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OPA President's Column

Addressing the Challenge of Substance Abuse

Alan Ledford, PhD, OPA President



Many psychologists see clients with substance use disorders. Some treat these individuals in private practice, clinics, and organizations using evidence-based practices such as cognitive-behavioral therapy and Motivational Interviewing. However, many of us don't feel we have the specialized training or knowledge to treat substance use disorders. The question then becomes, "what should I do?" or "who should I call?"

Given Oregon's lack of access to treatment services for substance use disorders, these are fair questions. I participate with other organizations, regional health associations and our Local Addiction and Drug Policy Committee. One thing has become clear: Access should be through any door, whether that is through a psychologist's practice office, clinics, school-based clinics, primary care clinics, integrated care clinics, or other facilities offering additional treatment or mental health programs. Trying to locate appropriate treatment, especially finding a program tailored to an individual's particular needs, can be challenging. Locating services for individuals with co-occurring disorders can be even more challenging.

Getting to know the resources in the community is a vital step to helping clients find services. Services may be available for

Medication-Assisted Treatment (MAT), including opioid treatment programs (OTPs), which combine behavioral therapy and medications to treat substance use disorders. MAT for opioid use disorders is also available through health care providers who have a practitioner waiver to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000). Psychosocial treatment is recommended in conjunction with any pharmacological treatment of opioid use disorder (ASAM National Guidelines for the Use of Medications in the Treatment of Addictions Involving Opioid Use, 2015). Effective MAT for alcohol dependence has been shown with FDA approved medications. Nicotine Replacement Therapy is generally available from health practitioners, and some are available over the counter.

Not all clients want to stop using substances, but they may need help getting resources for strategies to reduce harm such as outreach and education, drive sober or get pulled over, and needle/syringe exchange programs. Through the work of organizations like Max's Mission in Jackson County and other organizations, overdose deaths have been reduced through naloxone awareness and education.

Educational material for families and clients is available through

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OPA Helpful Contacts

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**Through OPA's relationship with Cooney, Cooney and Madigan, LLC as general counsel for OPA, members are entitled to one free 30-minute consultation per year, per member. If further consultation or work is needed and you wish to proceed with their services, you will receive their services at discounted rates. When calling, please identify yourself as an OPA member.*

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addiction.com, which publishes content about addiction and mental health as well as finding resources for treatment by state on at www.addictions.com/rehab-centers/. The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a web site, www.findtreatment.samhsa.gov, that shows the location of residential, outpatient, and hospital inpatient treatment programs for drug addiction and alcoholism throughout the country. This site also provides the names for physicians who prescribe buprenorphine to patients. This information is also accessible by calling 1-800-662-HELP.

Treatment can work. No single treatment is right for all people. Treatment needs to be readily available. Treatment must attend to multiple needs of the individual, not just drug use. Multiple courses of treatment, at varying levels of intensity, may be required for success, and remaining in treatment for an adequate period of time is essential for treatment effectiveness. More than 30 years of research have

shown this to be true. Behavioral therapies can engage people in treatment, modify their attitudes and behaviors related to drug abuse, and increase their life skills.

Interventions that work include psychological and social interventions across settings. Evidence-based practices such as cognitive-behavioral therapy, Motivational Interviewing, and contingency management have shown promising results. Evidence-based treatments need to be adapted to diverse regional, national, and local circumstances, accounting for cultural and economic factors. Employment programs, vocational training, and legal advice and support have been effective in facilitating social inclusion. Self-help support groups such as SMART Recovery, 12 Step Programs, SOS and Rational Recovery complement treatment and can support psychological interventions.

Basic education on addiction is available through Daystar at daystared.com or the Change Company <https://www.changecompanies.net/etraining/>.



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Psychological Evaluation In Immigration

Valerie Yeo, Psy.D., Oregon Psychological Association Diversity Committee

As we interact with the sociopolitical environment in 2019, it is impossible not to consider the topic of immigration. The xenophobic rhetoric of the current administration, particularly regarding undocumented immigrants, feels especially present. In 2012, an APA Task Force asserted that immigrants comprised about 39.9 million people in the United States, or 12.9% of the overall population. These numbers are likely higher as of 2019. Yet contrary to popular belief, the number of undocumented immigrants is declining. Undocumented individuals are also generally prohibited from accessing many services, despite contributing taxes and social security payments. They also experience heightened rates of anxiety and depression, but have a difficult time accessing mental healthcare (Boyd-Barrett, 2019; Sanchez, 2019).

As we reflect on our role as psychologists in this sphere, we may consider how our skills and training allows us to contribute and make a direct difference in the lives of immigrants. Psychological assessment and evaluation in the field of immigration is a growing field. I did not learn about this field of work until four years ago, during my postdoctoral training year. Although psychological assessment and testing was heavily emphasized in my doctoral program, I did not learn about its application in the realm of immigration during my studies. Immigration evaluation can be a way for psychologists to engage with social justice, and calls for intersectionality within our clinical work. It requires clinicians to work closely with attorneys around making sure that the evaluation answers referral questions appropriately,

and to consider the role of culture in psychological evaluation—an undertaking that tends toward a Eurocentric mindset. Evaluations can also require clinicians to work closely with language interpreters. These factors all contribute complexity to the task of psychological evaluation. At the end of the evaluation, clinicians produce a psychological assessment report that answers the referral questions. Below, I will briefly outline a few types of psychological evaluations often conducted in the realm of immigration.

Types of Immigration Evaluations

Extreme Hardship

An extreme hardship waiver is a waiver of deportation for an immigrant, on the basis that the

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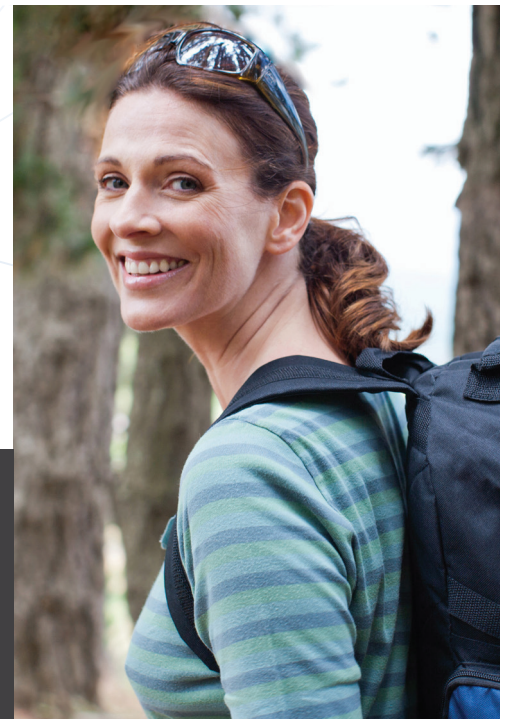
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deportation would cause extreme hardship to a U.S. citizen or legal permanent resident, such as a spouse, a child, or other family member. The mental health provider's role is to assess for and outline the hardship the citizen or permanent resident family member would face (1) in the event that the immigrant was to be deported, or (2) if they were to follow the immigrant back to their home country. Extreme hardship factors may include psychological, medical, economic, family, education, cultural, and relocation factors. This is the most common type of immigration evaluation referral (Evans & Hass, 2018).

Political Asylum

Political asylum is probably the most widely known type of deportation waiver, due to its presence in the news and media. In order to be granted asylum, the immigrant must establish refugee status. This status is defined by the UN Convention Related to the Status of Refugees, as "any person who is outside his or her country of nationality (or, if stateless, outside the country of last habitual residence) and is unable or unwilling to return to that country because of persecution or well-founded fear of persecution on account of race, religion, nationality, political opinion, or membership in a particular social group" (Evans & Hass, 2018). Refugees seeking asylum are supposed to file an application within one year of their most recent arrival in the U.S. However, it can often take years for asylum seekers to file their applications as a result of trauma experiences and reactions, which can include well-founded fears of authority. Additionally, the burden of proof regarding persecution falls on the asylum seekers themselves. More often than not, they must share and revisit horrific experiences of trauma in an adversarial setting. The role of the clinician in psychological evaluations regarding political asylum is to assess the psychological impact of persecution on the individual. This can often include addressing the individual's reasons for not filing within the first year (Boodman, 2017; Evans & Hass, 2018; Moore, Valdez, & Yeo, 2018).

U-Visa

This visa was created in 2000 when the Victims of Trafficking and Violence Protection Act (VTVPA) was passed. Its provision allows for temporary status to immigrants who (1) have suffered substantial mental or physical abuse as a result of being victimized by criminal activity, (2) have information regarding said criminal activity, and (3) have helped, are currently helping, or are willing to help in the investigation and prosecution of this criminal activity. The role of the clinician is to assess and outline the abuse the immigrant suffered as a result of crimes including domestic violence, sexual assault, trafficking, workplace abuse, or other such crimes (Evans & Hass, 2018; Moore, Valdez, & Yeo, 2018).

VAWA (Violence Against Women Act)

VAWA allows "spouses or former spouses of abusive U.S.

citizens or legal permanent residents, children of abusive citizens or legal permanent residents, immigrant parents of an abused immigrant child, or non-citizen spouses whose children are abused by the child's other citizen or legal permanent resident parent" (Moore, Valdez, & Yeo, 2018) to file for immigration relief without the help of their U.S. citizen or legal permanent resident spouse, parent, step-parent, former spouse, intended spouse, or over-21-year-old child. For victims whose abuser is a spouse, they must demonstrate that the marriage was entered in good faith, and that they lived with the abuser at some point either during the marriage or within the parent-child relationship. The legal standard for VAWA is "extreme cruelty," which refers to any form of abuse, power, or control experienced by the victim, such as physical, sexual, and psychological abuse or exploitation. The role of the clinician is to evaluate the psychological functioning of the immigrant victim, assessing for historical trauma and abuse in addition to more recent traumas, and resultant trauma reactions (Evans & Hass, 2018).

N-648

N-648 is a U.S. Citizenship and Immigration Services (USCIS) form regarding medical disability exceptions, for applicants for citizenship through naturalization who are unable to demonstrate knowledge of the English language

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ACCEPTANCE & COMMITMENT THERAPY TRAINING

Workshops in Portland

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▪ Jenna LeJeune, PhD & Jason Luoma, PhD
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or the civics content requirement. The form provides an exception to these requirements due to a medical or psychological disability that has lasted, or is expected to last, 12 months or longer. The clinician's role is to provide a diagnosis, describe the disability and the cause of the disability, and outline assessment instruments used to determine this information (Moore, Valdez, & Yeo, 2018).

Immigration Psychology Access Team (IMPACT): A Resource for Clinicians

IMPACT is a non-profit organization that offers immigrants and refugees psychological documentation of their trauma and hardship as part of their legal pursuit to live where they and their families feel safe and can thrive. It funds high-quality psychological evaluations for low income immigrants and refugees as part of their legal case. It also offers a

training program for licensed mental health professionals to become qualified to conduct these evaluations. Being a part of this team can be an opportunity to both utilize existing clinical skills and make an important contribution to the lives of immigrants and refugees. To learn more, please contact Lynn Moore, Ph.D. at Impactpsychevals@gmail.com.

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Professional Development for Counselors & Therapists

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

Friday, March 6, 8:30 a.m.-4 p.m. | 12 CEUs

Listening to the Body: Yoga Calm for Therapists

Lynea Gillen, LPC, RYT-200

Saturday, March 7, 9 a.m.-4 p.m. | 6 CEUs

Somatic and Mindfulness-Based Trauma Treatment

Julianna Vermeys, MA, LPC, LMHC, NCC

Sunday, March 15, 9 a.m.-12 p.m. | 3 CEUs

Interrupting Hate in Public Spaces

- Rabbi Debra Kolodny, JD

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

Integrating Spirituality in Psychotherapy: A Path Toward Resilience and Transformation

- Jessica Thomas, PhD, LMFT

Saturday, May 30, 9 a.m.-4 p.m. | 6 CEUs

Becoming a More Inclusive Practitioner: Challenging Implicit Bias and Cultural Norms in Fat Phobia, Dieting and Eating Disorders

- Kyira Wackett, MS, LPC

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

Oppression, Patriarchy, and White Supremacy: Addressing Structural Inequality in Clinical Practice

Rebecca Hyman, LCSW

Friday, May 1, 9 a.m.-4:30 p.m. | 6.5 CEUs

While clinicians receive training on how to ameliorate common sources of client distress, less addressed are the relationship between individual psychological pain and cultural violence—the larger structures and ideologies that marginalize and oppress individuals, communities, and cultures.

This workshop will show participants how to introduce and work with structural violence in the therapy session, and will examine the tension between the medical model, the current source of diagnosis and treatment, and other frameworks that account for the role of violence and oppression in the creation and maintenance of mental health suffering.

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Survey of Self- and Community-Care Factors

OPA Confidential Peer Support Committee

Last spring, the members of the Confidential Peer Support Committee (CPSC) enjoyed meeting many of you in Eugene at the annual conference. In an afternoon presentation, we shared findings and thoughts emerging from the member survey we conducted between March and April 2019. Here, we'd like to summarize and reflect on those results, and invite continued consideration of what it means for Oregon psychologists to care for ourselves and our colleagues.

First, to recap the purpose and nature of the survey—we were interested in learning more about behaviors and attitudes related to

“self-care,” support given to and received from colleagues, as well as career satisfaction. After two email blasts to OPA members, our Survey Monkey netted 193 respondents. A little over half the respondents (52%) worked in private practice settings conducting therapy with adults. Respondents had been in practice for a long time, with nearly one-third (29%) having been in practice 21-30 years, and almost one-quarter (23%) having been in practice 31 or more years.

(1) *We were heartened by the results. Four findings in particular caught our attention:*

- Most psychologists actively

turn to colleagues and others in their lives for professional and personal support, and do so on a regular basis.

- The vast majority of respondents—over 90%—felt comfortable turning to colleagues for professional consultation, and nearly as many (88%) said that in the previous 12 months, they consulted with a psychologist colleague for support related to work. Over one-quarter of respondents also turned to family members, friends, or romantic partners for support related to work. 25% said they got support from a therapist related to work matters. Over one-third (35%) received support from a consultation group.
- Similarly, 86% percent of respondents agreed or strongly agreed that it would be easy to identify someone with whom to share work-related stress.
- When it comes to support for personal and emotional issues, members most commonly reported having turned to a friend (80%) or a romantic partner (61%), but they also turned to other psychologist colleagues (60%) and their own therapists (32%).
- 80% of respondents agreed or strongly agreed that they regularly communicate with others to get support related to their work; 82% agreed or strongly agreed that they regularly communicate with others to get support related to how they are doing on a personal/emotional level.

Confidential Peer Support Committee

The Confidential Peer Support Committee (CPSC) works to provide support and avert impairment to members. We provide members with consultation on a range of issues including conflicts with colleagues, clinical concerns, potential complaints or lawsuits, venting, concern about impairment, client suicide, colleague behavior, family conflicts, problems in the business of psychology and any distress affecting the capacity or enjoyment for work. Members may reach the Confidential Peer Support Committee (CPSC) by contacting one of the members listed below, or via e-mail at opa.cpsc@gmail.com. All responses will be encrypted and are kept strictly confidential.

CPSC offers the following programs to OPA members:

- Confidential consultations with members of the CPSC.

Our names and contact information are printed in *The Oregon Psychologist* and are listed below. You may call anyone on the committee.

- A panel of providers for therapy referrals, who are well versed in privacy and confidentiality concerns.

Questions and referral requests to the Confidential Peer Support Committee are confidential under ORS 41.675 and are not shared with OPA or OBOP. No demographic information is kept on callers.

Confidential Peer Support Committee Members

Marcia Wood, PhD - Chair
Allan Cordova, PhD
Jennifer Huwe, PsyD, LLC
Rebecca Martin-Gerhards, EdD
Colleen Parker, PhD
Maura Sullivan, PsyD
Adrian Egger, PsyD

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(2) Most psychologists feel engaged and excited about their work.

- Nearly 90% indicated that most days, they enjoy and are satisfied with their work. 73% reported that most days, they feel energetic and enthusiastic about their work.
- However, not all of our colleagues are feeling great about work. Nearly one in five indicated they felt “burned out” in their professional work, and 15% indicated they would stop working right now as a psychologist if they could. The last finding might be partially accounted for by the fact that a large proportion of our respondents has been in practice for many years, and may therefore be particularly mindful of or focused on approaching retirement.

(3) Most psychologists are satisfied with their career choice.

- Over three-quarters of respondents (77%) said that if they had it to do all over again, they would still become a psychologist.
- Over 97% of respondents felt positive about the impacts and contributions they make as a psychologist.
- If asked by a college student whether they should pursue a psychology career, about 45% of respondents would give an unqualified “yes,” while 46% percent would say “yes, with reservations.” Reservations included financial considerations, such as declines in reimbursement rates, high debt of many years of graduate school, and the challenges of having to deal with insurance companies. Other considerations included assessing one’s readiness/goodness-of-fit to enter the field of psychology, and lack of status for psychologists compared to other professions.

(4) Most psychologists report intentional efforts at caring for themselves through a variety of activities.

- 96% of respondents reported that they intentionally engage in activities to relax and unwind.
- While the majority of psychologists (77%) reported they have enough opportunities to engage in self-care, a sizable minority (14%) said they do not.
- Respondents described a wide variety of activities they characterize as self-care. Four in ten responses referred to exercise as a self-care activity. The top four most frequently mentioned activities were exercise, reading, time with friends, and meditation.

As a group, Oregon psychologists appear to be doing well and feeling good about our work. We recognize the value of nurturing ourselves and our colleagues, and regularly take time to exercise, socialize, connect, and create space for restorative activities and relationships. However, we also acknowledge that our work can be demanding, stressful, and has the potential to contribute to burn out. Alongside the opportunities in our work, there are challenges to manage. As members of the CPSC, we continue exploring how psychologists can connect, consult, and care for one another. We welcome your calls and emails!

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Go to OPA’s website at www.opa.org for information about OPA, its activities and online registration for workshops!

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Sustaining our Practice: Psychologist Self-Care as an Ethical Imperative

Allison Brandt, PhD & Stephanie García, MA, OPA Ethics Committee

By its nature, the practice of psychology involves navigating emotionally-laden and challenging situations with clients as well as organizational demands, such as documentation and working within the constraints of managed care. When not properly managed, these stressors place psychologists at high risk for burnout, which is characterized by emotional exhaustion, cynicism, and diminished professional self-efficacy (Barnett, Baker, Elman, & Schoener, 2007; Maslach & Leiter, 2016). Identified among psychologists as the most common work-related problem (Bearse, McMinn, Seegobin, & Free, 2013), burnout not only negatively impacts quality of life and health of the individual (Maslach, Schaufeli, & Leiter, 2001), but is also associated with turnover (e.g., Huebner, 1992; Lee & Ashforth, 1996; Raquepaw & Miller, 1989), depersonalization of clients (Maslach & Jackson, 1981), and impaired professional competence (Elman & Forrest, 2007; Maslach et al., 2001). Early career psychologists, and those with higher administrative and documentation demands, appear to be particularly at risk for burnout (Rupert, Miller, & Dorociak, 2015).

Given the impact of burnout on personal and professional functioning, experts in the field have described self-care—positive strategies for fostering wellness and coping in the context of one’s professional life (Wise & Barnett, 2016)—as an ethical imperative inherent to competent psychological practice (Wise, Hersch, & Gibson, 2012). Though self-care is not explicitly addressed in the American Psychological Association’s (APA) Ethical Principles of Psychologists and Code of Conduct, Principle A (Beneficence and Nonmaleficence) highlights how safeguarding the welfare of those with whom a psychologist works requires self-awareness regarding one’s own functioning. Specifically, the codes states, “Psychologists strive to be aware of the possible effect of their own physical and mental health on

their ability to help those with whom they work” (APA, 2002, p. 1062).

Several ethical standards within the code also address the potential negative impact of personal issues on one’s professional work. Ethical standard 2.06 (Personal Problems and Conflicts) highlights the importance of professional knowledge and self-awareness in achieving and maintaining competence (APA, 2002). The standard emphasizes that personal problems and conflicts may cause impairment in psychologists’ professional functioning, stating that psychologists must “take appropriate measures... and determine whether they should limit, suspend, or terminate their work-related duties” (APA, 2002, p. 1064) in these situations. This is in line with ethical standard 3.04 (Avoiding Harm), which states, “Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable” (APA, 2002, p. 1065). Similarly, ethical standard 10.10 (Terminating Therapy) asserts psychologists will terminate therapy when the client/patient is not likely to benefit from, or is being harmed by, continued service (APA, 2002).

A major challenge to upholding these ethical standards is that psychologists may have difficulty recognizing when personal problems are impacting their professional practice. For instance, research has found that whereas therapists experiencing personal distress rate their therapeutic alliance with clients at comparable levels to non-distressed therapists, their clients report lower levels of therapeutic alliance than the clients of non-distressed therapists (Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013). Even when psychologists recognize a need to manage their own personal problems, they may neglect to take action. In a survey of APA members, for example,

nearly 60% of respondents reported failing to seek psychological services when they would have benefited from doing so (Bearse et al., 2013). This may be due to a sense of invincibility to mental health difficulties, which has been identified as a barrier to seeking assistance among psychologists (Barnett & Cooper, 2009). Psychologists also report difficulty finding a therapist and lack of time as barriers to seeking their own treatment (Bearse et al., 2013). Despite the “personal, professional, and ethical implications” of psychologist burnout (Rupert et al., 2015, p. 169), existing research suggests psychologists often do not sufficiently engage in self-care.

So, what does self-care look like in practice? Experts encourage a proactive approach, with ongoing attention to and engagement in self-care. Self-awareness and ongoing self-monitoring have been found to be protective against burnout, and thus represents an integral component of self-care (Rupert & Kent, 2007). As Barnett and colleagues (2007) argue, “Distress does not necessarily lead to impairment, but a lack of adequate attention to distress makes this possibility more likely” (p. 604). Wise and Barnett (2016, p. 217) developed a series of helpful questions for fostering self-awareness:

1. What initially drew you to the field of psychology?
2. Briefly describe what makes a good day for you at work. In contrast, what makes a bad day?
3. What have been the significant periods or challenges during your career related to professional or personal stresses?
4. What would you say are your current professional concerns or stressors?
5. How do you know when you are under stress?
6. What do you consider your

Continued on page 9

greatest challenge regarding self-care?

7. How does your work as a psychologist differ from what you expected?
8. What has been most helpful for you regarding taking care of yourself and maintaining resiliency in your professional and personal life?

When it comes to self-care practices, research indicates it is important for psychologists to engage in healthy lifestyle habits, including sufficient sleep, regular exercise, and a healthy diet (Wise & Barnett, 2016). Maintaining work-life balance, including engagement in non-work-related interests and hobbies, also helps prevent burnout (Rupert & Kent, 2007; Wise & Barnett, 2016). Social support, both meaningful personal relationships and informal and formal peer support is also an essential component of self-care (APA CCA, 2010; Ben-Zur & Michael, 2007; Wise & Barnett, 2016). Moreover, positive cognitions appear helpful for preventing burnout, including reflecting on the satisfying aspects of one's work (Ben-Zur & Michael, 2007). Finally, identifying healthy role models, and also being a healthy role model for peers, can support self-care practice (Wise & Barnett, 2016).

In contrast to the benefits of the active coping strategies, more avoidant and emotionally-focused coping strategies have been associated with higher levels of burnout among psychologists. Examples of ineffective coping strategies include use of alcohol, substances or medications, denial, venting, and increased sleeping (Ben-Zur & Michael, 2007; Thornton, 1992).

So, how do we get started on a life-long path of self-care? As psychologists, we know that long-term behavioral change is difficult. "Old habits die hard," after all. Thus, rather than trying to make drastic, wide-sweeping changes in our lives, we are far more likely to be successful if we set specific, manageable goals, share those goals with others, monitor

our progress, and build upon our small successes (Prochaska, Redding, & Evers, 2015). Getting started is often the hardest part, and use of self-rewards can help us get going. Over time, the repetition of healthy behaviors will lead to long-term, healthy habits.

In sum, attending to self-care enables psychologists to meet their ethical obligations of maintaining healthy personal and professional functioning, so as to promote competent care for clients and healthy professional relationships. It is thus our ethical imperative to commit to ongoing self-care. What step towards better self-care will you take today?

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Continued on page 10

OPA Awards Program

The OPA Board of Directors and Diversity and Public Education Committees are beginning the process of selecting awards candidates for the 2019-2020 awards program.

The following is a listing of the awards, what they represent, and recent recipients. If you know of someone that you would like to nominate, please submit a brief summary of the candidate and why you feel they should receive the award. Summaries can be submitted to the OPA office and will be forwarded on to the committee or board. Nominations need to be received by January 6, 2020. Please email your nomination to OPA at info@opa.org

OPA Awards

Labby Award: Presented to an OPA member for outstanding contributions to the development of the advancement of psychology in Oregon.

2019 recipient was Shoshana Kerewsky, PsyD

Outstanding Service Award: Presented to a person or group within Oregon outside the formal field of psychology which 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.

2019 recipient was Central City Concern

Public Education Award: Any licensed psychologist in Oregon and active OPA member who has participated in at least one public education activity in the preceding year is eligible for the award. Examples of public education activities include being interviewed by the media on a psychology-related topic or presenting at a conference or event for community members (not just other psychologists). Self-nominations are accepted. Members of the Public Education Committee are not eligible.

2019 recipient was Tony Farrenkopf, PhD

Diversity Award: This award recognizes a licensed psychologist with a record of a strong and consistent commitment to diversity through their clinical work, research, teaching, advocacy, organizational policy, leadership, mentorship and/or community service. Diversity is defined in its broadest sense and includes work with a wide range of minority populations and efforts related to social justice, inclusion, equity as well as cultural awareness and competence. The awardee must be licensed in Oregon and be in good standing with OBOP.

2019 recipient was Fabiana Wallis, PhD

Welcome New and Returning OPA Members

Michael Cameron, PhD
Portland, OR

Erin Driskill, LCSW
Portland, OR

Kari Hancock, MD
Lake Oswego, OR

Jennifer Twyford, PhD
Santa Barbara, CA

Anjuli Chitkara, PhD
Eugene, OR

Stacie Rowan, PhD
Eugene, OR

Jennifer Cooper, PsyD
Hermiston, OR

Rebecca Dodge, PsyD
Portland, OR

Liza Abelson-Gertler, PsyD
Bend, OR

Cynthia Polance, PsyD
Portland, OR

Molly Young, MA
Hillsboro, OR

Caroline Williams
Newberg, OR

Psychologist Self-Care, continued from page 9

Raquepaw, J. M., & Miller, R. S. (1989). Psychotherapist burnout: A componential analysis. *Professional Psychology: Research and Practice*, 20(1), 32-36. <https://doi.org/10.1037/0735-7028.20.1.32>

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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.

Ethics Committee:

Jill Davidson, PsyD, Chair
Irina Gelman, PsyD, Secretary
Nicole Sage, PsyD
Jamie Young, PsyD
Petra Zdenkova, PsyD
Leonard Kaufman, PhD
Maria Lytle, Doctoral Student
Claire Metzner, Doctoral Student
Jenna Sheftel, PsyD
Allison Brandt, PhD
Stephanie Garcia, Student Member

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.



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Apply for this coverage with rates often lower than similar insurance available to the general public. If you already have disability insurance, compare the rates of The Trust's Income Protection Plans against what you already own at trustinsurance.com. You may achieve substantial savings.

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50	\$121.25
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* Coverage is individually underwritten. Policies issued by Liberty Life Assurance Company of Boston, a Lincoln Financial Group Company. Plans have limitations and exclusions. For costs and complete details, call The Trust or visit www.trustinsurance.com

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 fees for



2020 Schedule

April 3, 2020

Advanced Ethical Decision Making: A Scientifically Informed Approach

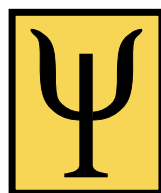
Advanced Risk Management: An Ethically Informed Approach

Presented by Samuel Knapp, Ed.D., ABPP

May 1-2, 2020

OPA Annual Conference

Wilsonville, Oregon



Oregon Psychological Association

workshops will not be refunded for cancellations as of one week prior to the scheduled event or for no-shows at the event. Prior to that, a \$25 cancellation fee will be assessed. For other events, check their specific cancellation/refund policy.

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

June 19, 2020

Cultural Responsiveness and Cultural Responsibility in Our Work as Psychologists

Presented by Eleanor Gil-Kashiwabara, PsyD

Watch for more details to come

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

Calendar items are subject to change

To register go to 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 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

- 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.

Deadlines for *The Oregon Psychologist*

Have an article that you would like to submit to *The Oregon Psychologist*? We'd love to have your contribution!

Articles are due to the editor at kerewskyopa@gmail.com by these dates:

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

Tips for submitting articles:

- Any OPA member or student member may submit articles. We are willing to consider articles from others on relevant topics.
- If you are writing your committee's column, be sure you leave time for your committee's review and vetting of content, and your revision.
- Before you submit your article, review it for content, accuracy, mechanics, and complete references.
- Sources referred to in your text need APA in-text citations and APA reference listings. We have

some leeway on things like a Sojourner Truth quote at the top of your article or lists of URLs provided as resources, but most other sources need complete APA style referencing. Articles submitted with omitted or incomplete citations, or major APA reference style errors, will be returned for revision and may be resubmitted for the next issue.

- After you have completed revisions, turn off the "Track Changes" function.

Here is our basic style sheet for submitting articles:

Title

Author(s), highest relevant degree(s), OPA committee (if relevant)

If Used, Section Headings Should Conform to APA Style But Be Bolded

Use tabbed, single-spaced, Times Roman 12-point type for content. Use one space after end punctuation.

Use APA style for in-text citations including those for URLs (Kerewsky, 2014).

Here are some other guidelines: No space between paragraphs.

- Set line spacing to 0 before paragraph, 0 after paragraph, single-spaced.
- No document headers, footers, or page numbers, please.
- Hanging indents should be accomplished with the document ruler, not by hitting the space bar.
- This is true for tabs as well.
- If you don't know how to format something like a hanging indent, the editor will take care of it.
- If you're not sure how to write the reference list entry for a non-standard source, do the best you can and make sure you include all of the information. The editor will need to edit your reference.

Continued on page 16

FOR SALE: Established Mental Health Counseling Center with Real Estate in Oregon



Oregon-Based, Family Mental Health Counseling Center for sale with Real Estate including 8 private offices and group therapy space. This is a profitable, well established business highly regarded in this community providing a broad range of counseling services. As one of the largest counseling centers in this area there is a highly underserved population providing excellent growth potential. Owners are retiring and seeking to phase out of the business over time.

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OPA Classifieds

OFFICE SPACE

Office to Sublease in a nicely furnished Lake Oswego Professional Office Building in Westlake Village. Common reception area, internet, free parking, break room and conference room available. Office has large windows and is in a treed area. Wednesdays, Fridays and weekends available at \$125 per day. 503-692-4092 or info@DrRitaMaynard.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.

PROFESSIONAL SERVICES/EQUIPMENT

The Fully Equipped Therapist: 3 session training on effective strategies for empowering & equipping clients. 12 hrs CEU plus FREE copy of new book, Handouts for Psychotherapy (avail. Amazon). Meets Fridays 2/14/10, 2/28/20, & 3/13/20 from 9am - 1pm. \$375 (discounts avail. online). Information and registration at elsbethmartindale.com (trainings tab).

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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.

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Deadlines, continued from page 15

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

Fake References

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

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

Thank you—your attention to these details helps ensure that your article appears as you intended it.

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/OPAPEC/> to visit our Facebook page.



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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 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

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.