

# The Oregon Psychologist

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### OPA President's Column

## New Developments, Efficiency and Early Career: Directions for the Upcoming Year

Ryan C. Dix, PsyD, President, OPA



Thank you all for the honor of being your OPA president for this year. In approaching this article and this year, I have spent time reflecting on the articles and work of

those that have come before me. That process reinforced that I have large shoes to fill and that our organization has been blessed with many strong leaders. I hope to work with your board in accomplishing many goals that will continue to move our association along the path that those leaders have paved.

As a son of a grade school teacher and optometrist growing up in a small town, I learned not only the joy of volunteering for a cause, as my parents were known to volunteer for everything from city council to organizing the community Thanksgiving dinner, but also the power of people working together. To that end, the first goal for my presidential year is continuing to build a stronger organization through a couple of steps. A strong association relies on many things, from a supportive membership to a board that not only follows the direction of its membership but also leads it into new and exciting opportunities. One of those new directions involves both a response to a regular concern from membership and an exciting new opportunity. Concerns about insurance remain as timely as ever and will continue to be pervasive in our lives as citizens,

parents, partners, children and as psychologists. In response to regular concerns from membership, your board has moved forward with the process of hiring a Director of Professional Affairs (DPA). One of the tasks this position will have is continuing to refine and build our relationships with insurance companies to ensure all our patients/clients get the care that they deserve while allowing our own financial viability to provide those services. We continue to look for someone excited about taking on this role and hope that you will forward your name or alert others who you think may be interested to [info@opa.org](mailto:info@opa.org). I will provide updates regarding this process as it moves forward and thank you for your continued support of this initiative.

In addition to hiring a DPA, your board is in the process of refining the on-boarding process for new board members. This improved on-boarding process will seek to maximize the volunteer time your board puts forth on your behalf. Furthermore, by delineating the on-boarding process we hope to improve all processes related to the functioning of the board, allowing us to continuously improve our leadership of this organization.

The third goal of my presidential year will be to build a more robust early career presence in our association and on the board. Some of us may or may not remember our times as early career psychologists

## 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.*

*President's Column, continued from page 1*

(ECP), or maybe you feel like you are still there despite your number of years in the field. Connecting more early career psychologists with our state association will not only allow us to further their development but will allow them to influence our association in a countless number of positive ways. We have already started brainstorming about how to bring more ECPs into the association, whether it be through

meet-and-greet sessions at the local watering hole to creating an ECP position on the board. We welcome any ideas you have, whether you are an ECP or not, and I ask that you email your board with any ideas. Additionally, if you would like to volunteer on the committee tasked with working on this initiative, please also contact us through the OPA email at [info@opa.org](mailto:info@opa.org).

Thank you all for the opportunity to serve as your association president and let's have another great year!

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# Exploring Barriers to Training Criminal Defense Attorneys to Work Effectively with Mentally Ill Defendants

Alexandra Michelin, MA and Jennifer R. Clark, PsyD

Mentally ill defendants are disproportionately represented in the criminal justice system. Approximately 700,000 individuals with severe mental illness enter the criminal justice system annually; as a result, jails and prisons are the largest mental health facilities in the United States (Perlin, 2016; Redding, 2004). Research has shown that 64% of individuals in jails, 45% of those in federal prisons, and 56% of those in state prisons have a mental illness (Bureau of Justice Statistic [BJS], 2006; Fabian & Kelley, 2007; Perlin, 2016).

Not only is there an increase in individuals with mental illness entering the criminal justice system, but also a disproportionate representation of these individuals. Mental illness occurs five times more in the correctional population than the general population (Lurigio, 2011; The Sentencing Project, 2002). A disproportion of mentally ill individuals is represented at every stage of the criminal justice system (e.g., arrest, conviction, incarceration) when compared with the general population (Vogel, Stephens, & Siebels, 2014).

Institutional, societal, and policy changes and procedures have contributed to overrepresentation of defendants with mental illness in the criminal justice system. These have resulted in a decline in state hospital beds, increasing difficulty in qualifying for involuntary commitment as a result of mental health laws, minimal coordination and support between systems (e.g., from incarceration to community), lack of adequate community mental health treatment, decreased funding for community services (e.g., transportation, health coverage services), public negative attitudes towards mental illness, and mass incarceration and criminalization of mental illness partially due to mandatory minimum sentencing laws and “zero-tolerance” policing

(Bersoff et al., 1997; Frierson, Boyd, & Harper, 2015; Justickis, 2012; Redding, 2004; The Sentencing Project, 2002).

Legally-related factors have also contributed to overrepresentation of defendants with mental illness in the criminal justice system and include differences between the disciplines of law and psychology, lack of interprofessional collaboration, and lack of mental health training of legal professionals (Bersoff et al., 1997; Frierson et al., 2015; Justickis, 2012; Redding, 2004; The Sentencing Project, 2002). The disciplines of law and psychology were built on different foundations, have different philosophical underpinnings, and hold different functions, creating a strain on the intersection of the mental health system and criminal justice system (Lurigio, 2011).

Legal professionals’ lack of specialized knowledge about and experience with mental illness may be a factor in overrepresentation of mental illness in the criminal justice system (Bersoff et al., 1997; Frierson et al., 2015; Justickis, 2012; Redding, 2004). By virtue of their role, criminal defense attorneys have greater contact and communication with mentally ill defendants than do other legal professionals, highlighting the importance of adequate training for this subgroup of attorneys (Frierson et al., 2015). It is imperative that criminal defense attorneys have the knowledge and skills to engage with and understand the needs of this population, beyond the legal framework. Lack of this specialized knowledge and skill set may impair criminal defense attorneys’ ability to effectively represent and advocate for this vulnerable population.

Criminal defense attorneys have minimal opportunity to gain this knowledge and skill set, as law schools minimally teach about mental health issues and application to the criminal justice

system (Redding, 2004). The only routinely required course that sheds light on mental health issues is criminal law, offered in the first year of law school; however, there is little to no emphasis on learning types of mental health disorders; representing defendants with mental illness; understanding the process of competence to stand trial; considering the causes, correlates, and risk factors for types of criminal offending; understanding the role of mental illness on sentencing; and discussing criminal justice reform (e.g., implementation and effectiveness of mental health courts to reduce recidivism; Redding, 2004). Furthermore, only approximately 10% of law schools include mental health topics in upper-level criminal law courses and approximately 25% of law schools do not offer mental health law or criminal law that cover mental health topics to a significant degree (Redding, 2004). Teaching about mental health issues at this stage of training would create an understanding, awareness, and skill set necessary to advance professionally, adequately represent clients, and advocate for justice.

Frierson et al. (2015) surveyed attorneys and judges on their mental health training, experience with and understanding of mental illness, willingness to work with individuals with mental illness, and satisfaction with training received on how to recognize mental illness in clients. The researchers found surveyed attorneys to be relatively knowledgeable about mental illness but to have a preference for not working with mentally ill defendants. They also found that those who gained more experience working with mentally ill defendants increased their knowledge about mental illness and ultimately were more willing to defend those with mental illness. Interestingly, the researchers found that a large portion of attorneys in

*Continued on page 4*



their sample (83%) reported training in mental illness and mental health law in law school to be insufficient and that practical experience would be more beneficial (Frierson et al., 2015). However, research has shown that training after law school is lacking as well. Attorneys are required by the state in which they practice to partake in mandatory continuing legal education (CLE). Mental health trainings are not mandated in CLE, with the exception of eight states where as little as 1 hour every 3 years is required (American Bar Association). Lastly, there are no standardized protocols or details explaining the best nature and quality of mental health trainings for legal professionals and at what point in an attorney's career such trainings would be best given (e.g., law school, early career).

I want to note that in this context mental health training refers to entry-level training of attorneys newly entering practice from law school. Mental health training at this stage is important to identify mental illness in defendants (i.e., "issue spotting"), learn how to communicate with defendants with mental illness, conduct risk assessments and know which resources to utilize under these circumstances, conduct mental health referrals, and possess knowledge about psychotropic medications and relevant side effects used by individuals with mental illness.

Identification and exploration of barriers to the

implementation of mental health training is needed to improve likelihood of effective representation of defendants with mental illness. By addressing and improving one component (i.e., mental health training of criminal defense attorneys), the overarching problem (i.e., overrepresentation of mental illness in the criminal justice system) can be further understood and explored. Exploration of criminal defense attorneys' awareness of the nature of mental illness in general and the disproportionate representation within the criminal justice system, knowledge of why mental health training is essential given these data, attitudes towards trainings they have received, perceived need for the trainings, interest or value in the information received, thoughts on improvements for future trainings, and barriers to receiving and implementing trainings, including understanding cultural differences between legal and mental health professions to understand how professionals from each field interact with clients and across interprofessional settings, is recommended.

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# Air Pollution as a Direct Contributor to Civilization Collapse

William A. McConochie, Ph.D.

The World Health Organization has recently stated that air pollution is the most serious of environmental threats and is responsible for millions of premature deaths around the world (WHO, 2016).

I have original research data which suggests that air pollution might contribute to the demise of the human species by undermining intelligence and by damaging the prefrontal cortex of the brain. Here's a synopsis of the manuscript I am preparing to send to *The American Psychologist*. Consider it "food for thought."

I have negative correlations on samples of over a quarter of a million children from around the world between 2006 and 2015 (McConochie, 2017), and WHO air pollution data for their respective nations gathered by the World Health Organization in 2014 (WHO, 2016). The higher the pollution is in a nation, the lower are the average intelligence scores of their children. The test is one I developed for a company in San Diego. It is modeled after the WISC-III and has five sections: Vocabulary, Similarities, Comprehension, Arithmetic, and Information. These sections are as reliable as their Wechsler counterparts.

The correlations between I.Q. and air pollution increase steadily for every age group, 5 through 26. They start at -.04 for five-year-olds and increase to -.29 for ages 17-26 as a cluster. Because the samples are large (e.g. 5,595 at age 5, 16,089 at age 14 and 4,517 for the 17-26 year-olds), even very small correlations, such as -.04, are statistically significant.

The steady increase of the correlations between air pollution and intelligence year by year, e.g. -.04, -.05, -.09, -.16, -.21 and -.25 for ages 5 through 10, is consonant with the notion that the longer one breathes polluted air, the more the brain is compromised.

The average rate of intelligence drop world-wide is .6 I.Q. points per year. It is lower in countries with lower pollution and higher in countries with higher pollution. At this rate, the average human I.Q. worldwide will

drop from 100 to 70 in 50 years. At that point, half the population overall will be virtually unemployable and few if any persons will be intelligent enough to graduate from a robust 4-year college degree program. In short, society as we know it will be impossible, simply because of degraded cognitive functioning, if not for other reasons.

And there is another mechanism that involves air pollution and the brain that may contribute to the destruction of society. Data from various studies show that air pollution can damage the prefrontal lobes of dog brains (Calderón-Garcidueñas et al., 2008) and humans (Calderón-Garcidueñas et al., 2004), and that U.S. Vietnam war veterans who have prefrontal lobe damage have problems controlling aggressive impulses (Grafman et al., 1996, Pardini et al., 2011). From this information, I suspected that air pollution might correlate significantly and positively with war activity. And it does.

World Health Organization data (WHO, 2016) for the year 2014 shows that air pollution in Middle East countries is particularly high. The level for Saudi Arabia, for example, is 108, Iraq 50, Iran 42, UAE 64, Pakistan 60, Afghanistan 63 and Israel 19. This compares to 8 for the United States, 12 for Great Britain, 12 for France, 14 for Germany and 6 for Sweden.

The correlation between WHO air pollution levels and Princeton University war activity data (Integrated Network for Society Conflict Research, n.d.) for 142 nations between 1955 and 2015 is positive and statistically significant (.21\*\*), even when controlling for four other variables: CIA government types, per capita income, intelligence and latitude. When controlling for the other variables, the correlations between pollution and these other variables are CIA government types .16 (n.s.), per capita income -.19\*\*, intelligence .02 (n.s.) and latitude of the nation -.10 (n.s.).

Thus, the seemingly intractable violence in the Middle East may be

fueled to some degree directly by air pollution damage to the brains of citizens living there; their control of aggressive impulses may be compromised by frontal lobe brain damage, making them especially prone to warmongering. If this is the case, the solution by countering with military action will be compromised; soldiers who go there to fight will also breathe the toxic air that damages their prefrontal cortex, thus helping fuel their aggression. And, as long as Middle East air is heavily polluted and damaging human brains, the humans there will be prone to excessive aggression. Killing off one generation won't prevent the next generation from being aggressive.

Air pollution comes from many sources, including fossil fuel combustion engines (ships, air planes, cars, trucks, and farm machines), coal-fired electric power generating

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*Mentally Ill Defendants, continued from page 4*

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plants, smelting iron and making concrete, burning wood to clear forests for agriculture, and burning wood for cooking in developing nations. It also comes from many artificial chemical compounds, such as refrigerants, pesticides, and thousands of other industrial and commercial products. And from leaks at oil wells.

This data suggests very serious challenges for nations. We must hope that political leaders will heed this sort of scientific information and other data that provides the details. But even this hope is compromised in current U.S. politics, as a Pew Survey has shown that U.S. Republicans tend to eschew education in general compared to Democrats. Hitler ordered book-burning, while supporting science to build rocket bombs (V-2 rockets) and poison gas.

This brings to mind the personality traits of leaders as relates to war. Warmongering-proneness is a psychological trait of leaders that can be very reliably measured by rating them on a 50-item scale (McConochie, 2004). It seems reasonable to expect that a nation whose leader is high on this trait is more prone to aggressive war. For example, consider scores on this trait for various U.S. leaders: Jimmy Carter 1.73, George Washington 1.82, Lincoln 1.92, J.F.K. 2.10, Dwight Eisenhower 2.29, George Patton 3.11 and George W. Bush 4.00. And for foreign leaders: Gandhi 1.71, Alexander the Great 3.73, Genghis Kahn 3.98, Attila the Hun 4.04, Stalin 4.21 and Hitler 4.50. The correlation between these questionnaire scores and independent ratings of the

actual warmongering behavior of leaders is .90.

Whether a nation goes to war is also a function of political worldviews, with conservative ones more inclined to endorse militarism than liberal ones. And, of course, access to natural resources can also be a factor, as access to Middle East oil has been.

Thus, the underpinnings of war are complex, ranging from personalities of leaders to political worldviews, government types, per capita income, access to natural resources and even latitude and air pollution. There are insights from political psychology and related research that can help inform us in planning our fate. We ignore such information at our peril. If we embrace it, we may promote politics that aggresses more against air pollution than against people, politics that eschews warmongering-prone leaders more carefully than it eschews leaders or citizens of a given gender, religious tradition, or ethnic group.

I've given you food for thought. Hope it doesn't give you a headache.

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# Diversity Committee Celebrates 10 Years

Debbe Kettle, PhD, Amy M Kobus, PhD, & Nina Hildago, MS, OPA Diversity Committee

The Diversity Committee is the largest of OPA's committees. Our aim is to promote diversity to the extent that it is intuitive and at the forefront of every psychologist's mind. For the past 10 years we have celebrated the unique qualities of psychologists and the people we serve. Part of this celebration is to reflect upon our achievements, and we would like to share some of them with you.

## Historical Project

Our Historical Project has been an involved process, requiring us to take a critical view of our work, both the accomplishments and the challenges. We have compiled a record of our committee's development and activities over time. We discovered that our committee is one of the strongest, most thriving diversity committees among State Psychological Associations. We undertook this Historical Project, in part, to help other Diversity Committees across the country achieve success by sharing our experiences and accomplishments with other committees who have asked for our assistance.

## Consultation to OPA

The Diversity Committee created a consulting process for OPA committees in 2014. Any committee with a diversity-related issue or consultation question can contact us and get assistance. We keep a standing ad in *The Oregon Psychologist* so people have easy access to a consultant.

## State Leadership Conference

We actively participate in the State Leadership Conference and have for the past several years. The SLC is an opportunity to advocate for psychologists and for diversity at a national level.

## Sponsorship

We sponsor both national and local diversity efforts. This past January, we sponsored the 10th Biennial National Multicultural Conference and Summit (NMCS) held in Portland. We also sponsored the film screening of *Unbroken Glass*, a documentary film that aims to increase awareness and conversation of mental health stigma in the South Asian Community.

## Legislative Efforts

In collaboration with the Legislative Committee, we were pivotal in the passage of the Reparative Therapy Bill, prohibiting the use of conversion therapy with minors in 2016. We also advocated for the Cultural Competency CE requirement, which passed in 2016, ensuring that all of our members are aware and informed on current cultural issues that impact our work.

## Conference Activity

At this year's OPA conference in Eugene, we contributed a continuing education session. This year's topic was **Diversity across Our Careers: Becoming and Remaining Culturally-Informed Psychologists**. The discussion was lively. Evaluations showed participants

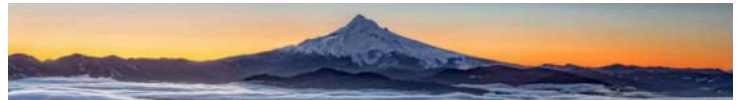
improved their understanding of diversity along their developmental career trajectories, as well as its impact on their clients.

## Other Committee Activity

The Diversity Committee is active in a wide range of issues and events that help make us all better at addressing the needs of our clients and profession. We have strong newsletter representation with articles in every issue.

We are mindful of supporting diversity for the current and next generation of psychologists. We enthusiastically welcome student participation in OPA. The Diversity Committee has proudly supported and launched the careers of our membership, who have gone on to hold other leadership roles within OPA, including four of the last ten OPA Presidents. Our latest is Dr. Natalie Kollross, whom we congratulate on moving on from Diversity Committee Chair to her new position as OPA President-Elect.

*If you are interested in finding out more about the work of the Diversity Committee, please let us know, including contacting our chair, Dr. Amy Kobus (kobusa@ohsu.edu). We continually seek new ways to improve our efforts and to assist OPA members.*



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# Diagnosing Donald Trump: Duty to Warn Versus Unethical Practice?

Catherine Miller, PhD, and Morgan Bolen, OPA Ethics Committee

Narcissistic Personality Disorder, Borderline Personality Disorder, Antisocial Personality Disorder, and Paranoid Personality Disorder: These are the main diagnostic labels used to describe Donald Trump by various mental health professionals in the more than two dozen articles that have been published within the last year (e.g., Basken, 2016; Caruso, 2017; Christenson, 2017; Diamond, 2016; Lind-Guzik, 2017; Mayer, 2017; Parkinson, 2017; Sword & Zimbardo, 2017). All of these professionals admit that they have not personally interviewed President Trump, nor have they administered any diagnostic tests to him. Instead, these professionals claim that observations of President Trump's overt behavior and review of his voluminous record of tweets have led them to similar conclusions on the status of his mental health. The purpose of this article is not to debate whether or not observation alone is sufficient to diagnose a personality disorder, nor is it to discuss whether or not presidential candidates should submit to a mandatory mental health evaluation, as some have opined (Milligan, 2017). Instead, the main purpose of this article is to discuss whether or not the psychologists who have publicly diagnosed President Trump are acting according to our current ethical guidelines.

Critics of mental health professionals who have utilized diagnostic labels for President Trump have one major argument on their side: The Goldwater Rule (Kroll & Pouncy, 2016; Oquendo, 2016). This rule is actually not a part of the American Psychological Association's Ethical Principles but instead is included in section 7.3 of the American Psychiatric Association's code of ethics. The Goldwater Rule states the following:

*On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has*

*disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement (American Psychiatric Association, 2013b)*

This rule was added to psychiatry's ethics code (the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry) in 1973 in response to a lawsuit filed by Senator Barry Goldwater after he lost the 1964 Presidential election. Goldwater's slogan during the campaign was "In Your Heart You Know He's Right," whereas his opponent Lyndon Johnson's counter-slogan was "In Your Guts You Know He's Nuts," aptly demonstrating the fact that concerns about the mental health of public figures is nothing new. During that election season, the publisher of a magazine entitled *Fact* surveyed 12,356 psychiatrists, asking them only one question: Is Senator Goldwater psychologically fit to be President of the United States? Of the 2,417 psychiatrists who responded, 1,189 (49.2%) indicated that Senator Goldwater was not psychologically fit for the job. The magazine published these results in their Sept/Oct 1964 issue (cited in Mayer, 2010). Goldwater filed a libel suit against the publisher and won a judgment of \$1 in compensatory damages and \$75,000 in punitive damages (Alford, 2015). In response, the American Psychiatric Association decided that diagnosing public figures without examining them was "irresponsible, potentially stigmatizing, and definitely unethical" (Siegel, 2017). Dr. Paul Appelbaum, former president of the American Psychiatric Association, reiterated this stance recently in this declarative

statement: "Remote assessments are so likely to be wrong, so likely to be harmful to that person, and so likely to discourage people from seeking psychiatric treatment, that psychiatrists should just not engage in that behaviour" (Parkinson, 2017).

The Ethics Code of Psychologists and Principles of Conduct from the American Psychological Association (APA, 2010) does not include the Goldwater Rule. However, Susan McDaniel, President of APA, clearly supports the intent of the Goldwater Rule, as evidenced by a recent letter she wrote to *Chronicle of Higher Education*. In this letter, McDaniel stated that "our Code of Ethics clearly warns psychologists against diagnosing any person, including public figures, whom they have not personally examined" (McDaniel, 2016). She was likely referring to Standard 9.01 of the Ethics Code, which says that psychologists "provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions." McDaniel may also have been referring to Standard 5.04, which states that "when psychologists provide public advice or comment via print, Internet or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient."

On the other hand, several mental health professionals have argued that diagnosing President Trump is ethical and does not violate any professional ethics code. They have proffered three main points to support the use of diagnostic labels with President Trump. The first two points are general arguments about the

*Continued on page 9*



scope of practice for mental health professionals and are not specifically designed to justify diagnosing President Trump. The first argument states that psychologists and other mental health professionals are extensively and uniquely trained to assess diagnostic symptoms, and this assessment often heavily relies on observational data. Leaving journalists or other unqualified pundits to speculate about the President's mental health, these professionals argue, is removing the chance to educate the public about mental illness in general (Diamond, 2016). The second, but still fairly general point, is that there are fields of study devoted to diagnosing public figures through observation or examination of records alone. For example, psychobiographers routinely pore through records and utilize videos of public figures in an attempt to analyze personality traits and explain why these figures behaved as they did. Psychobiography books have been written on former presidents, including Abraham Lincoln and Bill Clinton. As another example, some psychologists are employed by the CIA to prepare personality profiles on world leaders in an attempt to predict their future behavior. They complete this work solely through observations, not through personal interviews or diagnostic testing (Post, 2015). What makes that work ethical, and diagnosing President Trump unethical?

The final point revolves around the ethicality of diagnosing Donald Trump specifically. Psychologists advocating for diagnosing President Trump have argued that they are

operating under the premise of duty to warn (cf. Sheehy, 2017). This is a legal obligation that has been imposed by many state legislatures, based on the Tarasoff case in California. The law obligates certain mental health providers to warn an intended victim of a homicidal client. In this case, the psychologists claim that the intended victim is the United States of America, and the homicidal client is the 45th President of the United States. Psychologist John Gartner has been the most vocal proponent of the idea of duty to warn, arguing that the mental health community has an obligation to protect the public that overrides the Goldwater Rule (Gartner, 2017). In an interview, Gartner voiced his stance as follows: "I think it just goes back to my Jewish roots. Never again. We must speak out. We must be a witness to the truth" (Sanders, 2017).

Gartner is a psychologist in private practice in Baltimore and New York and is the author of a psychobiography of Bill Clinton. He posted a petition on Facebook in January 2017, declaring that Donald Trump must be removed from office because he has "a serious mental illness that renders him psychologically incapable of competently discharging the duties of President of the United States." As of June 19, 2017, 56,508 psychologists, psychiatrists, and other mental health professionals have signed this petition. In addition, Gartner started Duty to Warn, a Facebook group "dedicated to the proposition that Donald Trump is too seriously mentally ill to competently discharge his duties as president and must be removed according to the 25th Amendment." On this Facebook page, Gartner is quoted as saying the following: "We do believe that Donald Trump's mental illness is putting the entire country, and indeed the entire world, in danger. As health professionals, we have an ethical duty to warn the public about that danger." As of 6/19/17, 1,829 members had joined this closed group.

To summarize, mental health professionals are divided on the ethicality of diagnosing President Trump (Milligan, 2017; Plante, 2017; *Psychology Today* Editorial Staff, 2017). Some claim that labeling President Trump without personally examining him is no different than diagnosing President Obama with leukemia without a medical examination (Koerth-Baker, 2016). In a similar vein, other professionals have asserted that the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013a) is meant to guide treatment and referrals, which loses its value when applied to diagnosis at a distance (*Psychology Today* Editorial Staff, 2017).

On the other hand, many mental health professionals support the idea of a more nuanced view of ethics. For example, Dan McAdams, a professor of personality and developmental psychology at Northwestern University, wrote an essay in *The Atlantic* in which he described the moral dilemma many mental health professionals find themselves in today: "I can either violate the [Goldwater] rule and be true to some kind of higher concern I may have regarding his dangerousness, or I could sit silent and then

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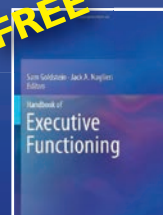
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violate my own moral compunction” (McAdams, 2016). Dr. Jerrold Post, the director of the political-psychology program at George Washington University’s Elliott School of International Affairs and the founder of the CIA’s Center for the Analysis of Personality and Political Behavior, insists that psychologists have a responsibility to serve society at large. In a recent *New Yorker* article, Post agreed with the idea of a duty to warn, stating that “serious questions have been raised about the temperament and suitability of He-Who-Must-Not-Be-Named. It seems unethical to not contribute at this perilous time” (Mayer, 2017). Finally, Dr. Gartner appealed to the test of time when he stated the following: “As far as ethics go, I would argue with my colleagues that those who don’t speak out are being unethical. If we have knowledge and understanding about the unique danger that Donald Trump presents through our psychiatric training and we don’t say something about it, history is not going to judge us kindly” (Sword & Zimbardo, 2017).

The bottom line is that each of us will have to make our own decisions about how best to embody our ethics code. Will we follow the letter of the ethics code, or its spirit? As with many ethical dilemmas, there is no clear-cut answer. We would only ask that we all be understanding of each other, no matter which side of the debate we ultimately support, as the function of our behavior (acting ethically) may be the same, even if the form of that behavior looks different.

**Editor’s note:** *The American Psychoanalytic Association (APsA) is currently attempting to clarify an earlier statement that suggested its members were exempt from the Goldwater Rule. They write, “Any member of a professional organization is responsible for following the ethics code of every organization they belong to” (<http://www.apsa.org/content/american-psychoanalytic-association-statement-%E2%80%9Cgoldwater-rule%E2%80%9D>).*

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- 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 Naked Unseen: An Overview of Exotic Dancers in Oregon

Elizabeth Hoose, MA

I first met Laurie in the small conference room of The Hive office building in Portland. She had contacted The Cupcake Girls because she was trafficked at age 17 by her boyfriend, who promised her a good life but instead abused her and offered her to others for sex. He moved her across the country and she racked up prostitution charges in multiple states along the way. Years into this arrangement, Laurie was beaten so badly she was hospitalized and her trafficker was jailed for a significant amount of time. Laurie moved to Portland and worked hard to turn her life around but found she had no connections and was not hireable according to many employers. Laurie decided to try dancing to make ends meet but was struggling with housing costs in Portland, friends who did not support her goals, and family members who rejected her. Laurie told me she didn't have anywhere else to go.

Laurie's story is not an unusual one, though it's also not a trackable norm. In general, those who work as exotic dancers, or strippers, are difficult to track and even more difficult to research due to stigma, accessibility, and the nature of the work. The little research that has been done indicates people end up working as exotic dancers for dozens of reasons. Some are trafficked like Laurie, some simply need financial help for a time, others find dancing a reliable source of income when other avenues don't work out, and others, contrary to stereotypes, feel empowered by dancing and genuinely enjoy it (Barton 2006b). Knowing how many people work as exotic dancers at any given time is nearly impossible as dancers are rarely ever traditional employees. Much of the time, dancers are classified as contract workers whose sole earnings are the tips they receive. They do not get health benefits, workers compensation when injured, or an hourly wage. In fact, many clubs require dancers to pay a "stage fee" in order to perform. This means that

at the end of the night, some dancers may have lost money. The financial success of dancers can range from owing money to making thousands of dollars on a good night in a high-end club.

These and other factors, such as stigma around the profession, lead many who work as dancers to be marginalized socially, financially, and have less access to much needed resources such as healthcare and mental health services (Barton, 2006b). Many dancers experience high levels of sexual trauma and are more likely to have substance abuse problems (Barton, 2006a). To make matters worse, even when services are available, dancers report feeling stigmatized by healthcare professionals and therapists because of the nature of their work (Kunze, 2009), leading many to simply not seek services even when they are needed.

Portland is usually touted as the city with the most strip clubs per capita in the country, and on the state level, Oregon holds the title (Crockett, 2016). The Cupcake Girls is a non-profit founded in Las Vegas with a center in downtown Portland, dedicated to empowering those who work in the sex industry and connecting them to non-judgmental, holistic services. Across both locations, thousands of industry workers have been connected to much-needed services. A small sample (44 female, exotic dancers) of those helped through The Cupcake Girls in Portland during 2015 was analyzed and the results presented at OPA's 2017 Annual Conference. Thirty-eight percent of exotic dancers lacked health insurance, and 34% were on the Oregon Health Plan (OHP). Compared to the general population in Oregon, these numbers are staggering; 16% of Oregonians lack insurance and 23% are on OHP. Most exotic dancers presented at least three areas of need (e.g., housing, employment, etc.) and nearly half were in need of some sort of healthcare services, including mental health. For exotic dancers in

Oregon, the need for help is high, multifaceted, and largely unseen by professionals.

Systemically, the issues and attitudes surrounding the struggles of exotic dancers are complex and too large to be thoroughly explained here. However, as psychologists, graduate students, and helping professionals, there are tangible actions that can reduce stigma for dancers in therapy and make services more accessible. If you find yourself interested in this topic or called to know more, consider the following:

1. Offer reduced fees or sliding scale services for people in the sex industry. As outlined above, many in Oregon do not have access to affordable healthcare and are likely not able to pay full price for services even when they really need them.
2. Make your practice or organization a referral partner for The Cupcake Girls in Portland. They are always looking for professionals willing to provide nonjudgmental services to sex industry workers across the state. You can contact them at [www.thecupcakegirls.org](http://www.thecupcakegirls.org)
3. Read *Stripped: Inside the Lives of Exotic Dancers* by Barton (2006b). Barton is a sociologist who has been studying exotic dancers for nearly 20 years and outlines the systemic and individual problems exotic dancers face.

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## OPA Participates in the 2017 Pride Parade



### 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!

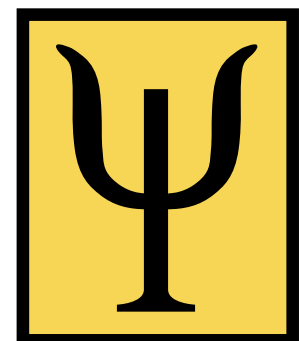


*Exotic Dancers, continued from page 13*

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# The Bookshelf: HIV/AIDS

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

AIDS was first formally identified in 1981, and books about AIDS and HIV soon followed. Many are now outdated as new information and new interventions emerge. Below are some more recent HIV/AIDS-related books that I have found informative or provocative, one I haven't yet read that looks interesting, and a video.

Sadly, APA Press has not published any HIV-related health psychology or ethics books in recent years. Given the shifting demographics of HIV acquisition toward additional minority groups in the U.S., new treatments (such as Truvada, a pre-exposure prophylactic medication [PrEP]), and questions about access to treatment, this is a surprising omission. I hope it will be rectified soon.

As with any media, review items yourself before making recommendations to clients or students.

Crane, J. T. (2013). *Scrambling for Africa: AIDS, expertise, and the rise of American global health science*. Ithaca, NY: Cornell.

Crane explores issues associated with AIDS research in Africa. Her primary focus in this readable and anthropologically-framed work is on research goals and therefore, structure, specifically the maintenance of untreated groups of people in order to preserve treatment-naïve research subjects. She raises important ethical concerns in a context where resources are highly unequal between the major research entities and the communities where the research is conducted.

Epstein, H. (2007). *The invisible cure: Why we are losing the fight against AIDS in Africa*. New York, NY: Picador.

Epstein's focus is on infrastructure misunderstandings about African HIV transmission and faulty prevention and intervention strategies based on incorrect assumptions. She updates the reader on relatively new theories of HIV's origins and early spread (including a very clear explanation of how passaging strengthens a virus).

She answers important questions that are not necessarily addressed in other sources, such as *What did sexual partnerships in different African communities look like prior to the arrival of Christianity, and does this affect HIV transmission patterns?* Her answers are that in many of the areas currently hardest hit by HIV, polygamy/polyandry was socially acceptable, and that concurrent long-term partnerships may spread HIV more effectively than serial monogamy. If that's hard to picture, she's included a marginal flip book. Really. It's the only scientific publication I've ever seen with a flip book, and it's quite effective.

## Updates

Timberg, C., & Halperin, D. (2012). *Tinderbox: How the west sparked the AIDS epidemic and how the world can finally overcome it*. New York, NY: Penguin.

Another perspective on AIDS in Africa, including arguments based on circumcision in particular cultural/religious groups as it potentially affects HIV rates. This controversy tends to elicit three types of responses from reviewers: Arguments against circumcision in general, research-based disputes about the interpretation of the data, and, sadly, anti-Semitic screeds by people who seem to think there is a conspiracy to convert people to Judaism by encouraging circumcision.

Dow, U., & Essex, M. (2011). *Saturday is for funerals* (reprint ed.). Cambridge, MA: Harvard University.

Dow provides the anecdotes about people with HIV that open each section, then Essex unpacks and explains the medical aspects. This is a great way to hang a lot of (sometimes repetitive) facts about HIV on vivid, personal stories. A nice model for teaching. Some of the information is out of date or not accurate for the U.S.; a productive academic assignment is to have students fact-check and update the material.

## Memoir

Decker, S. (2006). *My pet virus: The true story of a rebel without a cure*. New York, NY: Jeremy P. Tarcher.

A good example of contemporary HIV memoirs. It's a good example in part because it's emotionally challenging. I found myself repeatedly activated, wishing that Decker, who acquired HIV, Hepatitis B, and Hepatitis C from blood products, would take better care of himself. This makes it a wonderful memoir for recognizing and challenging countertransference, and I have corresponded with Decker about this.

## Health Behavior Guide

Cichocki, M. (2017). *Living with HIV: A patient's guide* (2nd ed.). Jefferson, NC: McFarland.

I haven't looked at this edition yet, but found the first edition readable and useful. This edition includes updates and a brief mention of PrEP.

## Video

For those not familiar with the history of HIV/AIDS, or who would like a refresher that is global and cross-cultural, I recommend the Frontline episodes *The Age of AIDS* (Parts 1 and 2), available free at <http://www.pbs.org/wgbh/pages/frontline/aids/>. While the stats and a little of the science and practice aren't up to date, it still provides a well-made, even-handed history.

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 [kerewskyopa@gmail.com](mailto:kerewskyopa@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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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.

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

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All workshops are held in Portland, Oregon 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 are available at [www.opa.org](http://www.opa.org).

## 2017-2018 Schedule

**October 6, 2017**

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*By Paul Cooney, JD and David Madigan, JD*

**December 1, 2017**

**Risk Assessment**

*By Rebecca Bolante, PhD, CRC, CTM  
Wendy Bourg, PhD  
Chris Huffine, PsyD  
Casey Stewart, PsyD, ABPP*

**June 1, 2018**

**Addiction as Attachment Disorder**

*By Philip Flores, PhD, ABPP, FAGPA*

## Welcome New and Returning OPA Members

**Chloe Ackerman, PsyD**  
Scappoose, OR

**Elyse Andrews**  
Portland, OR

**Josue Buzze**  
Portland, OR

**Michael Crockett**  
Portland, OR

**Adrian Egger**  
Corvallis, OR

**Tara Gregory, MSHA,  
FNP-BC**  
McMinnville, OR

**Charles Hamby, PhD**  
Atlanta, GA

**Elizabeth Loux, PsyD**  
Eugene, OR

**Kasey Luy, PhD**  
West Linn, OR

**Thea Prince**  
Portland, OR

**Robert Rogers, PhD**  
Springfield, OR

**Audrey Schwartz, PhD**  
Corvallis, OR

**Audra Stave, PsyD**  
Milwaukie, OR

**Nadia Webb, PsyD**  
Portland, OR

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

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

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



# OPA 2018 Conference Request for Presentations

Now is the time to set aside May 5-5, 2018 for the OPA Conference at the Monarch Hotel & Conference Center in Portland, OR. This is also the official call for presentations.

- ❖ The conference theme this year is ***“You Are Important Too! Focusing on the Well-Being of Psychologists.”*** This conference will focus on the well-being of the psychologist, provider or student. As providers we dedicate our time and selves to helping others. It is equally important to dedicate time to helping ourselves. We welcome presentations pertaining to self-care, preventing and dealing with burnout, promoting longevity of career work, positive psychology, vicarious traumatization and the like. Diversity and multicultural issues within psychology are always a key area of importance for the conference and continuing education. As always, other topics related to psychology are welcome. 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](mailto: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](mailto:info@opa.org) or fax it to 503.253.9172. You can also use the on-line application form at [www.opa.org](http://www.opa.org). **All applications must be received by 5:00 p.m. on October 13, 2017.** 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](mailto:info@opa.org).

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

## OPA 2018 Conference Call for Presentations Application

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

Title of Presentation:
------------------------

Quick Speaker Bio (3-4 sentences):
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Are you a psychologist? Yes  No  If no, please state your profession here:

Date Preference Friday  Saturday  Doesn't matter

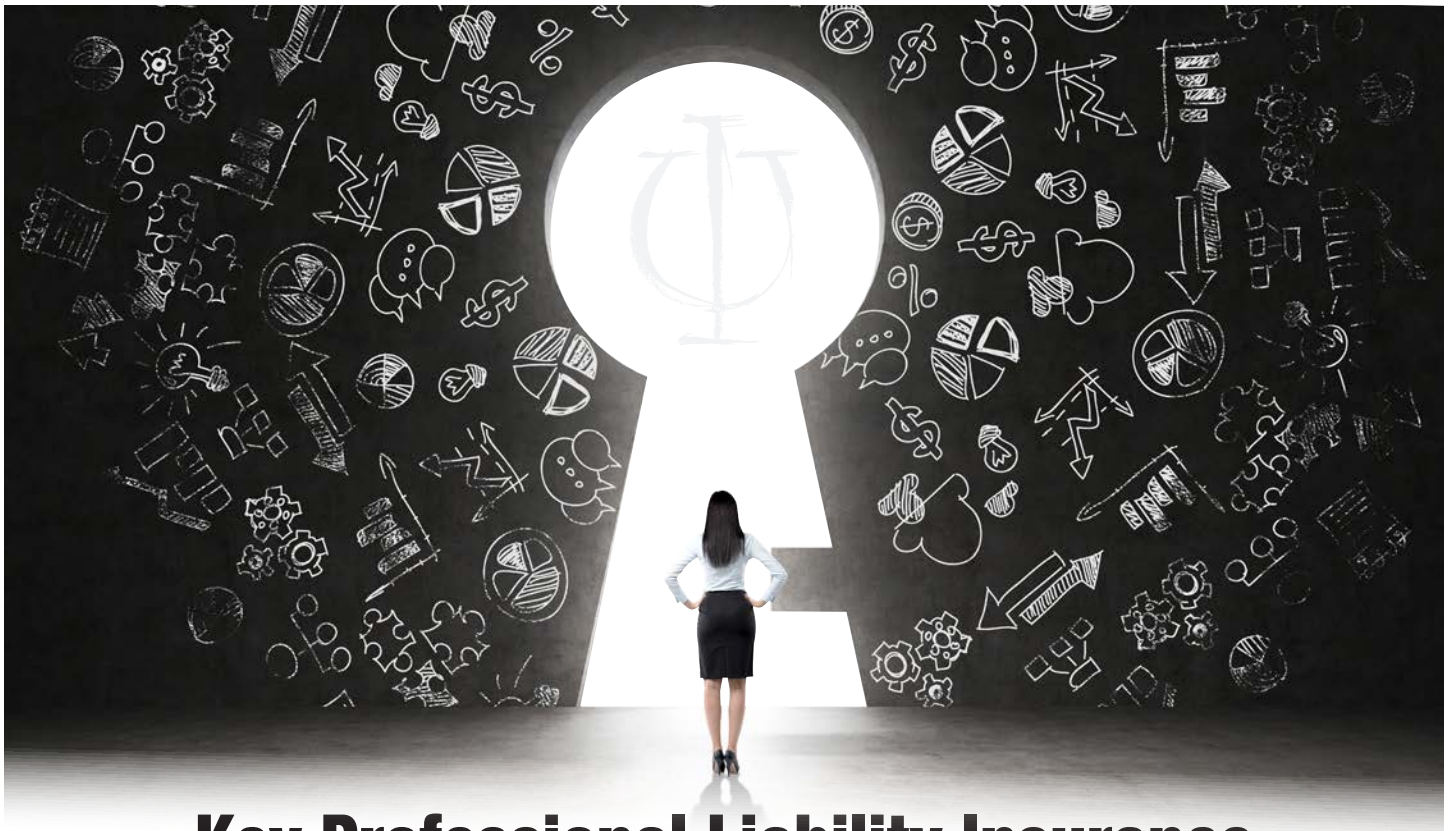
How many presentations have you made in the last five years?

Summary of Presentation:

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**Return to the OPA office by 5:00 p.m., October 13, 2017 to [info@opa.org](mailto:info@opa.org) or FAX to 503.253.9172**





# 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](http://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 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 22 of this newsletter.

## 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

## EMPLOYMENT

On Call Mental Health Professional Opening – Hazelden Betty Ford Foundation in Newberg, OR. The Hazelden Betty Ford Foundation brings healing and hope to our patients across the United States. Whether it's through our treatment programs, publishing materials, prevention programs or corporate services, our vision is to overcome addiction. As an on call Mental Health Professional in Newberg, OR, you will: Participate as a member of a multidisciplinary team, providing mental health treatment services to patients and clients, including assessment and diagnosis, individual and group psychotherapy, crisis intervention and ongoing care planning. Provide mental health services to identify and address mental health issues complicating recovery, while supporting and encouraging individual mental health resources utilization. Participate in continuing education and professional development to produce the highest quality services and expertise needed for the organization. This is an on call position, filling in for the absences of regular mental health staff. Work days and times may vary as needed, however clinic hours are typically 8am-5pm Monday through Friday. For more information or to apply online visit [hazeldenbettyford.org/careers](http://hazeldenbettyford.org/careers). Equal Opportunity Employer: Minorities, Women, Veterans, Disabilities.

Full Time Manager Mental Health Services - Hazelden Betty Ford Foundation in Newberg, OR. The Hazelden Betty Ford Foundation brings healing and hope to our patients across the United States. Whether it's through our treatment programs, publishing materials, prevention programs or corporate services, our vision is to overcome addiction. As a Manager Mental Health Services, you will: Oversee and monitors Mental Health operations at Hazelden Springbrook, ensures efficient and effective operations, coordination with physical health and chemical dependency services. Provide assessment, diagnosis, treatment, and clinical management of emotional/behavioral needs of clients. Work to ensure compliance with Hazelden standards and external regulatory entities. Provide clinical leadership and clinical supervision to mental health staff and students. For more information or to apply online visit [hazeldenbettyford.org/careers](http://hazeldenbettyford.org/careers). Equal Opportunity Employer: Minorities, Women, Veterans, Disabilities.

## FOR SALE

Closing my practice: office equipment, furniture, psychological/forensic assessment materials for sale. NW office (19th/NW Kearney) for sublet or to assume lease. Call Eric @ 503.341.1952.

Clinical/Forensic Psychology Practice for Sale in Bend, Oregon. Sale includes available lease for attractive office/waiting area in well-located professional building, office furniture, testing supplies (psychologists only), potential therapy caseload transitions, and community introductions. Available November 2017. Contact [drbrucebundy@hushmail.com](mailto:drbrucebundy@hushmail.com) or 541.382.0279.

## 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.

## PATIENT TREATMENT GROUPS

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

## PROFESSIONAL SERVICES/EQUIPMENT

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

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

## 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).

## 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

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 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

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

#### 2018

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

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

3rd Quarter Issue - deadline is August 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)

### The Oregon Psychologist

Ryan Dix, PsyD • 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.