It is probably also fair to say that this unique mix of education is part of why she is such a powerful advocate for the psychological community.

Her current position as owner and consultant of HealthThink, a healthcare transformation consulting services company, gives her a wide audience to work on improving health outcomes for Oregonians. Through this work she provides guidance, skills, and support to healthcare organizations, healthcare payers, clinics, and providers across Oregon. Her goal is to engage in population health focused team-based care including demonstrating evidence of improved health outcomes and patient engagement undergirded by sustainable alternative

*Continued on page 15*



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payment methodologies. Her work leads her to projects such as being a subject matter expert on issues like Payer-Led Behavioral and Physical Health Integration – Developing Alternative Payment Methodology across Medicaid, Medicare and Commercial Lines of Business as well as working on Primary Care Advancement, Integration and Payment Modeling with CCOs from Portland to Coos Bay to Klamath Falls.

Prior to her current position, she has worked as Medical Services Director for Trillium Community Health Plan and Trillium Behavioral Health at Lane County; served as a Primary Care Psychologist at Samaritan Health Services as well as Director of their Primary Care Psychology Residency Program; a Behavioral Medicine Consultant; and Adjunct Faculty and Co-Leader—all for Samaritan as well. She has also logged in many years as a Clinical Psychologist in private practice in

both the Hood River and Eugene areas.

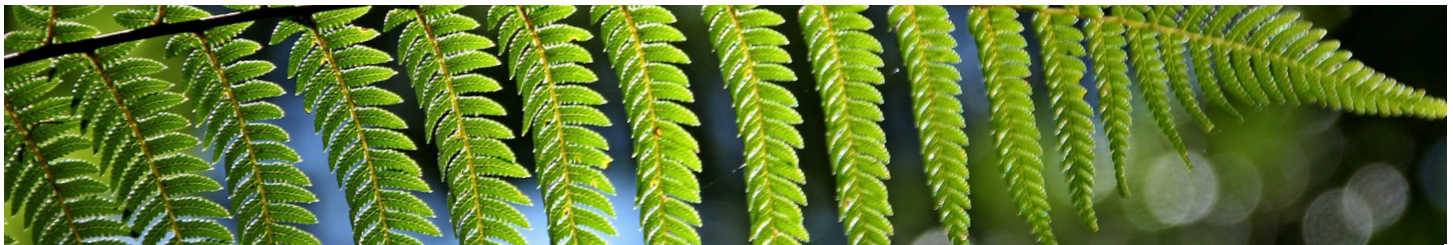
As a true leader in the psychological community, she has served in many volunteer capacities including with the Oregon Health Authority (currently sitting on 4 of their committees); and she is serving with CCO Oregon currently as both a board member and as chair of the Integrated Behavioral Health Alliance of Oregon. This is a key group to be leading as they work to promote the full integration of behavioral health and physical health services in primary care, behavioral health care, and urgent care settings, as well as with providers in patient centered primary care homes and behavioral health homes. She has also been actively involved as an APA member for twenty years now in Division 38 (Society of Health Psychology) and Division 55 (Advancement of Pharmacotherapy).

When you read through her subject matter expertise list, you can see why she is such a force in advocating for the psychological community in

Oregon. Her work in these areas helps to make Behavioral Health care more accessible for all:

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- Integrating Primary Care in Behavioral Health: Clinical/financial/outcomes
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In Oregon she has been an OPA member for over ten years and has served on our Legislative Committee and Healthcare Reform Task Force for several years. She is currently a strong advocate for our efforts to get prescriptive authority access for trained psychologists in Oregon.

### Diversity Award

The Diversity Committee gave this year's Diversity Award to two very deserving women. This year marks the 10th anniversary of the Diversity Committee and the committee honored its founding members, Eleanor Gil-Kashiwabara, PsyD, and Sandra Gonzalez, PsyD. Sandra and Eleanor met in graduate school at Pacific University and became good friends. Their passion for the Latino community drew them together and after graduating they worked with OPA to start the OPA Diversity Committee. Their commitment to social justice and diversity helped pave the path for this action oriented committee that often has one of the largest membership bases of any of the OPA committees. They co-led the Diversity Committee for its first 5 years and watched as the committee had tremendous success, including earning a voting seat on the OPA

Board of Directors, funding diversity delegates to attend the APA State Leadership Conference, participating in the Pride Parade, and recently earning the APA State and Provincial Psychological Association Diversity Award.

The legacy Sandra and Eleanor established with this committee was to create a safe space for diverse psychologists and those committed to diversity, and to take their message of inclusion to the local and psychological community. With all of the recent rhetoric devoted to the divisive nature of the country, the power and value of this committee devoted to advocating for the inclusion of all voices is a welcome one.

Sandra and Eleanor's dedication to diversity and leadership extends beyond that of the Diversity Committee. Sandra has dedicated herself to serving the Latino population, providing culturally and linguistically relevant services. She was one of the first psychologists to provide bilingual forensic evaluations to the Latino community. She has remained one of the most respected bilingual evaluators in Oregon. Eleanor is a successful Research Associate Professor at Portland State University and has led many

grant-funded projects with focus on the Latino and Native American communities. She was the first Latina president of OPA and has gone on to continue to serve OPA as Federal Advocacy Coordinator and is now the chair-elect of the Committee of State Leaders for APA. Both Eleanor and Sandra have dedicated their professions to serving the underserved and giving issues of diversity within psychology a voice and platform. They are intelligent, unwavering, and compassionate. They are true role models within our profession and beyond.

### Public Education Award

The OPA Public Education Committee's (PEC) mission is to educate the public about the functions and roles of psychologists and "make psychology a household word." They developed the Public Education Award as a way to recognize and encourage public education activities by OPA members. Nominees are evaluated based on a number of criteria including career contributions to public education in Oregon, the number of public education activities, the uniqueness of the activities, and the reach and impact of their activities.

This year's recipient is Elsbeth

*Continued on page 18*

### PAC Notes on the Web

The Professional Affairs Committee (PAC) would like to remind OPA Members of content available on the OPA website ([www.opa.org](http://www.opa.org)). In the Professional Affairs Committee section, the PAC has a subsection with an assortment of resources for members. Included are 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!



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**They'll *thank you* for it and are likely to return to therapy invigorated with greater motivation to resolve issues.**

- Learn about the brain science of "mind mapping" and how this process impacts your relationship.
- Understand how partners can become "mind blind" to underlying problems like affairs or relationship dissatisfactions.
- Develop new ways to apply interpersonal neurobiology to create positive brain development for you and your partner.
- Enhance emotional and sexual intimacy.



**Denver, Colorado, August 11-13, 2017  
San Francisco, California, September 22-24, 2017**

Presented by best-selling author David Schnarch, Ph.D. & Ruth Morehouse, Ph.D. of Evergreen, CO

**Crucible® Institute**

To register or to learn more visit [crucible4points.com](http://crucible4points.com), email [mfhc@passionatemarriage.com](mailto:mfhc@passionatemarriage.com), or call 303.670.2630

Many therapists also attend the CEW to enhance their own relationship. Everyone attends as a civilian.



Martindale, PsyD. Elsbeth has been in practice in Portland since 1994. She conducts free community workshops on a variety of topics of interest to the general public. She has developed tools and resources for individuals and groups, including a book and cards entitled *Things to Know Before*

*You Say Go*, and she makes these available at no cost. She has appeared on local television, providing useful mental health information. On her website, *Courage to Bloom*, she offers free resources to the public including to her professional colleagues.

## 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 20 of this newsletter.



**OPA President Shahana Koslofsky with OPA delegates to the APA Practice Leadership Conference Eleanor Gil-Kashiwabara and Cindy Sturm, advocating for Oregon psychologists during Hill Visits in Washington DC in March.**

## NORTHWEST INSTITUTE OF ADDICTIONS STUDIES CONFERENCE



## Everyday Attachment in Recovery: Creating Healthy, Connected Communities

Wednesday-Friday, July 19-21, 2017 | 18 CEUs

### PLENARY SESSIONS

**WEDNESDAY: The Biology of Loss: The Impact of Trauma on Physical, Mental and Behavioral Health, and the Path to Healing**  
**Gabor Mate, MD**, Addiction and Wellness Expert, Author and Professional Speaker

**THURSDAY: Rethinking Challenging Behavior: The Collaborative Problem Solving Approach** **J. Stuart Ablon, PhD**, Director, Think:Kids, Department of Psychiatry, Massachusetts General Hospital; Associate Clinical Professor of Psychology, Department of Psychiatry, Harvard Medical School

**FRIDAY: Post Traumatic Slave Syndrome: Trauma, Healing and Community Restoration** **Joy DeGruy, PhD, MSW**, Author, Lecturer and Consultant in the area of social justice, Assistant Professor of Research, Portland State University

### CONFERENCE DETAILS

**DATE:** Wed-Fri, July 19-21, 8 a.m.-4:30 p.m., Friday, 8 a.m.-12:30 p.m.

**LOCATION:** Red Lion Hotel on the River, Portland, OR

**CEUS/PDUS:** 18 CEUs for full conference participation, accepted by ACCBO.

### REGISTRATION FEES

**FULL CONFERENCE:** \$300 by 6/21, \$325 after

**SINGLE DAY:** Wednesday or Thursday - \$160 by 6/21, \$175 after.

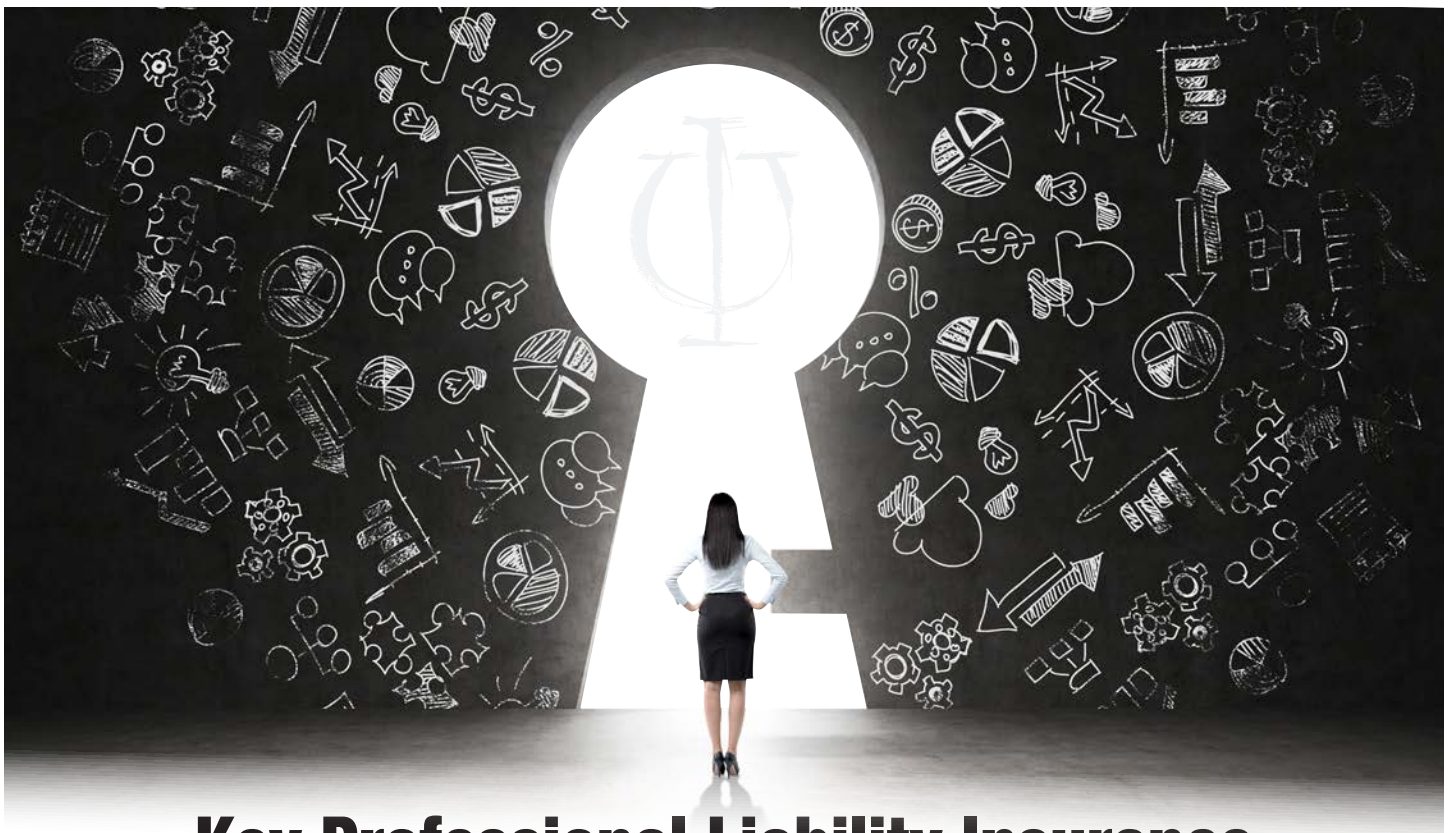
Friday - \$100 by 6/21, \$125 after

**AGENCY DISCOUNT (3 OR MORE):** Full Conference \$275 by 6/21, \$285 after

### BREAKOUT SESSION TOPICS

- Ethics, Law, and Risk Management in 21st Century Clinical Practice
- Perception vs. Reality: Talking to our Youth About Addiction and Problem Gambling
- Trauma Informed Care and Assertive Engagement
- Trends in Youth Substance Abuse
- "What's Love Got to Do With It?": Addiction and Attachment
- Medication-Assisted Treatment for Adolescents

**MORE INFORMATION** [go.lclark.edu/graduate/conference/NWIAS](http://go.lclark.edu/graduate/conference/NWIAS)



# Key Professional Liability Insurance Protection Throughout Your Career

## Insurance coverage is key to your peace of mind.

Along with your training, experience, and expertise, Trust Sponsored Professional Liability Insurance\* gives you the confidence to provide psychological services in a host of settings – across your entire career. Even if you have coverage through your institution or employer, it pays to have your own priority protection through The Trust.

## Unlock essential benefits.

Along with reliable insurance coverage, The Trust policy includes useful benefits focusing on psychologists – free Advocate 800 consultations, exclusive discounts on continuing education and insurance premiums, and more. See why so many of your colleagues rely on The Trust for their insurance and risk management needs.

## Key features you may not find in other policies:

- Insurance premium discounts including CE, early career, part time, group, and more.
- Broad affordable occurrence & claims-made coverage rated A++ by A.M. Best.
- Unlimited confidential consultations with independent risk management experts.
- No sublimit for defense of sexual misconduct allegations and a free extended reporting period or “tail” to insureds upon retirement.
- Case review process for adverse claim decision by insurance carrier.
- Through TrustPARMA, reduced registration fees for continuing education workshops and webinars.



**trustinsurance.com • 1-800-477-1200**

\* Insurance provided by ACE American Insurance Company, Philadelphia, PA and its U.S.-based Chubb underwriting company affiliates. Program administered by Trust Risk Management Services, Inc. The product information above is a summary only. The insurance policy actually issued contains the terms and conditions of the contract. All products may not be available in all states. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit [new.chubb.com](http://new.chubb.com). Chubb Limited, the parent company of Chubb, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.



## 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](mailto: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](mailto:info@opa.org)



*OPA Public Education Committee (PEC) members Tony Farrenkopf, Carl Gauthier, Alix Sheperd, and Kate Ramine work at the OPA table at the NAMI Walk.*

## 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.

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

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



# Psychologists of Oregon Political Action Committee (POPAC)

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

The Oregon Psychological Association actively lobbies on behalf of psychologists statewide. Contributions from POPAC to political candidates are based on a wide range of criteria including 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

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### - 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

### FOR SALE

For Sale: Psych Tests, incl. like new WAIS-4, WMS, MMPI, D-K, KBIT, PAI, TAT, Category, dozens more neuropsych + forensics. 4+ banker boxes full. Retired! All for \$500. Contact dennpaul@gmail.com.

### OFFICE SPACE

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.

Beautiful large office in 2 office suite to rent. Large windows, trees, close to route 26 and 217 intersection, west side, close to Max with lots of parking. Share suite with health medical Psychologist referrals possible. Call 503.292.9183 for details.

### OPPORTUNITY

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

### PATIENT TREATMENT GROUPS

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

### PROFESSIONAL SERVICES/EQUIPMENT

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

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

### VACATION RENTALS

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

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](mailto:DrLGrounds@comcast.net).

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

## OPA 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

Marcia Wood, PhD, Chair  
503.248.4511

### CAC Provider Panel

Charity Benham, PsyD,  
503.550.7139

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

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 January 2017:

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:

Morgan Bolen

Student Member

Jill Davidson, PsyD

503.313.0028

Irina Gelman, PsyD

503.352.3616

Steffanie La Torre

Student Member

Catherine Miller, PhD, Chair

503.352.7324

Nicole Sage, PsyD, Chair-Elect

503.452.8002

Sonia Straub, PhD

503.727.2456

Jane Ward, PhD, CSAT

503.626.6226

Christopher Watson, MA

Student Member

Jaimie Young, PsyD

971.271.2595

Petra Zdenkova, PsyD

541.974.7139

*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\***

#### **2017**

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

4th Quarter Issue - deadline is November 1 (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.

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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.