

OPA President's Column

Leadership and Advocacy at OPA

Natalie Kollross, PsyD, OPA President



Last quarter, I presented an article with advocacy tips and resources. Thanks to our dedicated staff, this information is now accessible to OPA members on our website. As part of my presidential initiative, I want to shine a light on social justice and advocacy efforts of Oregon psychologists and the OPA board of directors. Board members as well as committee members work tirelessly in advocating both state-wide and nationally. As volunteers, we come to OPA service with a goal of instigating change and progress. The chair and committee members of the Public Education Committee work to advocate for the mental wellbeing of Oregonians. The Legislative Committee works to stay up-to-date of mental health legislation affecting Oregon psychologists, as well as our clients. The Diversity Committee serves as allies to diverse and underserved populations in Oregon. These are just some of the dedicated psychologists at OPA who are making a difference!

OPA board members also attend the APA Practice Leadership Conference every year in Washington, D.C. OPA representation includes a diversity delegate, president-elect and president, director of professional affairs, executive director, and federal advocacy coordinator. It is an invaluable experience to learn about issues affecting psychologists and our practice. It is a time to meet with other state representatives

as well as APA staff, share ideas for advocacy and strengthen our state, provincial, and territorial associations. We march on the Hill to advocate for issues affecting the practice of psychology. This year, we had a unique opportunity to advocate not only for issues affecting all psychologists, but also personal issues affecting our own communities, whether it be immigration, homelessness, education, or any other issue we feel is impacting our local communities.

I started my work with OPA by serving on the Diversity Committee as a student member. This led to serving as chair of the Diversity Committee, then treasurer of OPA and now president. Certainly, when I started my service I never expected to end up in this position. I pushed myself outside of my comfort zone and discovered how thrilling and fulfilling advocacy work can be. Being a part of the OPA Board of Directors has re-ignited the passion for social justice that brought me to the field in the first place. It thrust me into an amazing group of people who are equally as passionate, but who have demonstrated to me how to be a graceful, strong leader. It is truly an experience worth having in one's career and I am proud to have had it in mine.

You may already be advocating for social justice and the profession in different ways. Maybe you feel you don't know where to start or who to turn to. As I reflect back on my time with OPA, I want to ensure that our work continues to grow and progress. We need passionate people. You

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Oregon Psychological Association

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www.opa.org

don't need to be a born leader or know how to lobby or advocate. You just need to show up and put in the time. I encourage you to consider joining an OPA committee and seeing for yourself. Please also check out the OPA website for advocacy tips as well as APA's website apa.org/advocacy for other helpful information.

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
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Oregon Board of Psychology (OBP)

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503.378.4154
Website: www.oregon.gov/obpe

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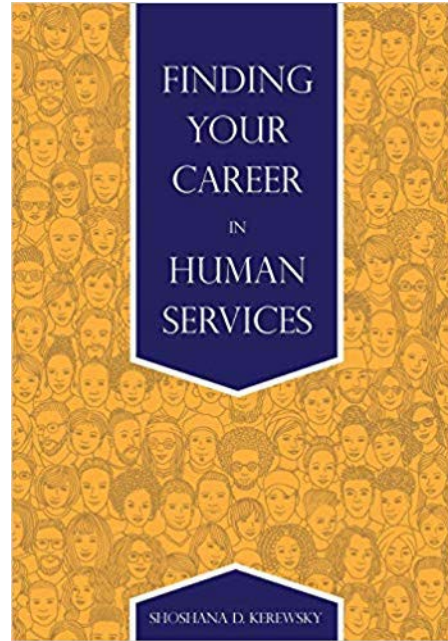
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The Bookshelf: Spotlight on Oregon Psychologists' Publications

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

Kerewsky, S. D. (2019). *Finding your career in human services*. San Diego, CA: Cognella.



Do you teach undergraduate students in psychology, social work, or human services, or students in related majors who hope to work in human services professions? Do you supervise graduate students who train or teach community college or 4-year college students in the field? Do you work with paraprofessionals and undergraduate interns? Although some people will go on to graduate degree programs, many do not. I was surprised to find few books on career development for psychology, social work, and human services that were focused on this group of employees, although they make up the majority of our community interventionists, behind-the-scenes agency personnel, and research assistants.

I wrote *Finding Your Career in Human Services* as a basic, broadly applicable guide to the processes, strategies, and resources useful for undergraduate students and people working with a terminal associate's or bachelor's degree. It includes general content such as how to access and use the Bureau of Labor Statistics resources, such as the Occupational

Outlook Handbook; O*NET and other online career exploration and job description resources; Self-Directed Search (SDS), MBTI, and other career instruments; and job search information including resume construction and interviewing skills. Because human services professions include responsibility for others' welfare, there are also sections on professional ethical standards, cultural awareness, self-knowledge and vulnerability, and countertransference. The approach is developmental and includes activities and considerations beginning with entering an academic program or having an interest in the field through working in the field and considering other job options.

I am especially pleased with the chapter of interviews of a range of students and professionals who work in the field with their undergraduate degrees (including one who went through a certificate program, and one who has moved on to earning a graduate degree in Counseling Psychology). Unlike some career guides, this one doesn't assume that everyone has been academically successful, and does highlight realistic challenges and obstacles, most notably through these interviews.

A reasonably long sample is available at <https://titles.cognella.com/finding-your-career-in-human-services-9781516532711>.

What's on your bookshelf? Have you written a book, manual, or other publication relevant to psychology? Which 3 books disappear most frequently from your office, and why? What have you read recently that was relevant to your practice? You're welcome to submit your own annotated list or article with APA-style references for main entries to kerewskyopa@gmail.com. Single book reviews of interest to psychologists are also welcome. If you've published a book, please identify yourself as the author in your write-up.

Between a Rock and a Hard Place: Ethical Considerations and Oregon's Discretionary Child Abuse Reporting Law

Nichole Sage, PsyD & Stephanie Garcia, MA, OPA Ethics Committee

Staggering statistics on child abuse and neglect accentuate the need to protect vulnerable children from harm (for definitions of abuse or neglect see Oregon Revised Statutes [ORS] 419B.005). In an effort to curb or prevent maltreatment, all states have implemented mandatory reporting laws for certain professionals such as psychologists, law enforcement personnel, and teachers. Licensed psychologists in Oregon are legally mandated to report child abuse when they come into contact with the abused or the abuser through non-privileged communication (ORS 419B.010). However, Oregon's child abuse reporting statute states that psychologists are "not required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295 or 419B.234." This statute provides psychologists discretion in reporting child abuse or neglect

when it is learned through privileged communications (ORS 40.230 Rule 504). Oregon's discretionary child abuse reporting law highlights the necessity and importance of ethical considerations in psychologists' reporting decisions.

A law that allows for discretionary child abuse reporting is unique and, consequently, there is a significant research gap concerning the effects of such laws. Research suggests that psychologists in Oregon are more likely than not to report child abuse and neglect if they have suspicion or evidence (Wilpone-Jordan, 2014). Wilpone-Jordan (2014) identified certain factors such as number of years in practice, age, and gender as correlates of reporting behavior. For example, younger clinicians with fewer years in practice and self-identified males were more likely to report child abuse and neglect (Wilpone-Jordan, 2014). Additionally, psychologists

who previously completed child abuse and neglect reports were significantly more likely to report compared to counterparts who had not yet made a report (Wilpone-Jordan, 2014). These findings suggested that familiarity with the reporting system or clinical experience may significantly impact reporting behavior by increasing or decreasing the likelihood of an abuse report.

Despite mandatory reporting laws, research has consistently demonstrated noncompliance among clinicians who do not have discretion in reporting child maltreatment. The results from some studies demonstrated that more than one-third of mandated reporters failed to make a child abuse or neglect report at some point over the course of their careers (Alvarez, Kenny, Donohue, & Karpin, 2004). Why might psychologists fail to report even when they are legally required

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Professional Development for Counselors & Therapists

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

Friday, April 12, 9 a.m.-5 p.m. | 7 CEUs

Working with Trauma Survivors who have Addictive Disorders: An Introduction to Seeking Safety Rick Berman, MA, LPC

Saturday, April 13, 9 a.m.-4 p.m. | 6 CEUs

Working with Immigrant and Mixed-Status People in the US: Practicing Sociocultural Attunement in Challenging Contexts J. Maria Bermudez, PhD, LMFT

Saturday, April 20, 2019, 9 a.m.-4 p.m. | 6 CEUs

Destructive Cults and Clinical Work with Former Members (1st & 2nd Generations) Margaret Eichler, PhD, LPC, NCC, ACS

Friday, April 26, 9 a.m.-12:30 p.m. | 3.5 CEUs

Strength-Based Clinical Supervision James Gurule, MA, LPC

Friday, May 3, 9 a.m.-4 p.m. | 6 CEUs

Shredded, Chiseled, & Swole: Understanding and Addressing Men's Body Image Concerns Justin Henderson, PhD

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

22nd Annual Columbia River Eating Disorder Network Conference

Addressing Race in Clinical Practice: Equity & Inclusion in the Treatment of Eating Disorders

Saturday, April 27, 8 a.m.-4 p.m. | 5.5 CEUs

The 2019 program will specifically address racism and disparities for people of color in various professional and clinical contexts, and will explore historical trauma, health disparities and best practices for clinicians as we work towards inclusion and equity in the treatment of eating disorders.



Speakers: Dr. Joy DeGruy, world-renowned writer, speaker and social scientist; Joy Ssebikindu, LPC, Program Director, Center for Discover; Malak Saddy, RD, LD, Registered Dietitian, Center For Discovery

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to do so in their state of practice? Perhaps one barrier is reporters' concerns about poor experiences with the reporting process. A meta-analysis of qualitative studies found that 73% of mandated reporters indicated negative experiences, including adverse child outcomes (e.g., a protective agency failing to remove the child from harm, abuse continuing or intensifying following a report, or removal of a child from harm but to a foster care environment that was more detrimental than the family placement) as reasons for non-reporting (McTavish, Kimber, Devries, Colombini, MacGregor, Wathen, Agarwal, & MacMillan, 2017). Additionally, in their literature review, Alvarez et al. (2004) found that the following were primary reasons that mandated reporters failed to report: Perceived negative consequences for the reporter or client, negative attitudes toward Child Protective Services (CPS), lack of knowledge about child abuse markers, and inadequate training on reporting standards or procedures.

The decision whether or not

to report child abuse or neglect can be complex and complicated due to factors such as ambiguous definitions and inconsistency across disciplines and states. Regardless of discretionary allowance, there is reason to believe that reporters fear negative outcomes for clients or themselves. Fortunately, this concern is not borne out by study findings. In fact, research from Steinberg, Levine, and Doueck (1997) and Weinstein, Levine, Kogan, Harkayy-Friedman, and Miller (2001) found positive outcomes in approximately 75% of cases, or neutral outcomes (e.g., no change in rapport, client engagement). Relatively few cases resulted in negative outcomes. Relationship quality prior to the abuse report was found to be the strongest predictor of a positive outcome (Weinstein et al., 2001). The way in which a clinician managed the report process also made a difference. According to Weinstein et al., appropriate management of the report process helped determine whether an outcome was positive or neutral. This finding suggested that effectively managing the report process can shift an otherwise neutral outcome

to a positive experience for both client and reporter. Accordingly, there is apparent benefit to clinicians and clients when a reporter is prepared to handle the report process in the most ethical way possible.

In poring over reporting laws to understand legal obligations, the ethical considerations may be easily overlooked. Psychologists have a responsibility to act ethically and this duty extends to responding to suspected child abuse or neglect. What guidance does the Ethical Principles of Psychologists and Code of Conduct (APA Ethics Code) (American Psychological Association, 2017) provide about child abuse reporting? Principle A: Beneficence and Nonmaleficence and Principle E: Respect for People's Rights and Dignity express striving to do good, avoiding harm, and respecting personal rights. Principle A encourages psychologists to "safeguard the welfare and rights of those with whom they interact professionally and other affected persons" and Principle E states, "Psychologists are aware that special safeguards may be necessary

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- **Why People Die by Suicide** with Thomas E. Joiner PhD (June 28, Portland)
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to protect the rights and welfare of persons of communities whose vulnerabilities impair autonomous decision making.” Both principles contain persuasive language seemingly in favor of acting to protect children who may be suffering maltreatment. At the same time, the APA Ethics Code mandates avoiding harm to clients or others (Standard 3.04) and maintaining confidentiality (Standard 4.01), which would likely be broken in cases of child abuse reporting. Several standards emphasize the need for obtaining informed consent (which would include information about child abuse reporting duties) (Standard 3.10) and reviewing the limits of confidentiality and informed consent with the client (APA Standard 4.02; Standard 10.01). Ostensibly providing some protection for child abuse reporting, Standard 4.05 (b) states “Psychologists disclose confidential information without the consent of the individual only as mandated by law, or *where permitted by law for a valid purpose* such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) *protect the client/patient, psychologist, or others from harm* or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.” [emphasis added]

Psychologists should balance ethical and legal standards, institutional or organizational policies, and clinical considerations when making decisions about reporting child maltreatment. The “Four Bin” approach (Behnke, 2014) is



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a useful tool for thinking through the distinct clinical, legal, ethical, and risk management issues (each a separate “bin”) in a situation involving reporting suspected child abuse. Make notes about the impacts to the stakeholders (parties affected by the decisions and actions taken by the clinician) and relevant considerations within each of the bins. For example, under the clinical bin, consider the effect on the therapeutic relationship should a report be made and/or how a child may be affected emotionally or physically if a clinician fails to report. Once the issues are clearer, consultation with a colleague can be sought for further decision-making assistance. Confirming the institutional policy on child abuse reporting of one’s employer is also an essential step for clinicians in clarifying their duties as the policy may differ from Oregon law (i.e., an organization may compel psychologists to report suspected maltreatment regardless of the allowance for discretion provided by ORS).

For clinicians who decide to report suspected abuse or neglect, McTavish et al. (2017) provided a framework to support a clinician who learns of child abuse:

Before identification or disclosure of child maltreatment

- Be aware of jurisdiction-specific legislation on reportable child maltreatment. Most reporting legislation requires that you report suspicions of child maltreatment and not wait for physical evidence of maltreatment
- Be aware of the level of evidence that CPS requires to substantiate a report in your jurisdiction; acquiring this knowledge will likely require discussions with your local CPS
- Be aware of child maltreatment experts in your institution or jurisdiction which you can consult with about suspected cases of child maltreatment
- Be aware of the roles of your colleagues and CPS in the reporting process. Try to arrange times to communicate with both groups about issues related to child maltreatment and reporting to increase opportunities for collaboration and trust
- Take training related to how to identify child maltreatment, especially less overt forms of child maltreatment; how best to respond to children exposed to maltreatment; and best practices for filing a report
- Be aware of the limitations of your decision-making about child maltreatment, in terms of conflicting values about parental rights, family preservation and other cultural factors. The child’s rights and wellbeing should always be [prioritized] in cases of suspected child maltreatment.

At the beginning of a relationship with a child or family

- When you start a relationship with a child or family, disclose your reporting duties and the limits of your confidentiality to whomever is in your care.

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Immediate response to disclosure

- Respond in a non-[judgmental] way, showing compassion, support and belief of the child's experiences
- If you are unsure if the form of maltreatment is reportable, first consult with colleagues or CPS about the case, ensuring the confidentiality of your patient is maintained
- If the identified form of maltreatment is reportable in your jurisdiction and it is safe to do so, take time to remind the child and parent of your role as a mandated [or discretionary] reporter. Discuss how you will file a report and what CPS responses to your report may entail
- Be sensitive to the parent's needs and well-being during the reporting process. Be professional and non-[judgmental] with the offending caregiver
- Ensure that the child is safe during the reporting process; for example, report at the beginning of the school day or when the accused will be otherwise occupied
- Remember that your moral responsibility to respond to the child or family in need is separate

from your responsibility to report maltreatment.

Debriefing after report

- In a confidential manner, take time to debrief about the reported case with a trusted colleague. Self-care is important. (*Reprinted with permission.*)

Weinstein et al. (2001) outlined steps for increasing ethicality in abuse reporting. First, along with reviewing limits of confidentiality at the outset of treatment or clinical contact, the authors recommend discussing parameters of behavior that would necessitate a report. Being direct with a client, owning the clinician's decision to report, and informing the client before the report is made can help lead to a positive outcome. Explaining the clinical assessment and rationale for making the report is also recommended (Weinstein et al., 2017). Some clinicians may even choose to invite a client to join the reporting process and participate in the call to CPS. The authors also recommended informing clients about CPS and its role, and framing the agency as both potentially helpful and an authoritative body to show clinician commitment and preparedness to support a client throughout the process.

Finally, research has demonstrated that experience of making abuse

reports and therapist comfort with the reporting process has yielded more positive outcomes for all parties involved (Steinberg et al., 1997; Wilpone-Jordan, 2014; Weinstein et al., 2001). Seeking out formal training on the topic may increase clinician confidence and knowledge. Regularly consulting with colleagues and possibly shadowing a colleague making an abuse report (if ethically appropriate for the situation) may also provide a sense of assurance and know-how. In addition, some counties may allow for some level of anonymous/hypothetical consultation with a professional at CPS about a case if more direction is needed.

If you find yourself struggling to make a decision about reporting suspected child maltreatment, we at the OPA Ethics Committee welcome your call. We will not be able to tell you if you should or should not make a report, or discuss the legal implications, but we are able to provide consultation and guidance to help you make the most ethical choice for your client.

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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. 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 two 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.

22nd Annual
Columbia River Eating Disorder Network Conference

Addressing Race in Clinical Practice: Equity and Inclusion in the Treatment of Eating Disorders Care

Saturday, April 27, 2019 | Lewis & Clark College, Portland, OR



Historical Trauma and Health: The Impacts of Stress on African-American Communities Joy DeGruy, PhD, world-renowned writer, speaker and social scientist

This discussion will focus on historical trauma in the African American community, and its correlation to health outcomes for African Americans today. Participants will examine how racism and stress have shaped eating habits, body image and coping behaviors of African American, including research highlighting the stress-related over-production of cortisol and its connection to health disparities, infant mortality and early death.

Best Practices for Building Diversity and Inclusion in the Treatment of Eating Disorders Joy Ssebikindu, LPC, Program Director, Center for Discovery; Malak Saddy, RD, LD, Registered Dietitian, Center For Discovery

Eating Disorders are often underdiagnosed in many cultures due to the lack of knowledge or understanding, and the potential distress that having a Mental Health Diagnosis could bring to one’s family and reputation. Throughout this presentation, listeners will conceptualize diversity, culture, and the negative impact of Anglo-centric treatment modalities in the outpatient and inpatient treatment of Eating Disorders through personal narrative, empirical exploration and our experience in patient care.



Registration and CEUs

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This conference is co-sponsored by the Columbia River Eating Disorder Network, Lewis & Clark Graduate School of Education and Counseling’s Professional Mental Health Counseling–Addictions Program, and the Center for Community Engagement.





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



OPA Elections and Annual Meeting Notice

The following is information on OPA's upcoming board of director's election and annual meeting. Voting members of OPA will be mailed a ballot in late March and returned ballots are to be postmarked by April 25th in order to be tabulated. The OPA annual meeting will take place during our Annual Conference on May 3-4, 2019 at Hotel Eugene in Eugene, Oregon.

2019-2020 Elections Slate of Candidates

The following is the slate of candidates that the nominating committee presented to the Board of Directors.

Officer Positions

Carilyn Ellis, PsyD
President Elect

Marie-Christine Goodworth, PhD
Treasurer

Jenjee Sengkhamee, PhD
Secretary

Director Positions

Please note that you will be asked to vote for 4 candidates total.

Nathan Engle, PsyD – two-year position

Laura Fisk, PsyD – two-year position

Nina Hidalgo, PhD – two-year position

Jill Davidson, PsyD – two-year position

Additional nominations may be made by written petition containing the signatures of no fewer than ten

OPA voting members. Nominating petitions must be received by the nominating committee chairman no later than two weeks after this newsletter announcement is sent out via email. Such nominations can be sent to OPA at info@opa.org. If you have any questions, please contact Kori Hasti at the OPA office at 503-253-9155 or 800-541-9798, or via email at info@opa.org.

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.

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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

2019 Schedule

May 10, 2019

Register here: www.opa.org

Dialectical Behavior Therapy in Individual Counseling: The Use of DBT in Session

By Laurie Wilmot, LCSW, CADC III,
Meghan Flaherty, LCSW

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

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

June 28, 2019

Register here: www.opa.org

Diversity, Equity and Inclusion (DEI) in Behavioral Health

By James L. Mason, PhD

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

Calendar items are subject to change

To register go to www.opa.org

their specific cancellation/refund policy.

Links for more information and registration are available at www.opa.org.

Join OPA's Listserv Community

Through APA's resources, OPA provides members with an opportunity to interact with their colleagues discussing psychological issues via the OPA listserv. The listserv is an email-based program that allows members to send out messages to all other members on the listserv with one email message. Members then correspond on the listserv about that subject and others. It is a great way to stay connected to the psychological community and

to access resources and expertise. Joining is easy if you follow the steps below. Once you have submitted your request, you will receive an email that tells you how to use the listserv and the rules and policies that govern it.

How to subscribe:

1. Log onto your email program.
2. Address an email to listserv@lists.apapractice.org and leave the subject line blank.
3. In the message section type in the following: subscribe

OPAGENL

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

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

Psychologists of Oregon Political Action Committee (POPAC)

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

The Oregon Psychological Association actively lobbies on behalf of psychologists statewide. Contributions from POPAC to political candidates are based on a wide range of criteria including electability, leadership potential and commitment to issues of importance to psychologists. Your contribution helps to insure that your voice, and the voice of psychology, is heard in Salem.

Contributions are separate from association dues and are collected on a voluntary basis, and are not a condition of membership in OPA.

Take Advantage of Oregon's Political Tax Credit!

Your contribution to POPAC is eligible for an Oregon tax credit of up to \$50 per individual and up to \$100 per couples filing jointly.

To make a contribution, please fill out the form below,
detach, and mail to POPAC at PO Box 86425, Portland, OR 97286

- POPAC Contribution -

We are required by law to report contributor name, mailing address, occupation and name of employer, so please fill out this form entirely.

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Notice: Contributions are not deductible as charitable contributions for state or federal income tax purposes. Contributions from foreign nationals are prohibited. Corporate contributions are permitted under Oregon state law.

OPA Classifieds

OFFICE SPACE

Private Practice for Sale: 20 year old established practice in Medford, OR. Perfect for therapist and/or prescriber. On-going multiple weekly referrals and established full paying client caseload. I am willing to help with transition. Includes two furnished offices (one sublet already) plus kitchen, etc. Only seriously interested, please inquire. Dr. Susanne Fine PsyD at 541-245-1123 or drsusannefine@aol.com.

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

Retired recently from practice focusing on assessment. Some testing materials for sale. Call 503-312-7934 or e-mail cbphd@yahoo.com.

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

PROFESSIONAL SERVICES/EQUIPMENT

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

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

VACATION RENTALS

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

Alpenglow Chalet - Mount Hood. Only one hour east of Portland, this condo has sleeping for six adults and three children. It includes a gas fireplace, deck with gas BBQ, and tandem garage. The lodge has WiFi, a heated outdoor pool/hot tub/sauna, and large hot tub in the woods. Short distance to Skibowl or Timberline. \$200 per night/\$50 cleaning fee. Call 503.761.1405.

Manzanita, 4 blks from beach, 2 blks from downtown. Master Bdrm/bath w/Qn, rm with dble/sngle bunk & dble futon couch, extra lrg fam rm w/Qn Murphy-Bed & Qn futon couch, living rm w/Qn sleeper. Well eqpd kitch, cable. No smoking. \$140 summers, \$125 winters. <http://home.comcast.net/~windmill221/SeaClusion.html> Wendy 503.236.4909, Larry 503.235.6171.

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

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***Continuing Education (CE) Credits:** This conference has been reviewed and approved by the American Psychological Association's (APA) Office of Continuing Education in Psychology (CEP) to offer Continuing Education (CE) credit for psychologists. Full attendance is required at each session for which you are claiming CE credit. Partial credit is not awarded. The CEP Office maintains responsibility for the content of the program.

Welcome New and Returning OPA Members

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Newberg, OR

Lia Bauman

Damascus, OR

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Portland, OR

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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.

Newsletter Schedule*

2019

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

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

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

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

The Oregon Psychologist

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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