

### OPA President's Column

## Falling Short on Advocacy

Natalie Kollross, PsyD, OPA President



My OPA presidential initiative has been to support Oregon psychologists in becoming advocates for social justice. I know and have heard so many times on the email listserv, from colleagues or through connections at conferences, that Oregon psychologists and students care about civil rights and social justice. You are social justice warriors. I have created, with the help of the Board of Directors, an Advocacy 101 page on the OPA website. I have written articles encouraging psychologists to find more avenues to reach out and make a difference. I have tried to convey my passion for social justice, but I have fallen short. Oftentimes I fall short in my aims and hopes to be an advocate and stand up to injustices. I am often reminded of how little I actually do. My presidential initiative has helped me take a closer look at myself and my efforts to help the underserved, be the voice for those who have none.

I am often reminded of my privilege. It nags at me. The way I envision myself is not always the way I actually act or am. I'd like to say that every time someone says a racist remark I am quick to respond, inform and encourage them otherwise. However, this doesn't happen enough. I'd like to say that when a colleague looks me up and down like a piece of meat, I stop him and confront the issue. However, I am quick to dismiss it or shy away from the confrontation. I'd like to say that I did anything to fight for LGBTQ rights within the Methodist church

of which I am a member. I didn't even know a fight was occurring. By this point, many of you are probably letting out audible gasps at how awful I am. Others may be nervously realizing the limits of their advocacy as well. I want to be an ally, I want to spark change, I want to confront injustice but because I hold many societal privileges, and partly because I am more of an introvert, I often don't have to or simply don't do it.

Progress is progress and I think I'm improving. Reading more feminist literature has given me the power to speak up more to sexism and gender inequality. I have been sticking up for myself more and it feels good. I'm still not very eloquent but I can't have everything. I remind myself that I often stick up for my friends and family in cases of racism, but not always with strangers or acquaintances. I have been practicing what to say (because role playing and visualization are helpful) if the situation arises again. I have marched, voted, and donated. I have been researching organizations to help create positive change within my church and ensure that it is a welcoming place for everyone as it should be. I often re-examine my own previously held beliefs and practices. It is a journey, I realize. I'm not perfect, but I can and should be better. I should use my privilege as a helpful tool, not a shield behind which I hide.

I know I can do better and I know that many of you can, too. Let's help one another. Allow OPA to be a resource to you on this difficult journey of social justice. Join other colleagues who are fighting the good

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fight. If you are one of them, let others know so that we may join you. Right now, with so many injustices occurring within our own borders, it is imperative that we use our voices and minds. It can seem daunting and overwhelming, but I know that any little act or sacrifice helps the greater fight.

## OPA Helpful Contacts

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

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## OPA Annual Award Presentations

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

### **Diversity Award**

**Awardee: Fabiana Wallis, PhD**

**Presented by Jenjee Sengkhamee, PhD, OPA Diversity Committee Chair**

Good afternoon everyone. My name is Dr. Jenjee Sengkhamee, and as chair of the Diversity Committee, it is my distinct honor and privilege to present the 2019 OPA Diversity Award. This award was established in 2012. The recipient of the OPA Diversity Award must have demonstrated, over a sustained period of time, a dedication to the promotion of diversity within OPA, its membership, and the communities we serve.

This year's awardee is Dr. Fabiana Wallis. Dr. Wallis is a founding member of the OPA Diversity Committee, which was established in 2006. Alongside her colleagues she worked to build the infrastructure that exists today in our committee and on the OPA Board of Directors.

Dr. Wallis is a champion on efforts related to cultural competence and trauma-informed care. She obtained her doctorate in Clinical Psychology from the University of Massachusetts in Boston, where her dissertation focused on alternative medicine and mental health. From there she completed her predoctoral and postdoctoral work at Harvard Medical School, Psychiatry Department. Here her work and training focused on Latinx mental health. Dr. Wallis's 20-year career demonstrates her expertise in working with the Latinx and other diverse populations. For example, Dr. Wallis co-founded and co-directed a trauma recovery center focused on providing culturally and trauma-informed care in English and Spanish.

Dr. Wallis currently runs a private practice and consulting business in Portland, Oregon. Here she focuses on clinical work on trauma recovery and prevention, cultural competence,

clinical space design for healing, and the use of body-centered trauma interventions.

In addition to her expertise as a clinician and consultant, Dr. Wallis has a strong record as an educator teaching future health care providers. She is currently an affiliate Assistant Professor at OHSU Psychiatry Department, where she teaches seminar classes on trauma-informed care, domestic violence, and Latinx mental health to psychiatry residents. In conjunction with Portland State University, Dr. Wallis teaches a course on trauma-informed care with diverse populations as a part of their Trauma-Informed Services Certificate program. In the past, she served as part-time faculty on the Latino Bilingual Track at Pacific University's School of Professional Psychology.

One of Dr. Wallis's most significant contributions to our community has been her role in working with the Oregon Health Authority (OHA) to establish the cultural competence CE requirement for healthcare providers. On this committee, Dr. Wallis was an important voice for psychologists. She advocated the need to have providers in Oregon with cultural competence training while also playing an essential role in the design of this policy. I can remember one of my very first meetings on the OPA Diversity Committee and listening as Dr. Wallis provided us an update of the work she was doing with OHA, and I was impressed. I felt that Dr. Wallis was an exemplary model woman of color psychologist, doing important work for people of color in the state of Oregon.

### **Legislator of the Year Award**

**Awardee: Senate President Peter Courtney (District 11-Salem)**

**Presented by Ryan Dix, PsyD, MS, CTTs, OPA Past President**

The most veteran member of the Oregon Legislature, Senator Peter Courtney is now serving a record-setting eighth term as Senate President.

Courtney was first selected Senate President in 2003 when the Senate

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was evenly divided with 15 Democrats and 15 Republicans. He was re-elected as the chamber's presiding officer in 2005, 2007, 2009, 2011, 2013, 2015 and 2017.

Courtney is in his fifth term as a State Senator, representing portions of Salem, Gervais, and Woodburn. He previously served seven terms in the Oregon House of Representatives, including four terms as House Democratic Leader.

As the sponsor of 12 seismic safety measures that have become law, Courtney has been an outspoken leader in the state's efforts to prepare for a Cascadia Subduction Zone earthquake. Most notably, he led the creation of the Seismic Rehabilitation Grant Program which provides funds to make schools and emergency services facilities safer in the event of an earthquake. In 2015, he was successful in winning approval of a record \$175 million investment in seismic grant funds for schools and \$25 million for emergency facilities.

Courtney, long known as a champion for mental health services, led the charge to increase funding for community mental health treatment. He was successful during a special session in October, 2013 in winning passage of an increase in the cigarette tax which is dedicated to funding for mental health treatment. The Senate President's efforts to improve mental health care in Oregon began in 2004 when he was among a group that discovered the unclaimed cremated remains of more than 3,500 Oregonians who had died while patients at the Oregon State Hospital. The story of the

"Room of Forgotten Souls" served as catalyst for the effort to replace the state mental hospital facility built in 1883. The first patients were moved into portions of the new 620-bed Oregon State Hospital in January, 2011 and the facility was completed and fully occupied later that year.

In his 32 years in the Legislature, Courtney has sponsored nearly 200 measures which have become law. During his tenure as the Senate's presiding officer, President Courtney was the driving force behind the push for annual legislative sessions in Oregon. The effort culminated in November, 2010 when voters overwhelmingly approved Measure 71 mandating that the Legislature meet for a limited time every year.

Courtney began his career in public service in 1974 as a member of the Salem City Council, where he served until 1980. He also was a member of the Salem Area Mass Transit Board. An active member of his community, Courtney has served on the Salem YMCA advisory board, the Salem United Way board and coached basketball for the Salem Boys and Girls Club.

### **Legislative Staffer of the Year Award**

**Awardee: Anna Bruan**

***Presented by Ryan Dix, PsyD, MS, CTTS, OPA Past President***

Anna Bruan is OPA's Legislative Staffer of the Year. She currently serves as Legislative Director to Senator Peter Courtney. She graduated from the University of Oregon Law School in 1993 and has served as Counsel to the House and Senate Judiciary Committees, a consumer law attorney, and Legislative Director to the Oregon Bureau of Labor and Industries.

She is given this award for her dedicated work to bring SB 1 to fruition this session. This bill, which provides critical policy changes and a strong funding package for children and youth with specialized behavioral health needs, is currently working its way through the Legislature. Anna was instrumental in putting together a diverse workgroup of more than 40 professionals and advocates to create this proposal. She spent many hours and tons of political muscle to make this proposal come together, and we are pleased to honor her hard work and dedication.

### **Public Education Award**

**Awardee: Tony Farrenkopf, PhD**

***Presented by Celeste Jones, PsyD, ABPP, OPA Public Education Committee Chair***

The Public Education Award recognizes an OPA member who has shown outstanding career contributions in public education on psychology-related issues in Oregon, pursuant to our mission to "give psychology away."

OPA has selected Dr. Tony Farrenkopf as the 2019 Public Education Award recipient. Dr. Farrenkopf could be called "The Godfather" of the Public Education Committee, having been involved for over a decade and serving as chair for a large majority of that time. He's served alongside long-time members Sandy Ramirez, Cyndi Connolly, and Ann Clarkson, molding the Public Education Committee into a

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tight-knit community. For us early career members, Dr. Farrenkopf has served as a generous mentor, helping move us into leadership and supporting the next generation of leaders. We are so thankful for his strong leadership, support, and guidance! In addition to building and growing the Public Education Committee, Dr. Farrenkopf has made more than 450 media appearances in his career, and continues to be interviewed regularly by KXL radio and KATU news on topics related to forensic psychology.

Dr. Farrenkopf graduated from University of Massachusetts-Amherst and was licensed in California more than forty years ago in 1976. Some of you were probably around in 1976, but for those who weren't, Apple was founded that year, personal computers were just coming on the market, the first 5.25" floppy disk was created, and that was all before fax machine use became commonplace in offices. That last part is important because anyone who knows Dr. Farrenkopf knows that he is reachable exclusively by telephone call or fax, not by texting or email. You know you have achieved "Godfather" status when you can demand that the young whippersnappers call you on the telephone and leave you a voicemail if they want to talk to you. Dr. Farrenkopf has been practicing in Oregon since 1981 as a clinical and health psychologist with expertise in trauma and critical incident stress debriefing, sport and forensic psychology, addictions, and habit control. Additionally, he serves as the Psychology Section Chair at Legacy Good Samaritan Hospital. Dr. Farrenkopf began Oregon State Penitentiary's Dangerous Sex Offender Program, taught Forensic Psychology and Criminal Profiling at Concordia University, served on the Bioethics Committee at Adventist Medical Center, and serves as a Disaster Mental Health Debriefing Coordinator for the American Red Cross. Being an ardent believer in a full life, Dr. Farrenkopf has also maintained a 40-plus year marriage, with two daughters and four grandchildren!

On behalf of the Public Education Committee, thank you, Dr. Farrenkopf for your outstanding contributions and service in public education in Oregon. Thank you especially for your generous career of investment in the community.

### **Outstanding Service Award**

**Awardee: Central City Concern (CCC)**

***Presented by Ryan Dix, PsyD, MS, CTTS, OPA Past President***

This award was established to acknowledge the contributions of a person or group in Oregon, who has by its actions, theory, or research promoted or contributed to the emotional and psychological well-being of others through the positive use of psychological principles. We are pleased to honor Central City Concern (CCC) with this year's Outstanding Service Award.

As some of you may know, Central City Concern is a 501(c)(3) nonprofit agency serving single adults and families in the Portland metro area who are impacted by homelessness, poverty, and addictions. Founded in 1979, the agency has developed a comprehensive continuum of affordable housing options integrated with direct social services including healthcare, recovery, and employment. CCC currently has a staff of more than 800 and serves more than 13,000 individuals annually.

In the early 1970s, Portland's Old Town/Chinatown neighborhood was populated largely by older men living in shabby, crime-ridden single room occupancy (SRO) buildings. The rent was cheap, the drug of choice was alcohol, and Portland's street inebriate problem was one of the worst in the nation. In 1979, in response to this growing problem, the City of Portland and Multnomah County together created the Burnside Consortium (now known as Central City Concern) to administer a National Institute of Alcoholism and Alcohol Abuse (NIAAA) Public Inebriate grant.

CCC's initial work involved alcohol recovery treatment as well as affordable housing management and rehabilitation. Early on, it was clear to CCC leaders that safe housing was of paramount importance to those in

recovery and to the neighborhood at large. CCC's work in renovating urban SRO housing became a standard for other nonprofit housing organizations, and attracted national attention.

In the 1980s, "recovery" extended to those addicted to crack cocaine and heroin and CCC adapted its programs. Its portfolio of affordable housing units increased and it began offering alcohol- and drug-free housing to support those in recovery, as well as their families. To further support clients' transformations to full self-sufficiency, CCC added employment training and a work opportunity program in the early 1990s.

In addition to this work, I had a personal experience with CCC in my prior job facilitating substance use disorder treatment education for the medical residents I worked with. CCC was open to partnering and had several of our residents rotate through their doors. One of those residents is currently working on an addiction fellowship, partly due to their exposure to CCC. Additionally, opportunities like those at CCC provided the residents I worked with a unique opportunity to be exposed to substance use disorder treatment that will undoubtedly impact them throughout their careers in medicine.

Central City Concern has received a number of awards over the years for their fantastic work with a very vulnerable part of our community. Dr. Andy Mendenhall, Central City Concern's medical director, accepted this award.

### **Labby Award**

**Awardee: Shoshana D. Kerewsky, PsyD**

***Presented by Marcia Wood, PhD, Confidential Peer Support Committee Chair***

The Labby Award is OPA's most prestigious award, given each year to an OPA member who has shown outstanding contributions to the development or advancement of psychology in Oregon. This year's Labby Award recipient is Dr. Shoshana Kerewsky.

Shoshana has led such a rich, varied and extensive professional life that

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I will only be able to hit some of the highlights and necessarily have to omit many distinguished activities and achievements.

She earned her undergraduate degree in Linguistics and Psychology at Swarthmore College, master's degrees in writing from Brown University and in Counseling Psychology from Lesley University, and ultimately her doctorate in Clinical Psychology from Antioch University New England.

From there she went on to private practice in Eugene with clinical specializations in diverse identities, chronic illness (HIV, hepatitis, diabetes and breast cancer), and female veterans. She has woven these specialties into her work, with presentations and trainings on HIV, ethics, diversity and multicultural interventions. She has supervised for years at many different levels. Currently, her private practice centers on breast cancer patients.

Along with her clinical work, she has been at the University of Oregon in various capacities since 1996 and, since 2000, in the Counseling Psychology and Human Services Department, teaching a wide variety of undergraduate and graduate courses. She also teaches in Clark Honors College and taught in the Substance Abuse Prevention Program. She has worn many faculty and administrative hats including Director of the Family and Human Services Program and Field Studies Doctoral Supervisor, to name just a couple. She also was the Academic Coordinator for the University of Oregon's Substance Abuse Prevention Program. Her areas of teaching expertise include professional ethics, human diversity with an emphasis on LGBTQ issues, substance use, abuse, and prevention; international human services and domestic and global education and intervention strategies for health, including HIV/AIDS and diabetes.

Her refereed publication list, as primary author or co-author, editor or contributor, is so extensive that I lost count around 50. And this doesn't begin to describe the book chapters, ethics code revisions, non-refereed

publications, presentations and trainings, and professional travel blogs (we are now somewhere north of 200 I think). Her productivity is such that I am not sure she sleeps.

Attesting to the high level and quality of her work, Shoshana has been honored with many professional awards and honors. Just last year she was nominated for APA's Ethics Committee for their Outstanding Contributions to Ethics Education Award, as she was the year before for the APA Committee on AIDS Psychology's Distinguished Leadership award. In 2017, she received the University of Oregon College of Education's Distinguished Diversity Award. She was part of the group recognized by the 2015 State, Provincial and Territorial Affairs Diversity Award, given by APA to our own OPA Diversity Committee. As I said above about publications, her awards and honors are almost too numerous to count, so I'll stop with these few examples.

As you've gathered, in addition to numerous local, regional and national volunteer service positions, Shoshana has been intimately involved with many different committees and tasks for OPA over many years. She has been on the Diversity Committee, chaired the Ethics Committee, served as Director (Lane County Psychologists' Association), and been in the three-year presidential sequence which includes Annual Conference Chair, Awards Chair, and Continuing Education Chair in addition to being President. She is a generally sought after mensch for peer consultation and valuable intervention strategies.

Before I end, I am sure you are all now well aware of how eminently Shoshana deserves this award for professional reasons, but I want to highlight how much she embodies in all aspects of her life the kind of person you admire for having contributed so much to psychology in Oregon. We served on OPA's Ethics committee together, followed lockstep into the OPA 3-year president sequence, and are close friends. There is no one with whom I would rather talk through a complex ethical or professional question. She brings depth and breadth along with the

ability to distill the most relevant elements of an issue. And yet, her passion is not for being right, although she usually is, but with how to think through and apply an analysis in creative, compassionate and useful ways. She brings to this a wide-ranging intellectual and compassionate curiosity about the world and its people that infuses her endeavors. She can be wickedly funny and when I need a juicy ethics vignette, hers are the ones to which I turn. Many of you have read her ethics comments Bookshelf reviews, and other articles in *The Oregon Psychologist* for years. Some of the wide-ranging topics she has written on include "Thoughtful and Responsible International Travel" (for years she led and supported student groups to do international service work); to "Lessons from a Lesbian Adolescent," to using the Harry Potter books to illustrate, for example, aspects of ethics like confidentiality and competence. She has used her Bookshelf column to champion literature on issues of diversity, psychology's intersection with medical conditions, psychological well-being, and spirituality (e.g., Buddhist perspectives), to name but a few. She is herself a voracious reader, one example of which is that she has read at least one natively written book from every country in the world. Have I said that I am not sure she sleeps...?

And so, just to make sure she keeps busy with a new project, I'm posing her a challenge: To use her extensive knowledge of birds and birding, a passion we share, to devise a way to use birding in teaching psychology, perhaps with some diagnostic tie-in. (Surely a Nuthatch, Blue-Footed booby, Sapsucker, or Mockingbird could be useful here.)

In closing, throughout her career, Shoshana has demonstrated that she does not separate psychology and ethics from life. She has contributed so broadly and deeply to her students, patients, colleagues and friends, who have been the great beneficiaries of her outstanding contributions to psychology, that she is richly deserving of this recognition from OPA with the Labby Award in 2019.



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# Abandonment Issues: Understanding Ethics in Complex Psychotherapy Terminations

Jenna Sheftel, PsyD & Claire Metzner, MA, OPA Ethics Committee

Termination is an inevitable stage of psychotherapy and can present psychologists with complicated dilemmas. These dilemmas often stem from uncertainty related to potential violations of ethical principles and standards and concerns of patient abandonment (Younggren & Gottlieb, 2008). In this article we define termination as the process by which a therapeutic relationship ends. We will review common circumstances leading to termination and directives provided by the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (2017), and we will conclude with a guide for ethical psychotherapy termination offered by Davis and Younggren (2009). In doing so, we hope to elucidate the potential complexity of psychotherapy termination and show that successful termination requires a blending of practical, clinical, and ethical skills in order to avoid potential for abandonment (Davis & Younggren, 2009).

As psychologists, we hope termination occurs at the completion of a successful course of treatment and termination decisions are mutually agreed upon by psychologists and patients. Of course, this is not always the case and a variety of scenarios lead to termination complexities. These may include, but are not limited to, development or disclosure of patient concerns that fall outside of psychologists' areas of competency, interpersonal challenges in the therapeutic relationship, personal life circumstances, significantly stalled progress, lack of follow-through, and inability to pay for services (Davis & Younggren, 2009; Deangelis, 2018; Younggren & Gottlieb, 2008; Younggren, 2011). These and other common challenges may lead therapists to feel conflicted about termination and evaluate whether ending treatment will denote patient abandonment (Younggren, 2011). Concerns about patient abandonment in termination of psychotherapy are

nothing new. In fact, the profession has struggled with questions on this topic since as early as 1953, when Ethical Standards for Psychologists were first published by the APA (APA; 1953; Younggren & Gottlieb, 2008). Since publication, numerous changes and revisions have been made attempting to address the challenging and ambiguous issues that surround termination and abandonment (Younggren & Gottlieb, 2008).

According to Honorable Stephen Hjelt (2011), who has extensive experience as both a lawyer and judge, psychologists have a fiduciary duty to put patient needs first and to do no harm. Moreover, the notion to "do no harm" is supported by Ethics Code Principle A: Beneficence and Nonmaleficence (APA, 2017). While upholding fiduciary duties as well as Ethics Code Principle A is expected of us as psychologists, misunderstanding these requirements leads some psychologists to overlook actions that may be considered equally unethical (APA, 2017; Davis & Younggren, 2009; Younggren, 2011). While there remains no definitive formula for successful termination, a sole focus on avoiding abandonment does not ensure ethical termination and may increase potential for unethical behavior.

It is important to note that the fiduciary duty of the psychologist in the therapeutic relationship is not unilateral or eternally binding. The bilateral nature of duty in the psychotherapeutic relationship is clearly referenced in Standard 10.10: Terminating Therapy, which states, "Except where precluded by the actions of clients/patients or third-party payers, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate" (APA, 2017, p. 15). This reflects the fact that, although psychologists have a responsibility to care for their patients and facilitate specific steps toward patient progress, patients also have a responsibility

to engage in specific behaviors to maintain the psychotherapeutic relationship (Younggren, 2011). Specific responsibilities of the patient are typically laid out in the initial informed consent documentation and verbal review. This includes statements about what services the therapist is willing and able to provide, the rules related to providing these services, and the patient's obligations in the relationship. When a patient does not or cannot comply with contractual obligations outlined in the informed consent, treatment may be terminated on the basis that the original agreement has been violated. In accordance with ethical as well as legal considerations, a psychologist's fiduciary duty or duty to treat arguably ends under this circumstance, inclusive of situations in which the psychologist believes professional and ethical boundaries have been crossed and when a psychologist feels threatened by continued work with a given patient (Hjelt, 2011). In sum, when evaluating whether a therapeutic relationship requires termination, it is important for psychologists to acknowledge their fiduciary duty while maintaining awareness of the bilateral nature of psychotherapy and what situations may represent a breach of contract.

In addition to Principle A, many other areas of the APA Ethics Code guide psychologists in carrying out ethical terminations. Included within Principle A, psychologists are cautioned about limitations of treatment (APA, 2017). Principle D: Justice, obliges psychologist to practice within the boundaries of their competence and avoid unjust practices (APA, 2017). Davis and Younggren's (2009) interpretation of the general principles as a whole reflects that a psychologist's main focus should be on recognizing appropriate limits to treatment and withdrawing from or ending treatment when indicated over preserving one's fiduciary duty. This is

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consistent with Ethics Code Standard 10.10, Terminating Therapy. Section 10.10 states that it is a psychologist's ethical duty to "...terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service" (APA, 2017, p. 15). These additional duties can complicate power dynamics and obscure the issues of psychotherapy as bilateral or unilateral in nature. Although psychotherapy is a collaborative process between psychologist and patient, a psychologist must still maintain and exercise appropriate restraint in the provision of services in order to protect patients from treatment that is unnecessary, unproductive, or harmful (Davis & Younggren, 2009).

Davis and Younggren (2009) offer a guide for termination that provides psychologists with clarity surrounding this complex issue. While specific choices and actions must be determined in the context of each unique termination situation, this framework serves as a useful tool for psychologists to demonstrate ethical professional behavior. They recommend 6 steps, which we have supplemented for clarity:

### 1. Plan for termination

- a. Be transparent about the process of termination throughout treatment.
- b. Review appropriate limits to treatment and what to expect in terms of who can or will initiate treatment termination under different circumstances. In this way, psychologists set both parties up for success.
- c. Include a policy covering important termination contingencies in the informed consent document.

### 2. Assess progress

- a. Continuously track and document patient progress.
- b. Employ an external measure of change (e.g., a brief self-assessment tool).

### 3. Review ethical and legal duties

- a. Ethical: Provide only needed services, do no harm, stay within areas of competence, respect client self-determination, avoid/resolve multiple relationships or conflicts of interest, and protect patient from exploitation
- b. Legal: Protect consumer and client best interests.

### 4. Conceptualize and consult

- a. Take into account the specific clinical, situational, and relationship details of the case, as well as possible risks.
- b. Focus on collaborative consultation with the client about readiness for termination.
- c. Consult with colleagues as needed.

### 5. Part with the client

- a. Choose a time frame for termination through a collaborative discussion.
- b. Include topics such as remaining goals to be addressed, psychotherapist's judgement, patient preference, and pragmatic constraints (e.g., finances, availability, insurance reimbursement).

### 6. Create the record

- a. Document the termination process in a manner that verifies that the process was clinically and ethically appropriate.
- b. Include greater detail for adversarial, complex, and clinician-initiated terminations.

Psychotherapy terminations often evoke conflicts for psychologists in navigating motivations to protect patients, uphold ethical ideals, and manage associated risks. According to Davis and Younggren (2009), the ability to handle these conflicts ethically and facilitate successful termination represents an important area of competence for psychologists. In the above guide for ethical competence in termination, Davis and Younggren (2009) assert that termination requires a foundational understanding of the APA Ethics Code as well as an understanding and ability

to apply APA Principles and Standards to varied patient cases as well as professional settings. When evaluating termination potential, it is important for psychologists to consider and integrate all variables into a comprehensive conceptualization of treatment purpose, feasibility, benefits and risks, and potentials for patient closure in order to engage in the complex process of termination with ethical competence. It is our hope that this article helps readers contextualize fears of patient abandonment and assists psychologists in making informed and ethical choices in the termination process.

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# APA Presidential Citations

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*Awarded by Rosie Phillips Davis, PhD, ABPP*

The Oregon Psychological Association was very pleased to host American Psychological Association CEO Arthur C. Evans Jr., PhD and President Rosie Phillips Davis, PhD, ABPP. In addition to their workshops, Dr. Davis presented three APA Presidential Award Citations. Dr. Davis's remarks are below.

**Awardee: Teri Strong, PhD, for her extensive history of leadership and service both with OPA and APA.**

Within OPA and Oregon, Dr. Strong has been a true leader over the years by serving in countless roles including (but definitely not limited to), Past-President, chairing the Legislative Committee for two years, and serving on the mental health parity rule writing committee.

With regard to APA, she currently serves on the Membership Board and, in 2018, ended her term on the APA Council of Representatives Leadership Team (CLT). While serving for two terms on APA Council, she also served as Chair of some of the Caucuses and describes her time in these roles as "inspiring." She truly believes in the impact that can be made by building relationships that lead to collaborations and possibilities for improving the profession.

Her tireless professional involvements have been driven by her desire to create social impact and increase access to equitable and quality mental health care to all communities. And, guess what? You can learn about Teri's success at doing so by reading the feature in the February 2019 issue of the *APA Monitor on Psychology*. In 2014, Teri decided to collaborate with a large medical group that had received federal and state grant money to establish integrated behavioral health services in their primary care clinics. Her approach is featured in the *Monitor* because it is innovative with regard to forging relationships with physicians; however, Dr. Strong will attest that in her heart what she

wanted was to create a mechanism for reaching all of the communities requiring services because "everyone has a right to the care that they need." Her agency, Strong Integrated Behavioral Health, contracts with all payers, including Medicare, Medicaid, and all commercial insurance so that the entire population of patients who need services can be treated. This fits the social justice mission of her practice because she and her mental health team can reach and treat folks who might not otherwise seek mental health care, such as low-income individuals and individuals from communities of color. The ability to incorporate short-term treatments in the medical clinic also means that many patients who would not have necessarily come across town to see a therapist in private practice have an opportunity to benefit from mental health treatment.

Dr. Strong is passionate about serving others and driven by the desire to remove barriers to care. She continues to work to increase access to care by advocating for resources in the face of threats to decreased funding for behavioral health that impact the communities that have been most historically underserved. Her practice also attracts early career psychologists who wish to treat within a mission-driven integrated care model.

Finally, but not least, Teri is an open and kind individual who thrives on building relationships and extends herself as a mentor to so many others. For all of these reasons, she is most deserving of this award.

**Awardee: Mary Peterson, PhD, for her tireless efforts and extensive leadership providing equitable psychological services to at-risk communities, especially in rural areas, as well as her extensive mentoring and training of the next generation of psychologists.**

Dr. Peterson has been a force behind translating science into practice, establishing services to increase access

to care. She has done so by creating partnerships with primary care and emergency departments, county organizations and schools. Under her leadership, the emergency department risk assessment consultation service has expanded to include both county hospital EDs, 9 times more master's-prepared clinical psychology students, and provides services to all insurances in order to reduce barriers to care and reach the need of the community. Dr. Peterson has also spearheaded the development of psychological services in women's health, pediatric care and the creation of a community mental health clinic.

Dr. Peterson has been recognized as an outstanding leader and administrator. She has held leadership positions on the Board of Directors for the Oregon Psychological Association including President, Treasurer, Secretary, and Director at Large. She has been selected for the American Psychological Association Leadership for Women in Psychology. She is also on the Quality and Clinical Advisory Panel (QCAP) for the Yamhill County Care Organization and is the Program Director for the Graduate Program in Clinical Psychology at George Fox University. In these positions, Dr. Peterson's motivation has always been to improve access to underserved populations and highlight the benefit of psychological science and practice to society.

Dr. Peterson is a program developer. She has developed more than her share of practica, internships, postdoctoral fellowships, and leadership opportunities for her students. The focus is always on increased access to care and training students with a similar vision. Through her mentoring and training, more students are entering the workforce of health service psychology ready to build bridges and break barriers. Dr. Peterson's mentoring does not end after awarding the degree. She also mentors a plethora of early career psychologists with a

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*Continued on page 10*

commitment to diversity and equity.

For her extensive service to expanding psychological services to reach underserved areas, her diligent partnership building, her tireless program development and invested mentoring, I am pleased to present this APA Presidential Citation to Dr. Mary Peterson.

**Awardee: Eleanor Gil-Kashiwabara, PsyD, for her extensive work with marginalized communities, as well as using and translating science into practice/service in communities.**

*(Dr. Davis's comments were based on notes submitted by Shahana Koslofsky, PhD and lightly edited for this publication.)*

Dr. Eleanor Gil-Kashiwabara has a long history of working with marginalized communities impacted by poverty, with a particular focus on Latinx and Native American communities. Other areas of interest include her work with girls and women and individuals impacted by disabilities. Dr. Gil-Kashiwabara's professional excellence combined with her cultural attunement led her to develop particular strengths in Community Based Participatory

Research, a particularly empowering way to use psychology to help marginalized communities.

Dr. Gil-Kashiwabara has committed her career to translating science into meaningful work with a direct impact on marginalized communities. She is the recipient of numerous federal grants for her work with Native American communities in the Pacific Northwest. As mentioned earlier, much of this work is in the form of Community Based Participatory Research which is a culturally informed model for translating science into practice to empower and benefit communities. Additionally, Dr. Gil-Kashiwabara's commitment to psychology is evidenced in her work at OPA and APA. In 2007, Dr. Gil-Kashiwabara recognized the need for a diversity committee dedicated to supporting diverse psychologists, as well as promoting diversity psychology. She founded the Diversity Committee in OPA, where she served in a leadership role for many years. As part of her role, she established the mission statement of the Diversity Committee and worked with the OPA Board of Directors to ensure that the Chair of the Diversity Committee is a voting member of the OPA Board of Directors. Indeed, the Diversity Committee founded by Dr.

Gil-Kashiwabara is so well respected that many other diversity committees across the country look to it as an example of how establish and run an effective diversity committees in their states.

Following her leadership roles in the Diversity Committee, Dr. Gil-Kashiwabara ascended through leadership roles on the OPA Board of Directors before being voted in as the first Latina President. She also established a long legacy of Diversity Committee members becoming leaders on the OPA BOD—after Dr. Gil-Kashiwabara, three subsequent members of the Diversity Committee were voted in as President of OPA. After stepping down as president of OPA, Dr. Gil-Kashiwabara is starting to rise through the ranks of APA, where she has served as the Federal Advocacy Coordinator for Oregon and the Chair of the Committee of State Leaders, and was recently elected to serve on the APA Council of Representatives for Oregon. She also served as the Diversity delegate from Oregon for several years and completed the Leadership Institute for Women in Psychology.

Dr. Gil-Kashiwabara has published and presented extensively on a variety of diversity-related topics including culturally appropriate children's mental health services, health disparity issues (including mental health disparity) faced by Latina/o and American Indian/Alaskan Native, social determinants of health, psychological assessment with Spanish-speaking pediatric population, leadership development and mentoring for women of color, and disability. Somehow, she also found time to write a book for parents and tweens about navigating the middle school years, and is embarking on an acting career where she has been fortunate enough to act in plays that bring to life the struggles facing marginalized individuals.

In addition to the impressive work Dr. Gil-Kashiwabara has done to advocate for diversity and inclusion, she is also a well-respected colleague, a trusted mentor, a dear friend, and a loving and supportive mother.

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# Multicultural Considerations in the Treatment of Addiction

Nina J. Hidalgo, PhD, OPA Diversity Committee

In early May, I had the privilege of presenting with the Diversity Committee at the OPA Annual Conference. Our presentation, *Understanding Intersecting Identities in the Treatment of Addiction with Diverse Populations* (Binkley et al., 2019), provided an overview of multicultural considerations when conceptualizing and treating individuals struggling with substance-related disorders. I briefly summarize some of the main themes and recommendations here. This is by no means meant to be a thorough or complete discussion of this topic; however, my hope is that this overview may be helpful and stimulate further reflection for readers.

## Context and Cultural Recovery

Within the last two decades, a cultural shift has begun in the way researchers, healthcare providers, and clinicians think about and treat substance use and addiction. We now know strong relationships exist between early childhood adverse experiences and struggles with substance-related disorders later in life (Douglas et al., 2010). We also know that experiences of trauma, systemic oppression, marginalization, loss of culture/colonization, moral injury, and social isolation/disconnection can be risk factors for the development and maintenance of substance use disorders (Abbot & Chase, 2008; Matheson et al., 2012). Services that address these contributing factors are critical for the provision of effective and multiculturally-informed treatment. Within a cultural recovery framework, the clinical focus is expanded beyond the individual to include the communities and social contexts in which the individual exists. The clinical target, then, is not to reduce substance use, but rather to support the individual in “regaining a viable ethnic identity and acquiring a functional social network committed to the person’s recovery; making a religious, spiritual, or moral recommitment; re-engaging in recreational or vocational activities;

and gaining a social role in the recovering community, society at large, or both” (Abbot & Chase, 2008). Treatment effectiveness is influenced by a clinician or program’s ability to connect with communities, determine the needs of the individuals in those communities, and tailor services accordingly (Castro & Alcaron, 2002). It has become increasingly apparent that we cannot treat substance-related disorders in a vacuum; social and economic contexts can play crucial roles in supporting recovery or relapse. Unfortunately, access to treatment programs that include community healing and rebuilding is extremely limited, even more so for those from underserved and marginalized backgrounds.

## Criminal Justice System and Substance Use

If we zoom out on this issue even more, our political and criminal justice systems have yet to support pathways to therapeutic services for those struggling with illicit substance use and engaging in criminal activity related to substance use. In its current form, our criminal justice system implements a punishment model and enforces punishment in disproportion rates by race, ethnicity, and social economic status. For example, Black and Latinx individuals have higher cannabis-related arrest rates, despite being no more likely to use cannabis than their White counterparts. Another example is observed in the much harsher legal punishments for crack cocaine compared to powdered cocaine, despite being the same substance (crack cocaine is just a watered-down version cheaper and more popular in Black and low-SES users; Palamari, Davies, Ompad, Cleland, & Weitzman, 2015). Imprisonment can contribute to further trauma, criminalization, isolation from supportive communities, and lack of opportunities for engagement in meaningful activities. For individuals already struggling with substance use disorders, forced sobriety while incarcerated is not effective

treatment (NIH, 2010). Once released, individuals often suffer social and economic consequences in the form of limited access to gainful employment, unstable housing, living with a criminal record, etc., all of which can make recovery all the more challenging.

## Clinical Recommendations

Beyond engagement in social justice and advocacy work for prison reform and decriminalization of substances, the OPA Diversity Committee came up with a list of other, more humble recommendations for clinicians working with diverse individuals with substance-related disorders. I present them below without further discussion, in no particular order. Please consider how your own personal experiences, beliefs, and assumptions may impact your reactions to this context and to this work. As appropriate, consider reflecting on how you incorporate these recommendations into your work and perhaps engaging in conversation with peers or colleagues about this topic.

- Emphasize establishing connection, community, and sense of meaning
- Describe behaviors and patterns rather than using clinical labels and jargon
- Attend to the role of family and community networks
- Assess psychological strengths—this may be specific to different cultural groups
- Invite space for religion/spirituality in recovery
- Assess client attitudes about substance use and treatment
- Assess impact of social stigma, as well as internalized stigma/shame
- Establish rapport and therapeutic alliance
- Consider client’s mistrust of systems and clinician due to racism and discrimination

*Continued on page 12*

- Assess for (complex) traumas related to substance use in client history
- Utilize strengths-based approaches; client as having agency
- Acknowledge the connection between mind and body in trauma
- Provide psychoeducation on trauma and substance use
- Stabilize emotional dysregulation
- Consider mind-body interventions/check-in with the body
- Consider trauma-informed mindfulness meditation, trauma-informed yoga
- Consider involvement of community in treatment/recovery (e.g., elders, spouse, parents)

### Committee as Community for Psychologists

On a different note, this year I will be celebrating my fifth year serving on the OPA Diversity Committee and my first year serving as Committee Chair. At the time I joined, I was a soft-spoken graduate student seeking mentorship and networking opportunities that felt accessible to me as a young queer woman of color. When I nervously submitted my application materials, I did not anticipate just how welcoming, unpretentious, and supportive this group would be. Beyond presenting at conferences, submitting newsletter articles, learning leadership skills from future OPA presidents (three so far during my five-year membership!), and sharing opportunities for engaging in social justice work, we take the time to connect. As professionals and as humans, oftentimes struggling to navigate a confusing sociopolitical landscape, we support each other. We celebrate personal and professional milestones and hold space during difficult transitions. We build community.

The mission of the OPA Diversity Committee is to promote and increase multicultural humility and awareness among psychologists working in the state of Oregon. Because we will

never reach peak cultural humility or competency, our work is never done. Community is, in part, what sustains our individual and collective efforts towards this mission. There are many ways to engage in social justice work and build supportive communities as a psychologist or psychologist in training. The OPA Diversity Committee is one I have found that works for me. If it sounds like it might be a good fit for you, the Diversity Committee is currently recruiting new members. We are especially interested in encouraging OPA members (psychologists and trainees) who value diversity in psychology and are interested in leadership to join our committee.

If you are interested in applying, please send a cover letter and current CV to the committee chair, Jenjee Sengkhamee, PhD at [drsengkhamee@gmail.com](mailto:drsengkhamee@gmail.com) or to me, the incoming chair, [ninajhidalgo@gmail.com](mailto:ninajhidalgo@gmail.com). In your cover letter, please address the following:

- a) Interest/hopes in joining the committee
- b) Commitment to diversity in the

field of psychology

- c) Ability to participate in committee requirements.

For a list of requirements and to learn more about the committee, please visit our website: [www.opa.org/diversity-committee](http://www.opa.org/diversity-committee). If you have questions, feel free to reach out to any member of the diversity committee, including myself or the current chair.

I look forward to serving as your Diversity Committee chair beginning in July.

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Continued on page 20

## 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 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.

## OPA Announces 2019-2020 Board of Directors

The following OPA members were elected to serve as the new officers for the 2019-2020 board of directors and will take office on July 1st:

**Carilyn Ellis, PsyD**  
*President Elect*

**Marie-Christine Goodworth, PhD**  
*Treasurer*

**Jenje Sengkhamme, PhD**  
*Secretary*

The following OPA members were elected as directors for the 2019-2020 board:

**Nathan Engle, PsyD**

**Laura Fisk, PsyD**

**Nina Hidalgo, PhD, Diversity Committee Chair**

**Jill Davidson, PsyD, Ethics Committee Chair**

Remaining Board members will include (with the title that will go into effect on July 1, 2019): Alan Ledford PhD, President; Natalie Kollross, PsyD, Past President; Eleanor Gil-Kashiwabara, PsyD, Director/APA Council Representative; Ryan Dix, PsyD, Legislative Committee Chair; Michelle Guyton, PhD, Director; Shea Lott, PhD, Director; Mary Peterson, PhD, ABPP/CL, OBP Liaison; Laurel Fuson-Lang, Student Representative.

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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.

# In Her Own Words: 2019 Labby Award Winner

Shoshana D. Kerewsky, PsyD

When I was 7, I wanted to be an astronaut. There was talk of building Lagrange point space colonies at L4 and L5, and if you know what that means, you understand something about what I was like as a child. I wrote a letter to NASA expressing my interest. NASA wrote me back a kind and disappointing letter suggesting I study math and science. While I still enjoy insects, looking at pond water under a microscope, and some forms of math, I knew I wouldn't get to space as an astronaut. Later, I thought perhaps I could be the first poet in space, though then some astronauts started writing poetry. My current career goal is to be an old psychologist on an interstellar colony ship, but realistically this may not happen.

My mother had undiagnosed dyslexia and didn't like to read, so on those rare occasions when she picked a book, I always read it, too. Though my life wasn't changed by *The Thorn Birds* or *The Clan of the Cave Bear*, it was different when I was in middle school and we read *Sybil*. Normally, she'd read a chapter over several days, then I'd lie on the floor and catch us while my family watched television. I remember my mother asking me, "How would you know if you had multiple personalities?" I was flattered to have her ask me a question about a book. In my characteristic style that would now be called an "info dump" but at the time was called "talking too much," I replied with

## Richard Jimmy "Dick" Rankin

Richard Jimmy "Dick" Rankin was born on 12/23/1931 in Walnut Creek, California to Sheldon and Marion Rankin. He passed away peacefully in Eugene, Oregon surrounded by family on 6/10/2019 at the age of 87. Dr. Rankin grew up in Walnut Creek and married Patricia Williams on December 19, 1953. He received his B.A.(1953), M.A.(1954) and Ph.D.(1957) in educational psychology from the University of California at Berkeley. He was a professor of educational psychology at the University of Oregon from 1967 until 1993 when he was named Professor Emeritus. Dr. Rankin was widely respected for his research and teaching skills in the areas of learning and human intelligence. With his broad knowledge and tireless effort he guided many doctoral students through their training to become productive members of the psychology community. His passion was research. In his reviews for professional journals, he was adamant that papers use appropriate statistics and interpret them correctly. Dr. Rankin was also a skilled fisherman and woodworker. For many years, he and Pat guided their boat over the bar at Oregon's Winchester Bay in search of salmon. He is survived by Pat, his wife of 65 years, and their children George, Marybeth and his brother Edward. He was a kind, compassionate man with a great sense of humor who enriched the lives of his family, students and colleagues. He will be deeply missed. Arrangements by Andreason's Cremation & Burial Service in Springfield.

information from the book: You would "lose time," you might wake up and not know where you were or how you got there, people might call you by a different name, there might be clothes in your closet that you didn't buy, or you might suddenly be two years older. "Oh, yeah," said my mother, satisfied, and I thought, Hey, maybe I could get a job doing this!

My experience of middle school as an out of the closet lesbian (at school, not at home) in the mid-1970s was truly dreadful. I've written about it in *The Oregon Psychologist*, including terrible therapy I received as a teenager that, for whatever reason, didn't disenchant me with the idea of becoming a psychotherapist. I am unevenly gifted and, frankly, disinterested in making much effort to do things I don't enjoy. I was the kid who will max out on Vocabulary and Similarities but refuse to do some other WISC subtests. (Until the GRE, I chose some of my standardized test answers because they were amusing rather than because they were right.) My uneven academic performance, being harassed by other kids, and finding school generally joyless and stupid led to my fervent desire to go to the vocational-technical high school and become a bricklayer. In fact, the guys building the house next door thought this was cute and let me mortar a good-sized section of the foundation when I was 13. So far, that house hasn't collapsed. I also read several hundred science fiction novels. (This week, I finished reading a 600-page book about sentient spiders. It was very moving.) If you're thinking, "What a great kid," I wish you had been my therapist.

In high school, I found older friends, better teachers, and a psychology class. Still, I escaped high school as soon as possible and ran away to college. My best friend Frederic and I were initially drawn to each other by our love for Hans Zinsser's seminal work on the plague, *Rats, Lice, and History*. I'm still deeply absorbed by plagues and contagion, which is probably why I became an HIV educator through APA and have enjoyed providing HIV trainings to undergraduates in the U.S. and Cambodia.

I still couldn't figure out how to become a psychotherapist. Surely not by running pigeons through mazes, which was a major focus in my college's psychology department. I majored in linguistics and psychology, avoiding most of the psychology department's requirements, then went on to a master's in writing, which, even today, could still help me become the first postmodern short story writer on Mars. Then I suddenly woke up and looked around to find that I was wearing a skirt and working as a K-12 English teacher, which, though a noble profession, seemed not to be mine. I blame the part that goes by Shoshana Lou for that decision.

By this time, I'd become aware of master's programs in counseling, so I did that and loved it, but had no

*Continued on page 15*

licensing option. I worked in college counseling for a few years, while also beginning to teach as an adjunct. Then I found out about the PsyD and got a doctorate, which finally got me in, if not the front door of psychology, at least a front window. I came to Eugene for my doctoral internship, and 23 years later, I'm still here and have almost forgotten what a good bagel is like.

In my second year in Eugene, Teri Strong took me to lunch and recruited me to join Lane County Psychologists' Association's leadership track. A few years later, Marcia Wood corralled me into OPA leadership. It's only fair to warn you that being on the OPA Ethics Committee frequently leads to becoming OPA president.

Being a psychologist is deeply fun. I love psychotherapy, teaching, and writing, and even statistics and some of the boring, repetitive parts of my

jobs—and I've never had only one job. It's probably dangerous to say so, but I like being on committees and boards.

What I enjoy most is assisting clients, students, and colleagues to identify and engage with their own meaningful challenges, whether that is through our direct interactions, writing useful articles for psychologists and other mental health professionals and collaborating on projects, creating worksheets for students, co-constructing a cognitive-behavioral worksheet, or providing consultation and training. I am fortunate that there are so many ways to be a psychologist, and that so many of them serve not only psychology, and not only clients and communities, but people in other professions and their constituents and communities as well. In what other career could I edit someone's article in the morning before spending a day consulting as an

item engineer for a national test in a related field, communicate with students about their proposed group interventions, read an article relevant to one of my client's issues, chat with you, daydream about proposing a class on psychology and pandemics, and still have time to read a novel about sentient spiders (which one day will make me turn out to be "okay after all" to a client when I recognize that he, too, has read it)?

Nothing I achieve is isolated from all of us and our communities. I'm deeply grateful for all of you who love the parts of being a psychologist that I don't. I appreciate and admire you and it makes me happy that we can be psychologists together, each with our own interests, passions, and burning agendas, without all having to be the same and do the same thing. I hope to travel with some of you to distant stars.

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**For more information, contact Tracey Duncan, recruiter at [duncantr@slhs.org](mailto:duncantr@slhs.org) or 208-814-0656.**

## OPA Mentorship Program

Dear Colleagues,

We are happy to announce that the OPA Mentorship program is up and running. We have two forms for the Mentorship program on the OPA website. The first form is for interested parties to give some details of their practice setting, training, interest and location. The second form is for Informed Consent, limits of confidentiality, etc. Please join your colleagues and offer to serve as a Mentor and to learn or ask questions as a Mentee. Monthly phone or in person meetings are set up by the Mentor and Mentee once a "match" is made. Enjoy a bit of colleague support, new information and conversation regardless of age, orientation or years of experience.

# 2019 OPA Annual Conference Highlights



*Conference Attendees in class*



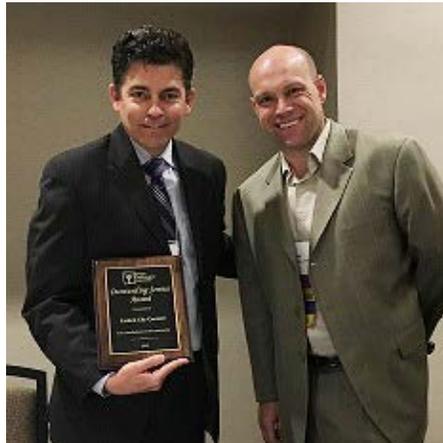
*Darryl Inaba leads the Friday Keynote Address*



*Paul Cooney wins the most handsome award*



*Nick Schollars and Carilyn Ellis present the Poster Sessions Award*



*President Ryan Dix presents Andy Mendenhall of Central City Concern with the Outstanding Service Award*



*APA President Rosie Philips Davis presents Mary Peterson with an APA Presidential Citation*



*Jenjee Sengkhammee presents Fabiana Wallis with the Diversity Award*



*President Natalie Kollross presents Bill McConochie with an appreciation award for his service on the board*



**President Natalie Kollross presents Nick Schollars with an appreciation award for his service on the board**



**ECP meets with APA President Rosie Phillips Davis, PhD, ABPP and APA CEO Arthur C. Evans, Jr. PhD**



**Carilyn Ellis talks about POPAC**



**APA President Rosie Philips Davis presents Eleanor Gil-Kashiwabara with an APA Presidential Citation**



**Student Posters at conference**



**President Natalie Kollross presents Douglas Marlow with an appreciation award for his service on the board**



**APA President Rosie Philips Davis presents Terri Strong with an APA Presidential Citation**



**Past President Marcia Wood presents the Labby Award to Shoshana Kerewsky**



**President Natalie Kollross presents the Past President's Award to Ryan Dix**



**Celeste Jones presents the Public Education Award to Tony Farrenkopf**

# 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

## 2019-2020 Schedule

### October 4, 2019

*Registration will be available in late summer*

#### Top 10 Secrets of Practicing Ethically: A Legal, Ethical and Legislative Update on Mental Health Practice in Oregon.

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

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

### May 1-2, 2020

#### OPA Annual Conference

*Portland, Oregon*

*Watch for more details to come*

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

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

their specific cancellation/refund policy.

Links for more information and registration are available at [www.opa.org](http://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](mailto:listserv@lists.apapractice.org) and leave the subject line blank.
3. In the message section type in the following: subscribe

OPAGENL

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

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

# 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 elect-ability, leadership potential and commitment to issues of importance to psychologists. Your contribution helps to insure that your voice, and the voice of psychology, is heard in Salem.

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

## Take Advantage of Oregon's Political Tax Credit!

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

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

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### - POPAC Contribution -

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Senate District (If known): \_\_\_\_\_ House District (If known): \_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

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

# OPA Classifieds

## OFFICE SPACE

Share Multnomah Village office located at 2929 SW Multnomah Blvd., #202, Portland 97219. 238 square feet. Modern building. Easy freeway access from the 5. Very nicely furnished, good light, several windows, free off street parking. Elevator and handicap access. Free conference from use by reservation. Kitchenette with sink, microwave, etc. Full days available are Sunday, Monday, Thursday & Friday. \$100 per day for single day; will consider a lower rate if there is a commitment for multiple days per month. Please inquire with Dr. Victoria Thoreson, Psy.D. at 503-886-9944.

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](http://www.pscpacific.org). Phone: 503.352.2400, Portland, or 503.352.7333, Hillsboro.

## PROFESSIONAL SERVICES/EQUIPMENT

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

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

## VACATION RENTALS

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

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

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

## ACCEPTANCE & COMMITMENT THERAPY TRAINING

### Workshops in Portland

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

▪ Everett L. Worthington, Jr., PhD

**September 28, 2019**

#### Acceptance & Commitment Therapy - An Experiential and Practical Introduction

▪ Jenna LeJeune, PhD & Jason Luoma, PhD

**November 8 & 9, 2019**

**PORTLAND PSYCHOTHERAPY**  
clinic | research | training

[portlandpsychotherapytraining.com](http://portlandpsychotherapytraining.com)  
503-281-4852

*Child Abuse Reporting, continued from page 12*

Castro, F. G., & Alarcon, E. H. (2002). Integrating cultural variables into drug abuse prevention and treatment with racial/ethnic minorities. *Journal of Drug Issues*, 32(3), 783-810. Doi: 10.1177/002204260203200304

Douglas, K. R., Chan, G., Gelernter, J., Arias, A. J., Anton, R. F., Weiss, R. D., Brady, K., Poling, J., Farrer, L., & Kranzler, H. R. (2010). Adverse childhood events as risk factors for substance dependence: Partial mediation by mood and anxiety disorders. *Addictive Behaviors*, 35(1), 7-13. Doi: 10.1016/j.addbeh.2009.07.004

Matheson, J. L., McGrath, R. T., Langfield, P. A., MacIntyre, M., Turner, J. G., & Fetsch, R. J. (2012). Adolescent alcohol and other drug abuse. *Service in Action*; No. 10.216

National Institutes of Health (2010). Fact sheet—Addiction and the criminal justice system. Retrieved from [https://report.nih.gov/nihfactsheets/Pdfs/AddictionandtheCriminalJusticeSystem\(NIDA\).pdf](https://report.nih.gov/nihfactsheets/Pdfs/AddictionandtheCriminalJusticeSystem(NIDA).pdf)

Palamari, J. J., Davies, S., Ompad, D. C., Cleland, C., & Weitzman, M. M. (2015). Powder cocaine and crack use in the United States: An examination of risk for arrest and socioeconomic disparities in use. *Drug and Alcohol Dependence*, 149, 108-116. Doi: <https://doi.org/10.1016/j.drugalcdep.2015.01.029>

## Welcome New and Returning OPA Members

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**Wendi Adams, PsyD**

*Portland, OR*

**Katherine Calouri, PhD**

*Tualatin, OR*

**James Clay, PsyD**

*Albany, OR*

**Angie Cronin, PsyD**

*Eagle Point, OR*

**Joanna Crowl**

*Newberg, OR*

**Mark Dillon, PhD**

*Portland, OR*

**Anthony Duncan, PsyD**

*Portland, OR*

**Brent Fisk, PsyD**

*Canby, OR*

**Bethany Franklin-Comb, PhD**

*Hillsboro, OR*

**Arianna Gerry**

*Anchorage, AK*

**Chelsea Gilbert, PhD**

*Eugene, OR*

**Kristie Knows His Gun,  
PsyD**

*Newberg, OR*

**Edward Meshberg, PhD**

*Portland, OR*

**Alyssa Scott**

*Hillsboro, OR*

**Jennifer Singleton, PhD**

*Portland, OR*

**Laura Smith, PsyD**

*Portland, OR*

**Kaytlin Smith, MA, QMHP**

*Newberg, OR*

**Kathryn Vita**

*Portland, OR*

**Fabiana Wallis, PhD**

*Portland, OR*

**Garen Weitman, PsyD**

*West Linn, OR*

**Lisa Wurzelbacher, PhD**

*Tigard, OR*

# Learn Emotionally Focused Therapy

with Sharon Chatkupt Lee, PsyD & Kathryn de Bruin, LMFT

**EFT will transform your work  
with couples and families.**

**October 23-26, 2019**

**Moreland Presbyterian Church**

Additional details & register online at

**[www.pceft.com](http://www.pceft.com)**



**Sharon Chatkupt  
Lee, PsyD**  
Certified EFT Trainer  
and Supervisor



**Kathryn de  
Bruin, LMFT**  
Certified EFT Trainer  
and Supervisor

## **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 the 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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Articles do not represent an official statement by the OPA, the OPA Board of Directors, the OPA Ethics Committee or any other OPA governance group or staff. Statements made in this publication neither add to nor reduce requirements of the American Psychological Association Ethics Code, nor can they be definitively relied upon as interpretations of the meaning of the Ethics Code standards or their application to particular situations. The OPA Ethics Committee, Oregon Board of Psychologist Examiners, or other relevant bodies must interpret and apply the Ethics Code as they believe proper, given all the circumstances.