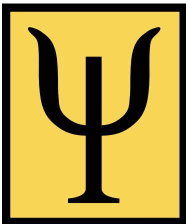

The Oregon Psychologist

Bulletin of the Oregon Psychological Association

1st Quarter 2015 Volume 34, Number 1

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OPA President's Column

President's Column: Embrace the Mud!

Mary Peterson, PhD, OPA President

My daughter and I began Mom-Daughter vacations when she was a sophomore in high school. We were on the college tour circuit and one of our flights was over-booked. Alaska Airlines was offering the "fly anywhere" voucher if we were willing to take the next day flight. We saw the opportunity, took the shuttle to Embassy Suites and started to plan how we would use the vouchers for a future trip. This voucher began a ritual of annual trips, New York, Mexico, Bahamas and most recently, Kauai.

I like to down-regulate on vacation. As an introvert, I love to get away from the high stimulation environment and read on the beach. However, my daughter has a different approach to travel. She is a concierge's dream because she will research Trip Advisor, Google, and Yelp in an effort to maximize our vacation time with daily adventures and activities. While in Kauai last month, she found a combination activity that included kayaking along the Wailua River, followed by a hike to a "hidden waterfall." The Yelp description included a warning about a muddy section of the trail. But, we weren't particularly concerned; we had our REI hiking boots and were undeterred by the prospect of a little mud.

I found a *"little mud"* to be the understatement of the year! We were halfway through the hike when our path morphed into a 2-foot wide, 30-yard long trench of brown mud. Our guide paused to remove his shoes, sling them over his back and then proceeded to wade into 2.5 feet of brown mud! Ten tourists watched in disbelief as he waded through the mud; did he expect us to follow him? My REI boots didn't stand a chance, but did I really want to wade barefoot through the mud, not knowing what lay on the bottom of the trench? The woman next to me sighed, "There goes my pedicure." Sammy, our guide, reached the end of the path, turned around, and laughed at our hesitancy. He faced us, raised his arms in Victory V and boomed, "Don't be cowards, EMBRACE THE MUD!" What else could we do? We removed our shoes, rolled up shorts and walked right into the thick, gooey mud!

So, what does an invitation to embrace the mud, have to do with the business of the OPA Board? You probably guessed the answer: In the last couple of years we've had to wade through the mud inherent in our changing market. In my last article I shared the goals we set during our summer retreat. They are meaningful goals, and we spend some time during every Board meeting discussing our progress, problem-solve, and adjust our plans. I think it's important to keep you, the people we serve, updated on our progress and plans. Similar to the

Continued on page 3

OPA Helpful Contacts

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

OPA Office
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147 SE 102nd
Portland, OR 97216
503.253.9155 or 800.541.9798
Fax: 503.253.9172
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OPA Lobbyist
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Oregon Board of Psychologist Examiners (OBPE)
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12725 SW 66th Ave., #205
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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.*

"You Mean That's *Telehealth*?" Ethical, Legal, and Contractual Considerations for Remote Services

Kristin Valerius, PhD and OPA Professional Affairs Committee

Like it or not, *telepsychology* has begun to creep into our practice paradigms. The bold few are diving in headfirst, but many practitioners find themselves content with traditional face-to-face therapy. Yet even the "traditionalists" may not be able to avoid the need for some form of distance-based services. The world has gotten complicated: Job transitions, "supercommuting" and globalization mean that our patients may ask or need us to step outside of our traditional paradigms and use new technological options to stay "connected" to them. Here are two brief case examples.

"One of my clients recently had a job change and will be spending 2 weeks in Portland (residence) and 4 weeks back east. They would like to continue receiving services in person when they are in Portland and via phone or video chat while out of state."

"One of my adolescent clients with a history of a previous suicide attempt is moving out of state due to a parental job transfer. They have a history of social and separation anxiety, depression, and currently have some self-harm ideation. Rapport and trust was not easy to build but is very strong now. The family has asked that we continue to provide phone consultation for some months through the move and to assist this youth as they begin a relationship with a new provider (which is the ultimate intention). The family is concerned that without this relational bridge it will take a long time to establish enough trust with a new provider to truly know if their teen is at risk."

What are the clinical, practical, legal, and ethical issues to be considered in such proposals? Many professions are struggling to establish coherent guidelines and standards for the practice of telehealth, making issues more complicated. The APA has aspirational Practice Guidelines for telehealth modalities (APA, 2013), although there are no prescriptive mandates that are universally endorsed either by OBPE, APA, or case law. This article is not intended to suggest HOW requests for *telepsychology* should be handled, but rather to highlight some of the many questions that should be considered along the way.

Ethical obligations: Do no harm

Questions to consider: *What are the needs of my client currently? What risks or harm may reasonably ensue if therapy does not accommodate this change? Do the issues brought on by the treatment remain within my scope of practice? Will the continued contact likely be effective in an alternate arrangement? Could it enable dependency rather than establishing a treatment relationship that can better accommodate the transition?*

During transition, clients may find it more necessary to rely on the

Susan Patchin 1959—2014

Dr. Susan Patchin died unexpectedly on September 22, 2014, in Elko, Nevada of suspected cardiac complications. She was born in Astoria, Oregon, April 11, 1959 and lived most of her life in the Portland, Oregon area. She is survived by her mother, Patricia, step-dad Gordon, sister Sherry and husband Dennis.

Dr. Patchin had recently accepted a position in Elko, Nevada as a psychologist for IHS, Southern Bands Health Center. She had worked hard with both the Oregon Psychological Association and the American Psychological Association to advocate for prescriptive privileges for psychologists. Her hard work, deep concern for her clients, caring nature, sense of humor, and feisty disposition will be missed by friends and colleagues.

Presidents Message, continued from page 1

last newsletter, I'll highlight some of the specific progress and reiterate our invitation to join the committee or interest group who reflects your interest and values.

The Legislative Committee (LC) has been immersed in activity as they review bills for this legislative session. I'm amazed by the time and energy it takes to develop the advocacy agenda. The committee has prioritized the following issues: remove barriers to treat patients covered by private *and* state-funded plans, improve panel access, address reimbursement problems in multiple contexts and continue to advocate for best practice treatment.

The Diversity Committee collaborated with the LC to produce a powerful, research-based position statement to support the proposed legislation to outlaw the practice of Sexual Orientation Change Efforts (SOCE). The Diversity Committee collaborated with the Oregon Board of Psychological Examiners to support the new Continuing Education Diversity requirement and the Professional Affairs Committee continues to provide leadership in the development of guidelines for Telepsychology and other forms of distance communication and education.

Back to the mud, my career includes decades of clinical service, education and training, but really not much mud. But the last five years have pulled me into the sustainability and business of psychology. As a result, I've waded through more mud than in the previous 20 years! I can appreciate the meaning and value of challenges, but Sammy's advice to "embrace the mud" raises the bar. I'm not sure if I can rise to the level of the victory V but I'm willing to give it a try!

www.opa.org

Check out OPA's new website at www.opa.org to see information about OPA and its activities and online registration for workshops!

Eastern Oregon Psychological Association 30th Annual Wallowa Lake Conference

Co-Sponsored by the Oregon Psychological Association

Assessment, Treatment and Case Management of the Suicidal Patient

Presented by
Kirk Strosahl, PhD

Saturday, May 16, 2015

Eagle Cap Chalet
Joseph, Oregon

About the Program

The Eastern Oregon Psychological Association (EOPA) is pleased to have Kirk Strosahl, PhD, join us and present to us for our annual conference at Wallowa Lake.

This workshop will introduce an innovative approach to the assessment, treatment and case management of suicidal patients. Participants will learn the different forms, and population prevalence, of suicidal and self-destructive behaviors. Participants will learn an approach to responding to suicidal behavior as a form of problem solving behavior, rather than as a sign of mental illness. Principles of effective intervention will be examined in detail, as well as qualities of the effective clinician.

Participants will also have an opportunity to practice making clinical responses to high risk, challenging client statements.

Kirk Strosahl, PhD, is a nationally recognized expert in the assessment and treatment of suicidal behaviors and currently is a practicing psychologist at Central Washington Family Medicine in Yakima, WA.

More information and a registration form can be found on the events page at www.opa.org.

For more Information Contact

Steve Condon at 541.278.4123 or scondonphd@eotnet.net or Marianne Weaver, PsyD at 541.962.3745 or email mweaver@eou.edu.

Remote Services, continued from page 2

therapeutic relationship. Premature termination or a reduction in therapeutic services may result in emotional or even physical risk. Abandonment issues are a legitimate ethical and clinical concern that can, in some instances, trump other considerations. The client's needs, coping resources, and timeline of the transition should all be carefully considered to determine the therapeutic obligation to continue a telepsych relationship. Equally importantly, a therapist should consider how remote services might impact the client's transition to another practitioner, if needed. There is a risk that a telepsych relationship may enable clients to avoid taking the necessary leap to a new provider. One solution might be having therapists in multiple geographic locations who collaborate. Alternately, the telepsych relationship may be framed as transitional and as guiding a plan for engaging more fully with another provider. One thing is certain—some amount of "thinking outside of the box" should be done before we simply decide one or the other is appropriate.

Payment and contractual obligations

Questions to consider: *How will I bill for this service—Cash? Submit to insurance? Reimburse from Health Savings Account? Is the patient in question covered by a third party payer? Is phone/video therapy a covered service? How long does the phone contact have to be before it is considered "non-covered"? Can you bill either the insurance company or patient for crisis contact? Are there limitations in the contract about passing on fees for non-covered or denied services?*

After ethical issues, the next question to consider is how or if you will get paid. You might be thinking, "What's the big deal? Why can't we go ahead? The patient is willing to pay cash so we don't even have to mess with insurance." But not so fast—there are more factors to consider. Many of us recognize that if we are not meeting with a client face to face, an insurance company may not reimburse for the service. However, this is not exclusively true. There may be rules unique to each payer as to whether remote services are covered or not.

You cannot assume that a claim for telepsychology will be paid by an insurer. Neither can you assume it is a self-pay service. Billing insurance for face to face visits and charging a cash rate for telepsych consults may constitute a breach of contract. Contracted providers can only bill clients for services that are definitely not covered services. However, knowing what is or is not covered is not always an easy question to answer because insurers have an annoying habit of having gray areas. Telephone calls are a good example: The insurer may see patient phone calls as a service that is ancillary to office visits. While they do not pay separately for phone calls, many consider those calls a "covered service" (simply not reimbursable), and therefore, they are often not billable to the client. Some insurers consider extended phone calls a covered service and allow for billing, while others cover only two-way video therapy sessions but not phone-only sessions. Recently, some insurance contracts on the market explicitly place strict limitations about charging clients for any non-covered services.

Best practices may include checking with a client's insurer to see what their written policy is on phone calls, especially if you have a contract with that insurer. Ideally, try to obtain a letter from the insurer as part of the patient's record stating whether telepsychology is covered, or a print out of the insurer's policy stating whether they pay for remote therapy. When the request for telepsych services presents, there may be a more immediate time frame that does not always allow for such thoroughness (e.g., patient is on business trip and calls in crisis needing a "session"). As such, you may want to inquire about remote services when you do an initial insurance benefits verification. As this is a quickly evolving area, it may be prudent to check back periodically to be aware of policy changes.

Practice across state lines

Questions to consider: *Where is the patient when the services were received? What are the regulations of that state regarding the practice of psychology? Can't I just tell the patient that I can "consult" with them remotely but we won't call it "therapy"?*

Another important issue to assess is whether or not you are allowed to practice across state lines. Although you are licensed in Oregon, the licensing jurisdiction is determined by where the client is when the service is received. This means you may have to explore the statutes of up to 49 other states! If the client is in a state that has a practice act (like California), then there may be statutes that restrict how you provide services. Often it does not matter what you call yourself, or how you label your services. If it looks like psychotherapy to the client, then you must be licensed in that state before providing services (OBPE, 2010). This may seem unreasonably restrictive, but all states have a desire to protect the residents of their state, and have an interest in enforcing their licensing statutes. It's easy to imagine excellent services being provided by licensed professionals to remote areas across state lines, but it's just as easy to imagine some unscrupulous, under-trained people misusing this emerging area.

The recommended procedure would be to contact the other state's psychology licensing board and ask about their rules regarding remote therapy to a client temporarily visiting or residing in their state. In some cases, Boards in other states may grant privilege to provide services in limited ways (e.g., number of sessions, number of days, number of hours of client contact).

However, when a client is in crisis, we may not be given adequate time to research a state's statutes. When this is not feasible, there are some steps that could be taken, although you will still be taking on some risks. First, you should consult a reputable colleague about the ethical issues and standard of care expectations for your client and document that consultation.

Continued on page 5

Remote Services, continued from page 4

Second, you might have an agreement signed by the patient that specifies that you are not licensed outside of the state of Oregon. The agreement should state that you will not continue to provide psychotherapy, but you will be able to engage in consultation regarding tools addressed in the treatment relationship. Often, between-session coaching occurs, and that is considered different from psychotherapy. This helps to document that the patient does not have the perception that therapy is being provided outside of the licensed state. However, even this approach involves some level of risk.

You might be thinking, from a risk perspective, “How would the other state even know I was doing something without a license that looked like, but wasn’t, psychotherapy”? They might not, but, you are certainly taking a risk. If something went wrong and a complaint were filed, then you might face the penalties for practicing without a license. It is unlikely the signed consent document would sufficiently protect you from the consequences.

In conclusion

The complexity of telehealth practice highlights why it is so important that our legislative efforts include pursuing guidelines for practicing across state lines and mandates for insurance companies to cover telehealth services in some manner. ASPPB is attempting to develop an Interstate Compact that would provide a mechanism for allowing providers some access to practice in other states. Whether Oregon will join such a compact or will eventually adopt another mechanism for interstate practice remains unclear (OBPE, 2014).

The intersection of clinical, ethical, contractual, and licensure issues can make a seemingly simple client request incredibly complex. Best practice would include establishing procedures for handling such requests before they arise.

You may want to inquire about telepsych coverage at the time of preauthorization so that the particulars are already established.

Seek *a priori* legal counsel to determine what elements should be covered in your informed consent process and documents regarding telepsych requests.

Contact other licensing boards for guidance when at all possible.

Identify consultation sources for handling a request that may be urgent.

Stay informed about changing licensing, regulations and legal advice concerning telepsychology, and support OPA’s efforts to craft legislative statues regarding guidelines and reimbursement.

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Oregon State Board of Psychologist Examiners. (2010). Retrieved from http://www.oregon.gov/obpe/Unlicensed/Unlicensed_Practice_FAQ.pdf

Oregon Board of Psychologist Examiners. (2014). Retrieved from http://www.oregon.gov/obpe/newsletters/Summer_2014.pdf

Behavioral Healthcare Series
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Advanced Motivational Interviewing
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Fri 8:30am-4pm Apr 17

Addiction Pharmacology
Fri 5:30-9:30pm May 15 and Sat 8:30am-4pm May 16

DSM-5 and Its Clinical Implications
Fri 8:30am-4pm May 15

Level Two Gottman Method Couples Therapy: Assessment, Intervention and Co-Morbidities
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Apr 3, 4, 17, 18

Clinical Supervision: A Trauma-Focused Model
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Trauma Informed Services
pdx.edu/ceed/trauma

Trauma Informed Services across the Lifespan
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Secondary Trauma/ Secondary Healing
Fri 8:30am-4pm May 1

Clinical Supervision: A Trauma-Focused Model
Fri 8:30am-4pm May 29

Applied Suicide Intervention Skills Training
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Jun 22, 23

For more information, including registration instructions, follow the link under each program title and click on “current courses” or contact program managers: Marion Sharp, sharpml@pdx.edu or Kathy Lovrien, lovrienk@pdx.edu

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plus online thru May 10

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plus online thru May 24

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Being a Bystander: The Ethics of Systemic Inaction

Karen Paez, PhD, OPA Ethics Committee Chair

Of all the things discussed in my undergraduate *Introduction to Psychology* course, there is one phenomenon that I can most easily recall nearly 20 years later—the Bystander Effect. This social psychological term refers to the tendency for human beings *to fail to act* when others (bystanders) are present. It's often associated with the story of Kitty Genovese, a woman who was reportedly stabbed in front of her New York City apartment home while 38 bystanders stood by and did nothing. This tale of broad spread inaction was later debunked in a 2014 *New York Times* article, but I think we can all relate to the experience of not acting because we assume, hope, or trust that someone else is.

So how does the Bystander Effect, or other such psychological phenomena that enable inaction, impact our work as psychologists? Where and when do we defer to bystanders to take action when our ethical obligations as psychologists suggest we should otherwise intervene?

We all exist within systems—organizations, educational institutions, professional associations, group practices, office complexes, agencies, and the like. These systems, big or small, can serve as a breeding ground for inaction. Diffusion of responsibility, fear of retaliation, discomfort addressing a conflict, or questioning one's own standards are just a handful of reasons why we might not act. In addition, the systemic issues we observe as psychologists might not even have a direct impact on our clients. For example, you learn that there is a practice occurring in your agency that disadvantages a specific population but you don't have a client who is a member of that community. Or you learn that the hiring practices of your organization are such that some psychologists might be excluded for reasons other than merit. Is it okay to back down if a problem exists beyond your direct relationship with your clients, students, or supervisees?

The American Psychological Association's (2010) *Ethical Principles of Psychologists and Code of Conduct* explicitly states that we are to address situations where organizational demands conflict with ethics (1.03) and outlines the aspiration to attempt to resolve situations when our "obligations or concerns" as psychologists promote conflicts (Principle A). Still, it is understandable how we might be paralyzed to inaction when we are faced with addressing the systemic injustices, attitudes, and barriers around us. These ethical issues feel much larger than we are and it's easy to think, "Surely someone else has said or done something about this," or "If I said something it wouldn't make a difference anyway."

So how do we hold ourselves accountable to action within a system? This is a question we all must answer for ourselves, but it seems that one of the greatest resources we have as psychologists is one another. We are trained to ask difficult questions, to identify individual motivators towards action, and to explore the impact of our decisions and actions (or inaction). When we work together within a system, we can make commitments to thoughtfully reflect on potential ethical issues and resolve conflicts together. We can turn to one another in consultation to explore our human tendency towards inaction and to ask for feedback. Above all, we can seek to educate ourselves and the communities in which we work about the ethical issues we face on a larger/systemic scale.

Whether acting alone or in collaboration with fellow psychologists, there are multiple strategies we can employ to address ethical concerns that are systemic in nature. For example, we can communicate our concerns by writing a letter to leadership, sponsoring a presentation on the topic of concern, posting to a forum, submitting an article to *The Oregon Psychologist,* proposing the topic for research and further investigation, filing an official complaint, holding a meeting with stakeholders to brainstorm solutions, or any actions that bring attention to the issues at hand. It's also important to remember that the OPA Ethics Committee is here to support you. You can contact the committee for a consultation, which may include a debriefing of the incident, thoughtful review of applicable ethical standards, and brainstorming of potential action steps.

So next time you find yourself facing a concerning systemic issue, consider how you can avoid the dreaded question, "Why did you observe this and do nothing?" and *take action*.

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CONNECTION MATTERS

MAY 1-2, 2015

FRIDAY, MAY 1

8:00 – 8:45 am Continental Breakfast with Tabletop Exhibits
8:45 – 9:00 am Welcome & Opening Remarks by Conference Chair Chris Wilson, PsyD
9:00 am – Noon General Session – Fresh Connections in Practice: An Existential-Integrative Approach to Therapy
Noon – 1:30 pm Lunch & Awards Presentations
1:30 – 3:00 pm Breakout Sessions A (Please choose one)
- A1. Existential-Integrative Therapy Demonstration
- A2. You Did What? Special Issues with Clients Who Have Accessed Child Sexual Abuse Images (CSAI)
- A3. Post-Colonial Psychology: Towards a New View of Cultural Competence

3:00 – 3:15 pm Break with Tabletop Exhibits
3:15 – 4:45 pm Breakout Sessions B (Please choose one)
- B1. Q & A with Leaders in Existential-Humanistic and Existential-Integrative Practice
- B2. The Transdiagnostic Treatment of Emotional Disorders: A Case and Method for Targeting Emotion Dysregulation in the Treatment of Mood and Anxiety Disorders
- B3. Quandaries in the Clinical Assessment and Mandatory Reporting of Abuse and Neglect

5:00 – 7:00 pm OPA Reception

SATURDAY, MAY 2

- STUDENT SATURDAY! –

OPA gives a special welcome to student participation this day!

8:00 – 8:30 am Continental Breakfast with Tabletop Exhibits
8:30 – 10:00 am General Session - I'd Connect If I Only Had a Brain
10:00 – 10:30 am Break with Tabletop Exhibits
10:30 am – Noon Breakout Sessions C (Please choose one)
- C1. Eyes Wide Open: Understanding Our Strengths, Vulnerabilities, and Blind Spots to Guide Positive Ethical Decision Making
- C2. Self Exploration as an Expression of Self-Care
- C3. Working with Trans Youth 102: Complex Cases, Controversies, and Conundrums

Noon – 1:30 pm Lunch & Awards Presentations
1:30 – 3:00 pm Breakout Sessions D (Please choose one)
- D1. OBPE Town Hall
- D2. Healthcare Reform: What's New for Psychologists?
- D3. Understanding Intercultural Conflict Styles for Better Relationships

3:00 – 3:30 pm Break with Tabletop Exhibits
3:30 – 5:00 pm Breakout Sessions E (Please choose one)
- E1. Telepsychology in Practice: Virtual Connections Can Allow Real Therapy
- E2. Student Poster Session & Awards and a Presentation on Life After Graduate School
- E3. Fortuna and Nemesis: Failure, Resilience, Connection in an Ethical Practice

5:00 pm Conference Concludes

**Conference schedule, topics and speakers subject to change*

Register today at www.opa.org or call OPA for a conference brochure at 503.253.9155 or 800.541.9798

Wallowa Lake Conference: An EOPA Tradition

Steve Condon, PhD

The Eastern Oregon Psychological Association (EOPA) will host its 30th Annual Conference at Wallowa Lake on May 16, 2015. The conference, co-sponsored by the Oregon Psychological Association, has been a tradition that began in 1986 with a conference featuring a panel presentation on “Divorce, Coping with a Reality of Our Times.”

The Eastern Oregon Psychological Association was formed as a regional affiliate of OPA in the mid-1980s. EOPA provides local continuing education opportunities, collegial support and networking for psychologists and mental health professionals in rural Eastern Oregon. Over the years, psychologists from Eastern Washington, Idaho, and others have attended our conferences. Eastern Oregon Psychological Association has also been a venue for OPA town hall meetings and continuing education events scheduled in other Eastern Oregon locations, including Pendleton and La Grande. Local study groups have conducted case consultation and discussion of scientific and clinical topics.

The conference at Wallowa Lake, typically held in May, has been an opportunity for professionals and their families and friends to take a break in the spectacular Wallowa Mountains, sometimes called the “Switzerland of America.” The area offers hiking, boating, horseback riding, mountain biking and the highest gondola in America. The conferences are organized with a significant amount of volunteer work by EOPA members. EOPA functions as a local continuing education committee, with topics and speakers chosen according to the needs and interests of our membership. The Wallowa Lake Conference has often included informal meals, such as pizza parties or potlucks, and on occasion a large group dinner at one of several fine local restaurants. Occasionally, there has been informal entertainment with guitars and singing, and even a “roast” of retiring members.

EOPA has been able to attract many excellent speakers to Wallowa Lake. Speakers have included nationally known experts, as well as some “homegrown” speakers from the Eastern Oregon and Washington areas, as well as others from throughout the Northwest. Over the years there have presentations focusing on clinical deception, ethics in rural settings, forensic issues, pain management, the Oregon Death with Dignity Act, language and gender, and various developmental stages of life. The topics have included various conditions including personality disorders, eating disorders, anxiety and panic disorders, dissociative disorders, substance abuse, domestic violence, sleep disorders, and attachment disorders. Workshops on particular approaches to treatment, including couples therapy, solution oriented therapy, cognitive processing and prolonged exposure therapy, as well as presentations focusing on neuropsychology and psychopharmacology have been provided.

This year’s conference features Kirk Stroshal, PhD, presenting on “Assessment, Treatment and Case Management of the Suicidal Patient.” Dr. Stroshal is a nationally recognized expert, one of the original architects of dialectical behavior therapy and acceptance and commitment therapy. This training should meet specific CE requirements for psychologists licensed in Washington.

Typically, EOPA sponsors Friday evening discussion that may feature a pizza party, and there may be opportunities for dinner at a local restaurant on Saturday night.

See OPA’s website events page for the link to the conference brochure.

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APA Council Representative Report - OPA Bulleting, February 2015

Teri Strong, PhD, APA Council Representative for Oregon

The APA Council of Representatives held their bi-annual meeting February 19-22, 2015 in Washington, DC. The changes in APA governance structure and function, the result of the 4-year Good Governance Project, were evident at the meeting. The newly elected Council Leadership Team (CLT) took responsibility for managing the work of Council, in cooperation with APA President, Barry Anton, the Board of Directors and other Association leaders and staff. The CLT is comprised of 12 members, all of whom are current or past Council members.

Council addressed a broad range of issues relevant to OPA members, related to psychological science, practice, education and training, advocacy, and policy. In recognition of the importance of the involvement of Early Career Psychologists in the Association, a resolution was passed to require that most APA Boards and Committees include at least one member who is an Early Career Psychologist. Early Career Psychologist within APA is defined as members who are within 10 years of completing the doctoral degree. Committees will achieve this outcome by creating at least one slate of candidates made up of only Early Career Psychologists.

A resolution on the enhanced use of technology by APA was approved. The goal of this resolution is to maximize the use of technology at all levels of the organization to increase opportunities for collaboration and communication. The two primary areas that have been targeted for technology enhancement are in governance functions and in member engagement.

In the area of Education Affairs, three resolutions were passed. First, *Competencies for Psychology Practice In Primary Care* was approved. This document articulates the competencies for education and training of psychologists who seek to provide psychological services in primary care settings. It is the product of an inter-organizational work group, comprised of nine organizations with an interest in psychology practice in primary care. These competencies are organized by 6 clusters, which include: Science, Systems, Professionalism, Relationships, Application and Education.

Secondly, an additional seat was added to the Board of Education Affairs, to be held by an APA High School or Community College Teacher Affiliate Member. Third, *Standards of Accreditation in Health Service Psychology* was approved. These standards replace the 1996 *Guidelines and Principles for Accreditation*. The new guidelines address changes in higher education, health and mental health infrastructure in the United States, as well as education and training in professional psychology. They address requirements for accreditation at the doctoral, internship and residency levels of training.

Below is a summary of additional resolutions approved by Council at the February meeting:

- Resolution on Independence of Psychologists: Affirms that psychologists are doctoral-level trained professionals, licensed to independently provide the full range of services as described in their licensed scope of practice. It also states that licensed psychologists provide the services under the oversight of the psychology licensing board without need or expectation of any other oversight or supervision. This resolution also states that “APA supports the inclusion of psychologists in the Centers for Medicare & Medicaid Services’ (CMS) physician definition on par with medical and other doctoral-level trained providers in those fields who are currently so defined by federal law.”
- Resolution in Support of Education and Implementation of the International Classification of Diseases: This resolution aims to create activities within APA to educate APA members and the public about the ICD, and to support the creation of tools and programs to allow psychologists to enhance their knowledge of health promotion, disease prevention, and management of chronic disease.
- *Professional Practice Guidelines: Guidance for Developers and Users*. These guidelines replace two previous APA policy documents and provides updated guidance for, and examples of, Professional Practice Guidelines that have evolved over the past decade, along with scholarly literature specific to these guidelines.
- Amending the APA Association Rules to Change the Name and Mission of the Committee on Lesbian, Gay, Bisexual and Transgender Concern: This resolution changed the committee name to the Committee on Sexual Orientation and Gender Diversity, to better reflect the full range of diversity among the populations it represents. In addition, the committee will no longer be required to have an even mix of males and females, to avoid using gender as a binary concept.

These resolutions, along with supporting documents, will soon be available on the APA website, www.apa.org. A summary of the February Council meeting will also be published in *The American Psychologist*.

Additional APA News:

As of January 1, the Committee for the Advancement of Professional Practice (CAPP) became wholly a committee of the APA Practice Organization (APAPO) and continues to be responsible for the day to day oversight of APAPO in advocating for the c-6 professional and marketplace interests of practitioners in legislative, legal and regulatory arenas. CAPP reports directly to the APAPO Board of Directors. This change also added a voting member from the American Psychological Association of Graduate Students to CAPP, which already has a designated early career psychologist member. The Board of Professional Affairs continues to oversee the work of the Practice Directorate, including policy formulation, the development of

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Seeking to Understand; Seeking to Help

Nathan W. Engle, MA, George Fox University, Graduate Department of Clinical Psychology

As soccer practice started, one day back in high school, I remember my coach gathering us together to share an announcement—one of our teammates would not be with us for a couple weeks of practice and games because his father passed away from suicide. My eyes were wide as I stopped messing with a soccer ball between my feet and studied the faces of my friends. Some teammates already knew, judging by the bowing of their heads. Others just stood still with eyes glued to the now silent coach. After the coach broke the stillness with an announcement of the first drill, I spoke softly to one of my teammates and said, "Why did he kill himself?"

In that moment, I did not realize the complexity of the situation or know what to do with the few pieces of information I gathered from uninformed peers. All I knew is that I was sad, confused, and very curious. I made countless speculations as to what may have happened. I wondered if there were arguments, threats, or division in their family. I wondered if he was sick, although I did not know what I meant by that. I remember struggling with how little I knew and how uneasy I felt.

Jumping forward to graduate school, I received training on evaluating risk factors of suicide and personally explored those conflicting feelings that arose in my soul way back in high school. At times, I desired to know as much as possible about human experience, pain, suffering, and living well. At other times, I felt overwhelmed by my overall powerlessness and inability to change my feelings of pain or confusion. It was an interesting set of feelings I discovered when I dove deeper into the confusing sadness only to find a broader, more powerful set of feelings reflecting my finiteness, my dependency on others, and my need for help just as much as anyone else—just like my friend's dad.

I once hoped to apply all I knew about life and living well to myself and live happily ever after. For a time I even openly pursued this idealism as a pseudo-spiritual practice. However, I always returned to the reality that even if I understood all aspects of human struggle, I would be left—at best—with a style of living that was obsessed with being good, strong, and safe enough.

Since the days of Freud and Wundt, psychology has evolved into a complex professional field. A playing field that presents a gauntlet of stressors that is not dissimilar from other vocations. Despite professional training and potential resource of personal psychotherapy, research continues to confirm that psychologists deal with the stress of life the same as everyone else—a magnanimous journey of meaning making notwithstanding anxiety, pain, and or death.

Some of the research results I recently contributed echoed the reality of psychologists "being human." These results showed that nearly 36% of psychologists' professional life stress is accounted for by the emotional well-being of the psychologist. Stated succinctly, the emotional aches and pains of life explain over a third of stress that burdens psychologists and their work.

APA increasingly advocates for state psychological associations to address professional life stress of local psychologists. Yet, the impact of stress on a psychologist's professional career remains quite similar to the lives of other stress-impacted professions. And, since it is clear that suicide is highly correlated with mood related struggles, suicide prevalence is a realistic concern among psychologists. The APA's Advisory Committee on Colleague Assistance investigated the incidence of suicide for psychologists and found an increase in suicide attempts by practicing psychologists over the last two decades. (Kleepsies et al., 2011).

My recent research found that over 38% of effective coping strategies are individually based coping strategies, such as mindfulness activities and friends. Surprisingly, personal psychotherapy did not make the cut… at all. Further research into why personal therapy is not a particularly effective way for psychologists to cope with professional stress may help us understand more about the importance of identifying an effective style of coping and continue investing in the strategies that work.

One of the greatest lessons I learned in graduate school was not how to conceptualize stress or develop sophisticated ways of coping but, rather, the realization that I, too, am an ordinary human in need of life skills and a supportive community.

I may never know the reasons why my friend's dad killed himself. I may never know if I could have predicted it. Perhaps the better questions are how did he struggle, how did he cope, and how did we help.

Kleespies, P. M., Van Orden, K. A., Bongar, B., Bridgeman, D., Bufka, L. F., Galper, D., Hillbrand, M., & Yufit, R. I. (2011). Psychologist suicide: Incidence, impact, and suggestions for prevention, intervention, and postvention. *Professional Psychology: Research and Practice, 42,* 244-251. doi:10.1037/a0022805

APA Council Rep Report, continued from page 9

both professional practice and clinical practice guidelines, public education and disaster response, and advocacy for access to quality mental health services.

A new APA Office of Membership Recruiting and Engagement has been established. A new executive director level position has been established for this office and recruitment for the position is underway. Seed money for the new office and an expanded and enhanced focus on membership will be funded out of the APA/APAIT business agreement funds—$3,847,500 for a five-year window.

For further information or to discuss any of these items, please contact Teri Strong, APA Council Representative from Oregon at: drteristrong@gmail.com or 541.915.9261.

Racial Microaggressions in Therapy: What's the Problem with Seeing No Color?

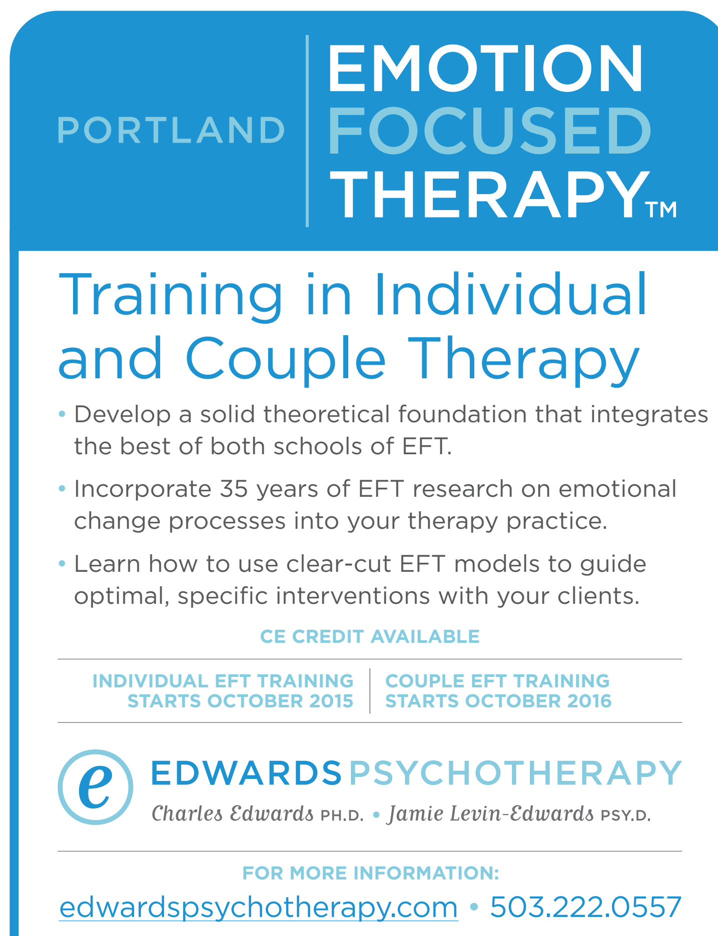
Jenjee T. Sengkhammee, PhD, OPA Diversity Committee

Racial microaggressions were initially described as "subtle, stunning, often automatic, and non-verbal exchanges which are 'put downs'" (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66). Later, Sue and his colleagues (2007) defined racial microaggressions as brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicated hostile, derogatory, or negative racial slights and insults toward people of color. Enactors of racial microaggressions are often unaware of their behavior and the potential impact on racial/ethnic minorities (Constantine, 2007). The failure to address racial microaggressions can lead to doubt regarding their existence.

Indeed, opponents against the existence of racial microaggressions in therapy argue that whenever two people engage in an interpersonal relationship, conflict can occur irrespective of race (see Schacht, 2008). Offenses such as racial microaggressions should not be so easily dismissed, particularly when the U.S. has a long history of racism, prejudice, and discrimination against racial and ethnic minorities. Other opponents of racial microaggressions may question, what is the problem with a therapist saying, "I see no color"? Seeing no color, often suggests a color-blind racial attitude, which denies, distorts, or minimizes race and/or racism. This implies that one should treat all individuals similarly by ignoring race, ethnicity, or culture (Neville, Spanierman, & Doan, 2006). A primary issue with seeing no color is that it excludes a racial and cultural understanding of someone's experience. To "see color" is to see someone within his or her lived context.

Constantine's study on racial microaggressions against Black/African Americans reflected a meaningful experience of a White therapist telling an African American client that the therapist "sees no color" (2007). This might seem confusing; however, if one were to take on the perspective of this African American client's experience, the statement implies that the therapist is ignoring the African American client's racial and cultural experience. Quite subtle, but incredibly powerful. A target of a racial microaggression may experience a sort of dissonance (see Solórzano, Ceja, & Yosso, 2000; Sue et al., 2007). This dissonance is a questioning of whether or not this person was being intentionally racist, or if the target was "being too sensitive." This kind of dissonance may further contribute to how the target responds to the microaggression. In the end, the target may choose not to address the microaggression. It is unclear how often people confront their enactors of racial microaggressions, as sometimes these individuals are colleagues, peers, or their therapist.

It is clear that the U.S. is becoming an increasingly diverse country. As these racial dynamics change, we can expect an increase in cross-cultural interactions between clients and therapists. Hence, it is essential that in our role as psychologists, we see clients within their context; it is only then that we can truly offer an effective therapeutic intervention. Recognizing that racial microaggressions exist, and admitting that we psychologists are vulnerable to committing such acts, is a marker of striving toward cultural competence.



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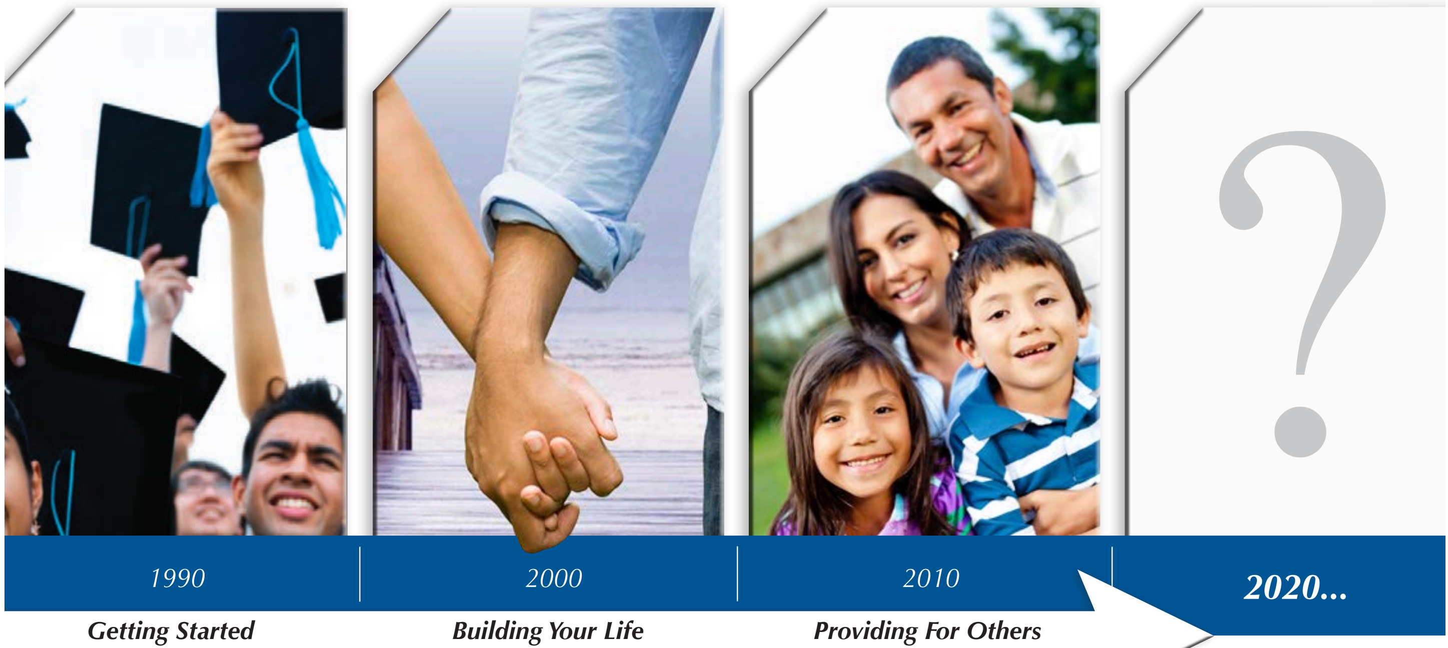

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[2] Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.

Welcome New and Returning Members

Oregon Psychological Association

Krista Bacon
Hillsboro, OR

Lew Bank, PhD
Portland, OR

Daniel Brager
Hillsboro, OR

Chelsea Bucina
Beaverton, OR

Patrice Carrello, PhD
Portland, OR

Emma Cohan
Lake Oswego, OR

John Conley, MA
Portland, OR

Kyle Dennison
Beaverton, OR

Karrie Ehlers
Hillsboro, OR

Reid Elderts
Hillsboro, OR

Tabitha Evans
Portland, OR

Heather Freeman
Portland, OR

Kara Friend
Hillboro, OR

Carl Gauthier, MS
Hillsboro, OR

Roseann Fish Getchell, MEd
Portland, OR

Karen Gladyschild, PhD
Portland, OR

Ariana Greene
Portland, OR

Diana Groener
Portland, OR

Kelly Haugen
Beaverton, OR

Sara Hayden
Hillsboro, OR

Kimberly Hillman
Portland, OR

Bryan Johnson
Aloha, OR

Anastasia Jones
Portland, OR

Alisa Karmel
Portland, OR

Leah Katz, PhD
Portland, OR

Melissa Kurkoske
Hillsboro, OR

Patricia Lis
Hillsboro, OR

Jacob Manuel
Hillsboro, OR

Steven Miller
Hillsboro, OR

Cara Mitchell, PsyD
West Linn, OR

Amber Nelson
Tigard, OR

Joshua Payton, PsyD
McMinnville, OR

Alex Perez Medina
Hillsboro, OR

Calle Pierson
Milwaukie, OR

Alana Raber
Hillsboro, OR

Laurie Raffetto, MA LPC
Salem, OR

Elika Razmjou, BA
Beaverton, OR

Collin Riberdy
Hillsboro, OR

Robert Rogers, PhD
Springfield, OR

Brittany Timmons
Oregon City, OR

Olivia Torres
Portland, OR

Kathy Transeth, PhD
Portland, OR

Emily Watson, MA
Beaverton, OR

Aurora White
Portland, OR

Megan Whitman
Hillsboro, OR

Kimberly Wisotzke, PhD
Lake Oswego, OR

Racial Microaggressions, continued from page 11

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Do your clients want to increase sexual desire and handle conflicts more effectively?

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OPA Continuing Education Workshops

The Oregon Psychological Association sponsors many continuing education programs that have been developed to meet the needs of psychologists and other mental health professionals. The Continuing Education Committee works diligently to provide programs that are of interest to the wide variety of specialties in mental health. Below is a list of the upcoming education offerings. All workshops are held in Portland, Oregon unless otherwise noted. Full information and registration for the fall workshops will be available in early summer at www.opa.org.

The Oregon Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. OPA maintains responsibility for this program and its content. Letters of completion will be awarded to participants who attend the entire workshop. No partial credits are given. OPA workshops should be satisfactory for Oregon Licensed Social Workers' and LPCs' continuing education requirements. Approval for any other licensing or regulatory bodies must be completed by individual attendees.

2015 Spring Schedule

March 20, 2015

Ethical Issues in Small Communities: Expanding the Definition and Discussion

by Janet Schank, PhD

April 10, 2015

Reducing Stress with Mind/Body Skills Acquisition

by Alice Domar, PhD

May 1-2, 2015

OPA Annual Conference *Connection Matters*

Featuring Kirk Schneider, PhD

Hilton Eugene Conference Center Eugene, OR

June 5, 2015

Treating Complex Trauma in Adolescents & Young Adults

by John Briere, PhD

To register go to www.opa.org

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

Calendar items are subject to change
To register go to www.opa.org

OPA Public Education Committee Facebook Page - Check it Out!

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

You will find the OPA Public Education Committee's social media policy in the About section on our page. If you do "like" us on Facebook, please familiarize yourself with this social media policy. We would like to encourage use of the page in a way that is in line with the mission and ethical standards of the Association.

Go to https://www.facebook.com/pages/Oregon-Psychological-Association-OPA-Public-Education-Committee/160039007469003 to visit our Facebook page.

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.

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

- -

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

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OPA Classifieds

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Beautiful, furnished SW John's Landing office (290 sq. ft.) with large reception room and parking. Available 1-2 days a week, for $200 per day per month. On bus line, building has elevator. Optional secretarial services and billing. Some referrals. Steve Waksman PhD or Johna, 503.222.4046. drwaksmanphd@gmail.com.

Office available in office suite across from St. Vincent Hospital. Part-time receptionist and ample parking available. Office close to MAX line. Practice associated with medical psychology. Call 503.292.9183 for information or email akotsphd@qwestoffice.net.

PATIENT TREATMENT GROUPS

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

PROFESSIONAL SERVICES/EQUIPMENT

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

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

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Beautiful Sunriver home with spectacular view of Mt. Bachelor. Sleeps 10. 3 bedrooms, 3 bathrooms. King, Queen, 1 set of bunks & 2 hide-a-beds. 2 master suites, 1 with jacuzzi tub. 3 TVs, 3 VCRs. Hot tub with a large deck. Bikes & garage. No smoking/pets. Rental price from $185 - $266, 20% reduction off regular rate given to OPA members. Call 503.390.2776.

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

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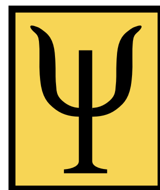

Oregon Psychological Association

OPA Elections and Annual Meeting Notice

The following is information on OPA's upcoming board of director's election and annual meeting. Voting members of OPA will be mailed a ballot in late March on these issues and returned ballots are to be postmarked by April 24th in order to be tabulated. The OPA annual meeting will take place during our Annual Conference on May 1-2, 2015 at the Hilton Eugene Conference Center in Eugene, Oregon.

2015-2016 Elections Slate of Candidates

The following is a slate of candidates that the nominating committee presented to the board of directors. The board of directors has approved the following candidates for election:

Officer Positions

- Wendy Bourg, PhD - President Elect
- Ryan Dix, PsyD - Treasurer
- Spencer Griffith, PsyD – Secretary

Director Positions

Please note that you will be asked to vote for 2 candidates for the director positions:

- Juliette Cutts, PsyD - two year position
- Alan Ledford, PhD – two year position

Additional nominations may be made by written petition containing the signatures of no fewer than ten OPA voting members. Such nominating petitions must be received by the nominating committee chairman no later than two weeks after this newsletter announcement is sent out via email. Such nominations can be sent to OPA at info@opa.org.

If you have any questions, please contact Sandra Fisher at the OPA office at 503.253.9155 or 800.541.9798, or via email at info@opa.org.

The Oregon Psychologist Advertising Rates, Policies & Publication Schedule

If you have any questions regarding advertising in the newsletter, please contact Sandra Fisher at the OPA office at 503.253.9155 or 800.541.9798.

Advertising Rates & Sizes

Advertising Rates & Policies Effective September 2013:

1/4 page display ad is $100

1/2 page display ad is $175

Full page display ad is $325

Classifieds are $25 for the first three lines (approximately 50 character space line, including spacing and punctuation), and $5 for each additional line.

Please note that as a member benefit, classified ads are complimentary to OPA members. Members will receive one complimentary classified ad per newsletter with a maximum of 8 lines (50 character space line, including spacing and punctuation). Any lines over the allotted complimentary 8 will be billed at $5 per additional line.

All display ads must be emailed to the OPA office in camera-ready form. Display ads must be the required dimensions for the size of ad purchased when submitted to OPA. All ads must include the issue the ad should run in and the payment or billing address and phone numbers.

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

2015

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

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

4th Quarter Issue - deadline is November 2 (target date for issue to be sent out is mid-December)

*Subject to change

OPA Ethics Committee

The primary function of the OPA Ethics Committee is to "advise, educate, and consult" on concerns of the OPA membership about professional ethics. As such, we invite you to call or contact us for a confidential consultation on questions of an ethical nature. At times, ethical and legal questions may overlap. In these cases, we will encourage you to consult the OPA attorney (or one of your choosing) as well.

When calling someone on the Ethics Committee you can expect their initial response to your inquiry over the phone. That Ethics Committee member will then present your concern at the next meeting of the Ethics Committee. Any additional comments or feedback will be relayed back to you by the original contact person. Our hope is to be proactive and preventative in helping OPA members think through ethical dilemmas and ethical issues. Please feel free to contact any of the following Ethics Committee members:

Alex Duncan, PsyD, ABPP
503.807.7180

Sally Grosscup, PhD
541.343.2663

Jenne Henderson, PhD, Chair Elect
503.452.8002

Karen Paez, PhD, Chair
971.722.4191

Lisa Schimmel, PhD
503.381.9524

Jeffrey Schloemer
Student Member

Sharon Smith, PhD
541.343.3114

Casey Stewart, PhD, ABPP
503.620.8050

Jane Ward, PhD
503.292.1885

The Oregon Psychologist

Mary Peterson, PhD, President • Shoshana 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.

OPA Colleague Assistance Committee Mentor Program Is Available

The goals of the Mentor Program are to assist Oregon psychologists in understanding the OBPE complaint process, reduce the stress-related risk factors and stigmatization that often accompany the complaint process, and provide referrals and support to members without advising or taking specific action within the actual complaint.

In addition to the Mentor Program, members of the Colleague Assistance Committee are available for consultation and support, as well as to offer referral resources for psychologists around maintaining wellness, managing personal or professional stress, and avoiding burnout or professional impairment. The CAC is a peer review committee as well, and is exempt from the health care professional reporting law.

Colleague Assistance Committee

Kate Leonard, PhD
503.292.9873

Rebecca Martin-Gerhards, EdD
503.243.2900

Lori Queen, PhD
503.639.6843

Marcia Wood, PhD
503.248.4511

Chris Wilson, PsyD, Chair
503.887.9663

CAC Provider Panel

Barbara K. Campbell, PhD
503.221.7074

Michaele Dunlap, PsyD
503.227.2027 ext. 10

Debra L. Jackson, PhD
541.465.1885

Kate Leonard, PhD, 503.292.9873

Doug McClure, PsyD, 503.697.1800

Lori Queen, PhD, 503.639.6843

Ed Versteeg, PsyD, 503.684.6205

Beth Westbrook, PsyD, 503.222.4031

Marcia Wood, PhD, 503.248.4511

OPA Ethics Committee

Do you have an ethics question or concern? The OPA Ethics Committee is here to support you in processing your ethical dilemmas in a privileged and confidential setting. We're only a phone call away.

Here's what the OPA Ethics Committee offers:

- **Free** consultation of your ethical dilemma.
- **Confidential** communication: We are a peer review committee under Oregon law (ORS 41.675). All communications are privileged and confidential, except when disclosure is compelled by law.
- **Full consultation**: The committee will discuss your dilemma in detail, while respecting your confidentiality, and report back our group's conclusions and advice.

All current OPA Ethics Committee members are available for contact by phone. For more information and phone numbers, visit the Ethics Committee section of the OPA website in the Members Only section, and page 17 of this newsletter.

PAC Notes - On the Web

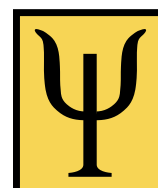
The Professional Affairs Committee (PAC) would like to remind OPA Members of content available on the OPA website (www.opa.org). In the Professional Affairs Committee section, the PAC has a subsection with an assortment of resources for members. Included are articles related to practice by PAC members, guidelines, and a template for professional wills to help get us all compliant, information on APA Record Keeping Guidelines, links to CEUs related to practice, and more!

Check Us Out!

Now you can find diversity information and resources on the OPA website! The OPA Diversity Committee has been working hard to make this happen. You can also learn more about the OPA Diversity Committee and our mission on this site. So go ahead and check us out online.

- Go to www.opa.org and click on Committees and then Diversity Committee.

We hope the Diversity Committee's webpage is helpful to OPA members and community members in our mission to serve Oregon's diverse communities.



Oregon Psychological Association