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**Oregon  
Psychological  
Association**

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### OPA President's Column **Advocacy 101 for OPA Members**

*Natalie Kollross, PsyD, OPA President*



In my last article, I introduced my presidential initiative to support Oregon psychologists in their advocacy efforts. I know for myself, it can be confusing to know where to start. It is painful to feel a lack of control over problems in our community, country or world. It is disheartening to feel that there is nothing you can do. OPA board members have helped to compile some tips for advocating for any type of social justice issue for which you are passionate. This serves as a rough guideline to help you get started. Our hope is that it is a framework that will apply to various types of causes, rather than creating several templates for each specific cause. One template seems much more pragmatic and can apply to most advocacy efforts. This Advocacy 101 template will be available on the OPA's webpage, [www.opa.org](http://www.opa.org). It is also something I will send out over the listserv as the need arises. As psychologists, we advocate for our clients. Let's feel empowered to advocate for them, ourselves and others.

#### **Basics of Advocacy**

##### *1. Educate Yourself*

To ensure you gain a broad perspective on the issues, read and review various reports, news articles, podcasts, websites, etc. before you make a decision about your stance and how you would like to advocate. It's important to try to garner multiple perspectives. Gathering information and research will also arm you with

knowledge when trying to persuade others.

##### *2. Volunteer*

Do a Google search or try a website like [volunteermatch.org](http://volunteermatch.org) to search by cause, topic or location.

##### *3. Protest/Rally*

Global Citizen ([globalcitizen.org](http://globalcitizen.org)) is a website that can keep you informed and connect you with protests, rallies and education regarding different social justice issues.

There is now a Town Hall feature on Facebook, and social media, including Twitter, can keep you up-to-date about issues, news, and events affecting the nation and world.

##### *4. Donate to a Charity or Organization*

Charity Navigator ([www.charitynavigator.org](http://www.charitynavigator.org)) may be able to help you find a reputable charity for your donation. There are also certain standbys that do great work, such as the Red Cross, NAACP, ACLU, and Doctors Without Borders.

##### *5. Call or Visit Your Local and State Politicians*

Research America has a great resource page (<https://www.researchamerica.org/advocacy-action/how-be-advocate/advocacy-how-tos>) that includes Porter's Principles for setting up a meeting with an elected official, sample letters to the editor, and political advocacy how-tos.

##### *6. Get the Word Out/Share on Social Media*

Many of the above websites have apps. There are also ways to connect

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## OPA Helpful Contacts

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

### **OPA Office**

Kori Hasti - Executive Director  
147 SE 102nd  
Portland, OR 97216  
503.253.9155 or 800.541.9798  
Fax: 503.253.9172  
Email: info@opa.org  
Website: www.opa.org

### **OPA Lobbyist**

Lara Smith - Lobbyist  
Smith Government Relations  
PO Box 86425  
Portland, Oregon 97286  
503.477.7230  
Email:  
lsmith@smithgovernmentrelations.com

### **Oregon Board of Psychology (OBP)**

3218 Pringle Rd. SE, #130  
Salem, OR 97302  
503.378.4154  
Website: www.oregon.gov/obpe

### **OPA's Director of Professional Affairs**

Susan Rosenzweig, PsyD  
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### **OPA's Legal Counsel\***

Paul Cooney, JD  
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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.*

## Psychological Testing—Helping Our Clients to Speak the Unspoken

Valerie Yeo, PsyD, OPA Diversity Committee

I was first introduced to the term *Therapeutic Assessment* while in training. At that particular juncture of time, it seemed to me that this model perfectly merged two of my interest areas: The valid, reliable, and objective constructs of assessment, and the warm, interpersonal, and relational realm of therapy. Needless to say, my worldview has changed since that time, in that “no test can be truly culture free, because human behavior is not culture-free” (Anastasi, 1985). Yet, I also view our desire for unbiased and culture-free testing as very human, however unrealistic, since it speaks to our desire that society function according to the principle that all people be afforded equal opportunities for success in life (Cole, 2004). Yet there is much evidence to the contrary, given that phenomena such as stereotype threat, systemic discrimination, and institutionalized oppression are all very much at play in our current culture (Aronson et al., 1999; John-Henderson, Rheinschmidt, Mendoza-Denton, & Francis, 2014; Johns, Schmader, & Martens, 2005; Nosek & Riskind, 2012; Steele & Aronson, 1995), even within the so-called objective realm of psychological testing. Despite this, I continue to find Therapeutic

Assessment to be a collaborative form of testing that at the very least, offers the opportunity to address these systems, while maintaining the structure and goals of typical testing.

Stephen Finn coined the term Therapeutic Assessment in the late 1980s to describe what was, at the time, a new approach to psychological assessment (Finn, 2007). Although it is likely a safe assumption that most evaluators strive to communicate assessment findings to their clients in a thoughtful and compassionate way, I have heard consistent feedback, both in my personal and professional spheres, that clients often experience the psychological assessment process as cold and clinical, even if they find the results objectively helpful. For clients with stigmatized identities, this may be even more salient, especially if they experience the process as conforming to a dominant culture in which they may not feel welcome. This is an area where I have found the philosophy behind Therapeutic Assessment to be valuable, since the primary goal is to help clients “change their self-narratives, which are often vague, inaccurate, and lacking in self-compassion” (Finn, 2007).

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### *President's Message, continued from page 1*

on social media to find and pursue a cause, connect with like-minded individuals, and discover what is happening where you live. Social media can also serve as a way to launch your own project.

#### **7. Check out APA**

APA has a list of ways for psychologists to advocate at <https://www.apa.org/monitor/2018/03/cover-advocate.aspx>

#### **8. Be a Role Model**

Just by modeling behavior

that matches your beliefs you can influence others and make a difference. Our daily habits and interactions with others create a ripple effect that can instigate change. What you do and what you say is important. You matter. “Each one of us can make a difference. Together we make change” – Barbara Mikulski.

*Are you engaged in advocacy work? We'd love to hear about it! Submit your article to [kerevskyopa@gmail.com](mailto:kerevskyopa@gmail.com)*



# *Income Protection Insurance*

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Becoming disabled during your working years happens more than you might imagine. If you are seriously injured or become ill and cannot work, can your loved ones continue to pay the bills and still live comfortably?

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45	\$103.00
50	\$121.25
55	\$141.00



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\* Coverage is individually underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of Liberty Mutual Group. Plans have limitations and exclusions. For costs and complete details, call The Trust or visit [www.trustinsurance.com](http://www.trustinsurance.com)

Therapeutic Assessment is a semi-structured approach to testing where clients are engaged as collaborators in their own treatment. Foundational to this approach is respect for clients, who are seen as experts on themselves. It requires assessors to take a backseat and relinquish the power that comes with the role of being an expert. To be clear, this is not a call to throw standardization out the window—standardized testing is still administered according to normal procedures. However, in addition to the standardized techniques, intentional stages are added with the purpose of helping clients to foster compassion for themselves, and to begin to see and understand the stories they tell themselves about who they are.

More specifically, in a stage called the assessment intervention, assessors name and bring the client's individual context into the room, and guide them through an in-vivo experience of discovering and naming underlying difficulties, and testing solutions to these difficulties. In my practice, I have engaged clients in this step through various means, including re-administering segments of tests that stirred up significant distress, having them tell stories about storytelling cards designed to stir up difficult emotions, or even merely engaging them in a discussion about an interpersonal encounter we may have had in session. For example, I had a client who developed the following two questions with me prior to starting testing: "Why haven't I succeeded in life like other people?" and "What is my communication style? I have received feedback that I interrupt others, and that others find it difficult to talk with me." During the assessment intervention, I had him tell a story about a picture card depicting two people having a conversation. He told a story from the perspective of one person who had to yell to be heard by the other, who continuously pretended not to hear him. In session, we were able to

draw a connection to how he often felt this way in relationships with both providers and with friends and family, resulting in him feeling he would not be seen, heard, or taken seriously if he did not interrupt others in an effort to make his needs known. We were also able to tie this dynamic in with the way a lifelong disability had impacted his view of his identity. Additionally, I gently drew his attention to times in which he had interrupted me in previous sessions, and tied this in with his history of trauma. Bringing this interpersonal dynamic and its underlying pain explicitly into the room enabled us to have a more productive conversation about his test results as a whole, rather than springing some difficult interpersonal feedback on him without context. The goal is for clients to feel that they can take ownership of their next steps, and to feel empowered to rewrite the stories they may have been telling themselves about their identities and their worlds. For me as an assessor, the naming of context is key, as to deny the impact of historical, social, political, and interpersonal realities on our clients' internal experiences would be to deny a substantial part of their existence.

Both as a psychologist and in my personal life, I have observed the power of being able to name an experience, to have it validated, and to make meaning of this experience within the context of one's life. I have found psychological assessment to be one avenue in which people can feel seen and heard. I have also been challenged to contain my own desire to maintain my role as an expert, and to join with my clients in unfolding new insights about themselves. Particularly in working with clients who encompass underrepresented or stigmatized identities, this can grant them a more empowering understanding of their own experience of oppression, rather than framing that experience as evidence of their own personal failings. In the words of Stephen Finn, it is an opportunity to "use

psychological tests as 'empathy magnifiers'" (2007), and to partner with our clients on their journey of forging their identities. In doing so, we may in fact, also learn something new about our own identities as psychologists.

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# What's Ethics Got to Do with It?

Catherine Miller, PhD, and the OPA Ethics Committee

The OPA Ethics Committee (EC) has undergone some recent changes, and we thought this might be a good opportunity to introduce ourselves to you and explain the modifications we've made to improve our services. We are a volunteer committee, currently made up of 12 OPA members. The 9 psychologist members serve 5-year terms, whereas the 3 student members serve 2-year terms. Our main function is to serve as a consultative body, primarily for OPA members, but also for students, and even the community at large. In this role, we take calls from psychologists and others who are dealing with a range of ethical issues. We field calls about issues you would expect, such as multiple relationships, confidentiality, and informed consent. We also field calls about

more unique or unusual issues, such as therapists feeling threatened by their clients, termination issues, or supervisor/supervisee relationships. Please know that we consider the confidentiality of these consultations to be of primary importance and we take steps to maintain confidentiality. First, we document consultation calls with ID numbers rather than identifying information. Second, we do not share any information with anyone outside of the Ethics Committee. Specifically, we do not report any information with the Oregon Board of Psychologists. There has been some confusion in the past, based on ORS 676.150, which mandates a duty on psychologists to report prohibited or unprofessional conduct of their peers. EC members are not required to report to the

licensing board under this rule, and we want to make it very clear to potential callers that we will not disclose information we learn during a consultation call.

Because ethical and legal issues often overlap, we work closely with OPA's general counsel, Paul Cooney, referring many callers to him to answer any legal questions that arise during our consultations. We also coordinate with OPA's Confidential Peer Support Committee in an effort to support OPA members who are experiencing conflict with colleagues, clinical concerns, family conflicts, or any other distressing situations which might affect the capacity for work. If you are experiencing a problem and you are not sure who to contact first, please call us, and we will help you find the

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## Professional Development for Counselors & Therapists

Center for Community Engagement at Lewis & Clark Graduate School of Education and Counseling

Thursday, January 3, 11:30 a.m.-1:30 p.m. | 2 CEUs

### **Green Burial: Eco-Friendly Options for End-of-Life**

Elizabeth Fournier, Mortician, Cornerstone Funeral Services

Friday, February, 22, 9 a.m.-4 p.m. | 6 CEUs

### **Introduction to Using Visual Arts in Clinical Practice**

Maru Serricchio, LMFT, ATR

Wednesday-Thursday, February 27-28, March 6-7

8:30 a.m.-5 p.m. | 30 CEUs

### **Clinical Supervision** James Gurule, MA, LPC

Sunday, March 3, 9 a.m.-12 p.m. | 3 CEUs

### **Interrupting Hate in Public Spaces** Rabbi Debra Kolodny, JD

Friday-Saturday, March 8-9, 8:30 a.m.-4:30 p.m. | 14 CEUs

### **Applied Suicide Intervention Skills Training (ASIST)**

Leslie Rodgers, LCSW, and Kathy Wilson-Fey, MA

Friday, May 10, 9 a.m.-4 p.m. | 6 CEUs

### **Changing Minds and Integrating Brains: Clinical Applications of Interpersonal Neurobiology** Debra Pearce-McCall, PhD

### **Working with Trauma Survivors who have Addictive Disorders:**

**an Introduction to Seeking Safety**

**Friday, April 12, 9 a.m.-5 p.m.**

7 CEUs, Rick Berman, MA, LPC



Seeking Safety--a present-focused therapy to help people attain safety from trauma, PTSD and addictive behaviors-- is the most widely used integrated treatment for PTSD and addictions in the world. Seeking Safety is comprised of 25 treatment topics, each representing a safe coping skill relevant to both trauma and addiction. Topics can be done in any order, and the treatment can be done in few or many sessions as time allows. This class will prepare counselors to read the Seeking Safety manual and begin using this treatment in their practice.

*\$125 before 3/20, 20% alumni discount.*

More at [go.lclark.edu/graduate/counselors/workshops](http://go.lclark.edu/graduate/counselors/workshops)



appropriate resource(s).

The EC typically receives approximately four to six consultation calls per month. With over 3000 licensed psychologists listed on the Oregon Board of Psychology's website, it's surprising that we don't receive more requests for consultations. In an effort to increase our visibility and our timeliness in responding to consultation requests, the EC recently implemented a new triage system. In this system, if you are interested in an ethics consultation, you should contact a designated EC member via email (Dr. Jill Davidson-Rupp at [dr.jilldavidson@gmail.com](mailto:dr.jilldavidson@gmail.com)) and include a description of your specific concerns, contact information, and convenient contact times. Dr. Davidson-Rupp then contacts the rest of the EC members to determine who can best address your specific concerns. That member will then contact you within 1 week to set up a consultation phone call. The actual consultation will take place over the phone and our conversation may take up to 2 hours. The reason for the lengthy phone call is because we don't

provide an answer to your specific question; instead, we work with you to develop individualized solutions that will work best for your unique situation. When you contact us, make sure you leave a large chunk of time for the consultation call, and have your APA ethics code near you, so that we can see what the code actually says. Following the consultation call, you can expect the EC member to present your concerns at the next meeting of the committee. Any additional comments or feedback will be relayed back to you via a follow-up phone call.

In addition to our consultative role, the OPA Ethics Committee participates in many other activities. First, to make sure that graduate students are aware of our services, we give presentations annually in ethics courses at the three doctoral programs in clinical psychology in Oregon: George Fox University's PsyD program, Pacific University's PsyD program, and the University of Oregon's Counseling Psychology PhD program. We also assist OPA with their continuing education offerings, finding nationally-recognized psychologists to speak at OPA's annual ethics workshop

in the spring. In recent years, we've enjoyed presentations from ethics experts such as Melba Vasquez, Ofer Zur, and Steve Knapp. We also write quarterly articles for *The Oregon Psychologist* on ethics topics that might interest OPA members.

Recent topics have addressed the unique ethical issues encountered in interprofessional settings, ethical considerations when writing letters for clients about emotional support animals, and ethical concerns when diagnosing public figures. Finally, we also present a 1.5 hour ethics workshop at the annual OPA conference. Past workshops have focused on the value of self-reflection, how to handle poor Yelp reviews, and how to differentiate clinical, ethical, and legal issues.

Over the last year, we've had some major changes to our committee membership. We regretfully said goodbye to three dedicated student members, Morgan Bolen, Stephanie La Torre, and Chris Watson. All three are from the PsyD program at Pacific University and successfully completed their 2-year terms on the Ethics Committee in September 2018. We were happy to welcome three new student members in October 2018: Stephanie Garcia and Claire Metzner from Pacific University, and Maria Lytle from George Fox University. We also added three new psychologist members to the Ethics Committee recently, including Jenna Sheftel in February 2018, and Allison Brandt and Len Kaufman in October 2018. Dr. Sheftel is a practitioner at the Portland Anxiety Clinic, utilizing evidence-based CBT interventions to treat OCD and other anxiety disorders in adolescents and adults. Dr. Brandt is an Assistant Professor in the School of Professional Psychology at Pacific University. She teaches child courses and supervises a team of Practicum I students at the

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

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

You will find the OPA Public



Education Committee's social media policy in the About section on our page. If you do "like" us on Facebook,

please familiarize yourself with this social media policy. We would like to encourage use of the page in a way that is in line with the mission and ethical standards of the Association.

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

Pacific Psychology and Comprehensive Health Clinic in Hillsboro. Dr. Kaufman is the Utilization Review Coordinator at Cedar Hills Hospital Outpatient Services in Portland and had a long-running private practice in Washington D.C. prior to moving to Oregon. Other current members of the Ethics Committee are Jamie Young, Petra Zdenkova, and Catherine Miller. Dr. Young is a staff psychologist at the Student Counseling Center at Pacific University; Dr. Zdenkova is a primary care psychologist at Samaritan Health Services in Albany, Oregon; and Dr. Miller is a professor in the School of Professional Psychology at Pacific University. Current officers of the Ethics Committee include Nichole Sage, Jill Davidson-Rupp, and Irina Gelman. Dr. Sage is the current Chair of the EC and works with young children and families at the Children's Program in Portland. Dr. Davidson-Rupp is the Chair-Elect of the EC and is the founder of the Portland Anxiety Clinic. Dr. Gelman is the current Secretary of the EC and is the Director of the Pacific Psychology and Comprehensive Health Clinics in Hillsboro and downtown Portland.

Although the EC has members with expertise in multiple settings, multiple age ranges, and multiple populations, we are continually looking for

members who can help us diversify our geographical representation of Oregon. We recognize that most of our members come from the Willamette Valley area, due to the difficulty in attending in-person meetings of the EC. We have in-person meetings in Tualatin, Oregon, so that anyone driving in from other parts of the state can avoid the worst of the Portland traffic. We also only meet in person every other month, with alternate-month online meetings, to remove as many barriers as possible for EC members who live/work outside of the Portland area. If you are interested in joining this dynamic, engaged group of psychologists and students, please reach out to Cathy Miller at millerco@pacificu.edu at any time.

In summary, the EC has been active over the past year and we look forward to another year of ethics consultations and educative opportunities. We hope you all will reach out to us at OPA's conferences and workshops to learn more about us as professionals and EC members. We also hope you will contact us with any ethics dilemmas and issues. As psychologists, we are privileged to work with people who need our help. It's important to remember that we all need help at times, too. Please don't hesitate to contact us with any ethics questions or concerns you have; we are here to help.

## ACCEPTANCE & COMMITMENT THERAPY TRAINING

### Workshops in Portland

#### **Evoke, Reinforce, Repeat: Enhancing the Creativity and Sensitivity of your ACT work with a Plain Language Behavioral Perspective to Clinical Work**

▪ Emily K. Sandoz, PhD

**April 12 & 13, 2019**

#### **Helping Patients Forgive: REACH Forgiveness as Evidence-Based Practice in Psychology**

▪ Everett L. Worthington, Jr., PhD

**September 28, 2019**

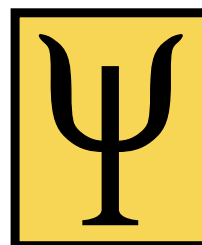
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## First Year of Mentoring Program off to a Good Start

*Beth Kaplan Westbrook, PsyD*

The last OPA conference began the launch of OPA's Mentoring Program. This is a free program for people at any stage of their career and any location in the state. Several members have utilized the skills and experience of others to advance their learning and career decisions. Personally, my mentoring experience has introduced me to a bright and motivated individual. Mentees are still needed as are future mentors. Please consider filling out a form on the OPA website to add more members connecting. The forms will also be available at the next OPA conference. For more information you can contact me at [bethwestbrook@comcast.net](mailto:bethwestbrook@comcast.net).



**Oregon  
Psychological  
Association**

# Research Tidbits on Big Problems from a Political Psychologist

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William A. McConochie, PhD

I do research in political psychology and have some recent tidbits for you. On a very reliable 50-item rating scale of warmongering-proneness, President Trump has a score based on the mean of five different raters that is near the score for G.W. Bush. Bush's score is quite high, falling between scores for Genghis Khan and Attila the Hun. Scores for Hitler, Stalin, and Saddam Hussain are higher. Scores for Eisenhower, Roosevelt, and Churchill are much lower. I don't yet have scores for President Assad of Syria, but I expect his would be very high. Thus, we can hope Congress will keep an eye on Trump regarding excessive militarism.

World Health Organization (WHO) air pollution data for 2014, based on measures at over 3000 places around the world, and my IQ scores for 178,000 children from around the world over a ten-year period ending in 2015 correlate significantly with each other (McConochie, 2018). The correlation is  $-.05$  for 5-year-olds and rises steadily year-by-year up to  $-.29$  for young adults in their 20s. The rate of intelligence drop for these children is  $.6$  IQ points per year. This may not seem like much, but dividing 30 by  $.6$  yields 50, which is the number of years it could take for the average IQ of humans to drop from the current mean of 100 to a mean of 70, at which point half the world population will be intellectually deficient. At that point is difficult to imagine how society as we know it could be maintained.

Research has revealed cognitive impairment from air pollution in prefrontal lobe areas of the brain. Damage to these lobes also is associated with increased aggression among Vietnam veterans 35 years

later (Graham et al., 1996; Pardini et al., 2001). This led me to speculate that air pollution might also be contributing to war, as air pollution is particularly high in the Middle East. I obtained war frequency data from Princeton University (Marshall, Gurr, & Harff, 2016) and compared it to the air pollution scores from WHO. I looked at the average scores on both of these variables for 7 clusters of nations, 8 from the Middle East, 12 from Europe, three for North America, six from South America, seven in Southeast Asia, New Zealand and Australia as a cluster, and India plus three neighboring nations. I plotted these mean scores on a graph. They rather tightly followed a line from lower left to upper right. I have Princeton war data for three periods, 1955 through 2005, 2006 through 2008 and 2009 through 2015. The correlations between the mean scores for each of the seven clusters on air pollution and war frequency were  $.78$ ,  $.93$  and  $.81$  respectively, all significant at the  $.05$  level or better. These are huge. Correlation doesn't establish cause, and it is possible that war burns lots of fossil fuel and thus creates air pollution rather than the other way around. But it would be interesting to have autopsies on deceased persons in these clusters of nations, comparing air pollutant chemicals in their prefrontal lobes.

On the issue of homelessness, I recently looked up the rate of population growth in Oregon (Statista, 2019). The figure over the 25 years between 1992 and 2015 was 34%. It occurred to me that if housing doesn't rise 34% during that same period of time, there won't be enough housing for people and what is available will be owned by the wealthiest. Those without

sufficient funds to compete for the houses available will have to couch surf or live in tents. The population of the world has tripled in my lifetime from about 2 1/2 billion to 7 1/2 billion. If it triples again in the next 80 years, it's hard to imagine a planet that is livable even for rats and snakes.

The United Nations (2018) has argued that war, peace, hunger, jobs, prejudice, water resources, education, etc., are all intimately interwoven and we can't find answers to war and peace without finding answers to all of the other dimensions of sustainable communities. The UN has given us repeated warnings, as have the world's scientists, about controlling population and air and water pollution and reducing fossil fuel use to prevent continuing global warming. The first warning was in 1992 by the Union of Concerned Scientists. They repeated their warning in 2017 because we had ignored almost all of their earlier warnings and problems were still headed on a disaster course. We have enough coal to continue burning at the current rate for another 134 years, worldwide. Our use of fossil fuels continues unabated. We build and sell and drive record numbers of vehicles as if there were no tomorrow.

Unless we can find ways to change human psychology on these issues there may be no happy tomorrows for humans a few generations hence.

We could look at Hans Selye's stress general adaptation syndrome for guidance (Szabo, Tache, & Somogyi, 2012). We could look at 12-step treatment programs (Clay, 2003) for guidance. Could it be that there is a "big problem denial

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*Continued on page 9*



syndrome” blocking effective human response to these serious environmental worldwide problems? Or could it be that special interest group democracy, by definition, is so short-sighted, living for the profits of the next 12 months, that it simply cannot consider the major changes that will be required, such as terminating use of all fossil fuels within only 10 or 20 years?

My research has led to a model for a political party that promotes common good democracy, which I have delineated in my book, *Party Time!* (McConochie, 2016). I have recently made contact with the SAGE organization of Oregon (Senior Advocates for Generational Equality, 2017), which consists of citizens looking for effective ways to address all of these problems. I’m hoping that I can collaborate constructively with them. Common good democracy would have a broader political agenda than dictatorships and special interest group democracies. President Kennedy said, “One person can make a difference, and all persons should try.” I agree. Let’s all try.

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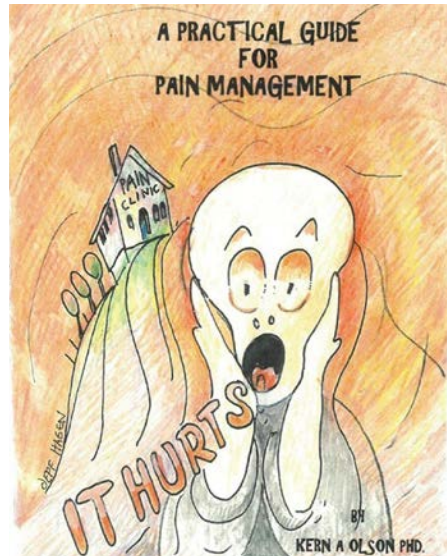
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# The Bookshelf: It Hurts: A Practical Guide for Pain Management

Olson, K. A. (2018). *It hurts: A practical guide for pain management*. Portland, OR: Wellbridge.

The material below is excerpted from Kern A. Olson's *It Hurts: A Practical Guide for Pain Management*.

When I started this journey of writing this book I wanted to make a unique contribution to the pain management literature. I did not want to write another workbook. There are a number of good ones already published. So I thought I would write a type of narrative that would focus on the key factors about pain management that might appeal to the more curious pain patient and to providers who might not yet have been exposed to a practical overview of the essential elements in how to work with pain patients. I wanted the reader to experience a conversation with me about pain and how to manage pain, both from a psychological and physical viewpoint. I strongly feel that credible information about pain is the most important tool for health providers and patients alike.



I have been a Clinical Health Psychologist for over 30 years with a specialty in pain management and a sub-specialty in sleep. I became interested in sleep since most of my pain patients reported a sleep issue as a result of their pain. After 30 years of experience, I felt that I had

enough experience to share what I have learned as a provider and as a pain patient myself. This book was written for two primary audiences. First, I wanted health providers who work with pain patients to have first hand “how to” information. Second, I wanted pain patients themselves to be able to access more information and understanding about their own pain management issues.

This book is divided into three main sections. The first four chapters I call the core chapters. These chapters form the philosophical, physiological and historical underpinnings of pain and pain management. The second section contains the specialty chapters that are important to understanding the various aspects of the different types or categories of pain patients. The third section is case studies.

I hope after reading this book, the health provider will appreciate the

*Continued on page 12*

## 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 with questions of an ethical nature. Our hope is to be proactive and preventative in helping OPA members think through ethical issues. The committee is provided as a member benefit only to members of OPA. 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.

If you have an ethical question or concern, please contact Dr. Jill Davidson at [dr.jilldavidson@gmail.com](mailto:dr.jilldavidson@gmail.com). Include a description of your concerns, your phone number, and

good times for her to call you back. She will make contact with you within 2 business days. She may ask for more information in order to route your call to the appropriate person on the Ethics Committee, or she may let you know at that time which committee member will be calling you to discuss your concerns. You can then expect to hear from a committee member within a week following Dr. Davidson’s phone call. The actual consultation will take place over the phone, so that we can truly have a discussion with you about your concerns.

Following the consultation call, you can expect the committee member to present your concern at the next meeting of the committee. Any additional comments or feedback will be relayed back to you via a phone call.

## Ethics Committee Members

**Morgan Bolen**  
*Student Member*

**Jill Davidson, PsyD**

**Irina Gelman, PsyD**

**Steffanie La Torre**  
*Student Member*

**Catherine Miller, PhD**

**Nichole Sage, PsyD—Chair**

**Christopher Watson, MA**  
*Student Member*

**Jamie Young, PsyD**

**Petra Zdenkova, PsyD**

## Past OPA Presidents: Marcia J. Wood, Ph.D.

Like many, if not most of us I suspect, who become President of OPA ('07-08), it was never something I'd imagined seeking, but now count as a formative leadership experience that I am grateful for. I'd already spent five years on OPA's Ethics Committee and chaired that, which was great preparation. Balancing private practice with the collegial interactions of OPA service was, and is, a great complement to my professional life. I like to joke, except it's also true, that after being President of OPA, I went on to chair the Squash Committee at the Multnomah Athletic Club for two years and of the two jobs, the latter was far more work and more difficult than OPA ever was! Alas, I also did not have Sandra Fisher as co-pilot.... However, I am a lifelong competitive squash player and this continues to be one of the main ways I balance out the stresses of work.

Finishing the OPA President sequence, I wasn't ready to give up involvement with OPA, so I joined the Colleague Assistance Committee (now re-named the Confidential Peer Support Committee), which I currently chair. It seems a natural sequence within OPA and continues to provide substantive collegial interaction, which I value highly.

On the non-work side of life, in addition to squash, I'm still designing and making stained glass windows (since college), birding whenever possible (just spent two weeks birding in Borneo this fall), and reading a lot for pleasure. My husband is the Board Chair of Portland Literary Arts and I am quite committed to that organization, including participating in many of their adult reading classes (Delves) which gives me the best of an English class (I was an English major in college and worked in book publishing prior to psychology) without exams or papers.

*The Bookshelf, continued from page 11*

immense complexity of pain management and will become a more effective provider. For the patient who experiences recurrent pain on a daily basis, I would hope the knowledge obtained from this book would provide important tools for your pain management toolbox.

The title for this book *It Hurts* comes from our collective childhoods. I would guess the first time you described pain was something like, "It hurts, Mommy!" This book is designed with that sentiment in mind and I hope the understanding of that hurt will be addressed satisfactorily to the reader. I hope you will learn as much from this book as I have learned in writing it.

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).

But one of the most important balances to professional life for me now is spending more and more time up on San Juan Island, where we have a house. Spending more time just Being rather than Doing, watching the water and wildlife (we see orcas, seals, eagles, otters, marine birds, and Canada, from our deck) is rejuvenating and balancing.

I'm not ready to retire but am taking more weeks off than ever from private practice and this has been a good way for me to remain feeling vital in my 60's. Every now and then someone suggests I could also have a part-time private practice on San Juan Island and my unambivalent answer is NO! In my 40's and 50's I felt constantly busy, at times too much so. Mv2 (Marcia version 2) was supposed to address that and was an utter failure. But in recent years (Mv3), I've gotten pretty good at saying NO (practice makes perfect). Time given to one thing truly is time taken away from something else. I'm more aware of the fact that just because I could do something, even well, doesn't mean I want to, and saying "yes" to the things that are most meaningful to me now but "no" to the others, preserves my own energy, enjoyment and commitment to the things I most want in my life.

*Where are you now? Past OPA presidents and other board members are welcome to submit brief profiles to [kerewskyopa@gmail.com](mailto:kerewskyopa@gmail.com) describing your current activities and interests.*



### Upcoming 2019 4th Friday Presentations with the Oregon MH CE Consortium

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ORMHCE Consortium is approved by the American Psychological Association to sponsor continuing education for psychologists. ORMHCE Consortium maintains responsibility for this program and its content.

## Deadline Changes for *The Oregon Psychologist*

Beginning with the next issue, articles are due to the editor at [kerewskyopa@gmail.com](mailto:kerewskyopa@gmail.com) by these dates:

- March 1
- June 1
- September 1
- December 1

### Tips for submitting articles:

- Any OPA member or student member may submit articles. We are willing to consider articles from others on relevant topics.
- If you are writing your committee's column, be sure you leave time for your committee's review and vetting of content, and your revision.
- Before you submit your article, review it for content, accuracy, and mechanics.

- Sources referred to in your text need APA in-text citations and APA reference listings. We have some leeway on things like a Sojourner Truth quote at the top of your article or lists of URLs provided as resources, but most other sources need complete APA style referencing. Articles submitted with omitted or incomplete citations, or major APA reference style errors, will be returned for revision and may be resubmitted for the next issue.
- After you have completed revisions, turn off the "Track Changes" function.

Here is our basic style sheet for submitting articles:

### Title

*Author(s), highest relevant*

*degree(s), OPA committee (if relevant)*

### If used, section headings should conform to APA style but be bolded

Tabbed, single-spaced, Times Roman 12-point type for content. One space after end punctuation. APA style in-text citations including those for URLs (Kerewsky, 2014). Blah, blah, blah. Blah, blah, blah, blah. Blah, blah, blah. Blah, blah, blah, blah.

Here are some other guidelines: No space between paragraphs. Set line spacing to *zero before paragraph, zero after paragraph, single-spaced*.

No document headers, footers, or page numbers, please. Hanging indents should be accomplished with the document ruler, not by hitting the space bar (Kerewsky, 2014). This is true for tabs as well. If you don't know how to format something like a hanging indent, I will take care of it. If you're not sure how to write the reference list entry for a non-standard source, do the best you can and make sure you include all of the information I will need to edit your reference.

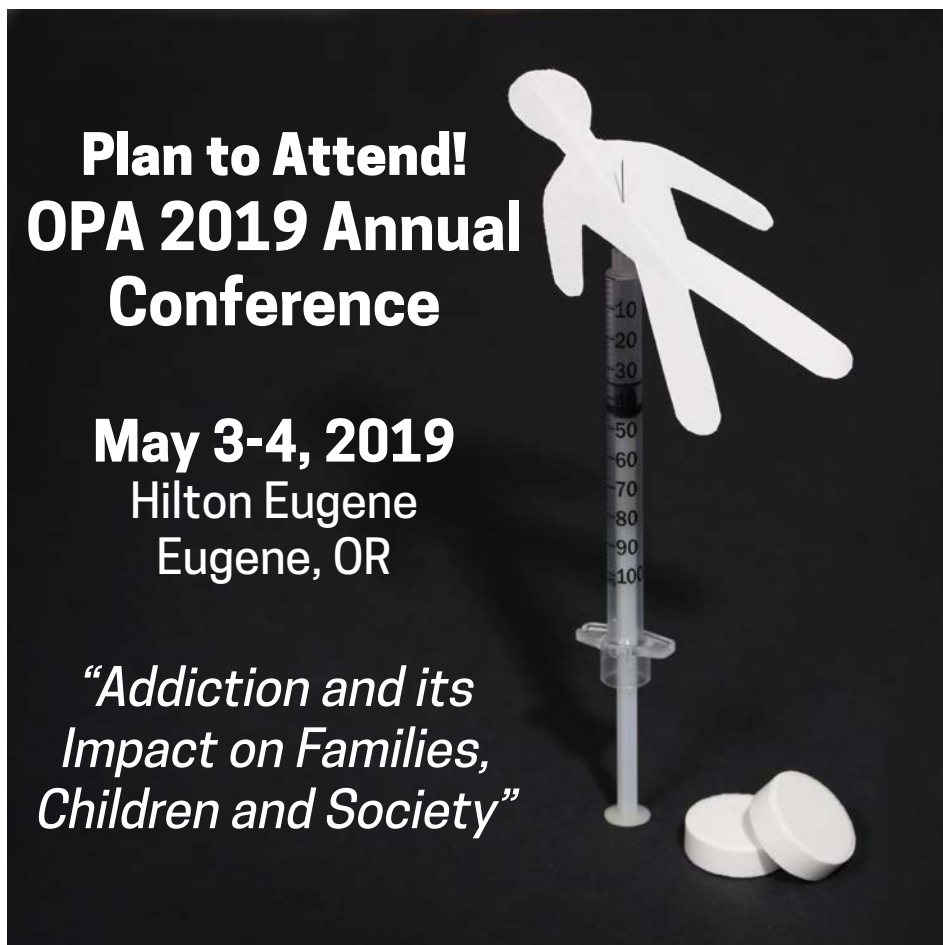
If you use figures, provide them in Word (in which case, they can be in-text), or as a separate PDF with the caption in the text of the article so I know where you want it. Don't insert non-Word figures or images into the Word text.

### Fake References

Kerewsky, S. D. (2014). URLs: Bane or boon? Retrieved from [www.online-shoshana-all-the-time/fqqr44w/articles/content.htm](http://www.online-shoshana-all-the-time/fqqr44w/articles/content.htm)

Kerewsky, S. D. (2013). Hanging indents are your friend. *Journal of Shoshana Science*, 5(12), 341=346. doi: xxxxxxxxxxxxxxxx

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# OPA Continuing Education Workshops

The Oregon Psychological Association sponsors many continuing education programs that have been developed to meet the needs of psychologists and other mental health professionals. The Continuing Education Committee works diligently to provide programs that are of interest to the wide variety of specialties in mental health.



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

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

## OPA Current Education Offerings

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

## 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.
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4. Hit the send button, and that is it! You will receive a confirmation via email with instructions, rules, and etiquette for using the listserv. Please allow some time to receive your confirmation after subscribing as the listserv administrator will need to verify your OPA membership before you can be added.

Questions? Contact the OPA office at [info@opa.org](mailto:info@opa.org)

## 2019 Schedule

**February 1, 2019**

Register here: [www.opa.org](http://www.opa.org)

**Demential, Mental Illness, Death & The Law: An Elder Law Attorney's Perspective**

By Timothy M. McNeil, J.D.

**April 5, 2019**

Register here: [www.opa.org](http://www.opa.org)

**Social Media and the Oregon Mental Health Professional: A Digital Ethics Update**

By Roy Huggins, LPC, NCC

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

articles on counseling (3 CE) and Skills-based articles on assessment (3 CE). Go to [www.nmpsychology.org](http://www.nmpsychology.org) for more information.

Calendar items are subject to change

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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).

# 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.

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## OPA Classifieds

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### VACATION RENTALS

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## Welcome New and Returning OPA Members

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Portland, OR

**Tonya Boyd, PsyD**  
Hillsboro, OR

**Adrian Egger, PsyD**  
Corvallis, OR

**Samantha Lee**  
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**Andrea Merg**  
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**Daniel Moshofsky, PsyD**  
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**Christina Weiss, PsyD**  
Beaverton, OR



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

If you have any questions regarding advertising in the newsletter, please contact Kori Hasti 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

## **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.

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

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

**[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!**

### ***The Oregon Psychologist***

Natalie Kollross, 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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