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Convention Preview Issue

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Necessity is the Mother of Convention

Guest Editor Millie Tirengel
Mother of CPA’s 2015 Convention Chair, Jeff Tirengel, PsyD, MPH

If my son Jeffrey had listened to me, he wouldn’t have agreed to be Chair of CPA’s 2015 Convention. He was apparently already too busy to visit me regularly, and being Convention Chair was not likely to solve that problem. If I had listened to myself, I wouldn’t have agreed to write this Guest Editor column for him. According to “The Dr. Phil Show,” I am an enabler at the age of 96. Nonetheless, someone had to write this column, and it obviously wasn’t going to be the same someone mentioned above (and I don’t mean Dr. Phil).

I once asked Jeffrey why he likes to go to CPA Conventions. Among his many reasons is that he enjoys getting away for a few days. I probably shouldn’t take that personally. I suppose that spending time relaxing on the waterfront at the Paradise Point Resort & Spa in San Diego might appeal to some people, but being left behind is fine with me.

Jeffrey tells me that CPA Conventions typically include several invited presentations and pre-Convention Advanced Institutes that foster greater depth of knowledge and skills. As Guest Editor, I reviewed articles written for this edition of The California Psychologist by some individuals whose work is being featured. A few of the authors were new to me, but I found their articles to be highly readable.

Emiliana Simon-Thomas, PhD, for example, writes in a heartfelt way about the science of mindfulness. Although I am still not certain what mindfulness is, I suspect that someone’s child would pay more attention to his mother if he were being mindful. I imagine that this way of paying attention would also be reflected in the neuroimaging that Erin Bigler, PhD, describes in his neuropsychology article and that Scott Woolley, PhD, writes about in his contribution on recent advances in couple therapy. The thought-provoking pieces by Erving Polster, PhD, and Stanley Sue, PhD, helped me understand why Jeffrey and other readers of The California Psychologist might have wanted to become psychologists in the first place. Finally, the article by Bram Fridhandler, PhD, makes it clear that doing the right thing in professional practice requires paying mindful attention to ongoing developments in the legal and ethical landscape. Who knew that it was all interconnected?

In closing, I would like to thank CPA’s 2015 President Stephen Pfeiffer, PhD, for encouraging me to serve as Guest Editor for this pre-Convention edition of The California Psychologist. It’s nice to know that someone isn’t too busy to appreciate me.
Who knows better than psychologists that nobody likes change. Yet most of us are toiling in the trenches as change agents every day with the patients we treat. Risk is an inherent part of change, but no individual and no association thrives without trying new things.

If you haven’t ever viewed the YouTube video entitled “Shift Happens,” I urge you to spend 5 minutes doing so.

From Shift Happens: “Did you know that researchers predict that 65% of today’s grade schoolers will hold jobs that don’t yet exist? Did you know that 25% of India’s population with the highest IQs is greater than the total population of the United States? Translation – India has more honors kids than America HAS kids!”

Not from Shift Happens: Did you know that there are about 18,000 licensed psychologists in California. Distressingly, 80% of them are not members of CPA, the only organization that works diligently to protect psychologists’ right to practice independently in California. I know I’m speaking to the choir since you are a CPA member. However, looking at the stark facts about this issue will, I hope, motivate you to take action. Only 20% of California psychologists are carrying the burden of nearly 15,000 “free-loaders” on our shoulders.

It is reasonable to ask why the large majority of psychologists don’t “get it” as far as CPA membership is concerned. Surely this group is smart enough to understand that in the 21st Century every profession needs to advocate for itself. Do they mistakenly think that membership in the APA will protect their right to practice in California? Do they incorrectly believe that their bi-annual license renewal fees will protect them? Are they so naive as to think that Sacramento has no influence over their practices? As you all know, none of these rationalizations can withstand the test of even superficial scrutiny.

Each CPA member is on the front line in our battle to enlist the support of our uninvolved, unsupportive colleagues. I know you are all over-committed as it is, but please consider adding one more task to your professional role. We need you to become an emissary in the mission to convert our uninvolved colleagues. They have unfairly placed the entire burden for advancing psychology’s public policy agenda in California on your shoulders for too long. We’ve got do a better job of communicating the value of membership to them.

Ask at least one office mate, colleague, or friend to commit to join you in supporting the only organization anywhere that protects his/her right to engage in independent practice in California. Be sure to let your recruit know that the cost of CPA membership is no more than 2 standard Starbucks coffees a month ($67) because as a member you can earn 12 FREE online CE units per year ($300 value). That’s a deal even the most parsimonious colleague should find hard to refuse.

Finally, mark your calendars for April 23-26th and attend the CPA Convention. It promises to be one of the best ever. See Convention Chair Dr. Jeff Tirengel’s column in this CP for a preview of the outstanding program to be held at San Diego’s recently remodeled Mission Bay Resort. It will be a great chance to learn, schmooze, and enjoy the beauty of San Diego. I hope to see you in April.
It’s a New Day
Jo Linder-Crow, PhD

Happy New Year! I hope you had wonderful holidays and are ready to tackle 2015. I want to thank you for your continued support as a CPA member. We view your membership in CPA, expressed in your dues and contributions, as a demonstration of your support for the work we do on your behalf. It helps us, as we go about our daily work here in Sacramento, to know that we can depend on you to help us as we work to positively influence public policy on behalf of psychology.

We start the year with a new governance structure at CPA, and we are committed to developing stronger avenues for you, our members, to communicate with our Board of Directors about your priorities for CPA. The Board is now elected by all of you, and we want to build our capacity to hear your voices when decisions are being made that impact psychology. We have a strong grassroots network, now called the Local Advocacy Network, with key contacts in each of our 20 chapters and our eight divisions, so we know we are well positioned to marshal support when we need it. However, we want you to know a little more about how we make decisions as an organization – your organization – and we want your perspective to be a part of the process.

If you have not renewed your membership, please take a moment to do that now. It’s easy to renew your membership at www.cpapsych.org (we hope you like the new website). We need you more than ever to ensure that CPA is a robust professional organization; that is the only way we can have the resources we need to protect you as a psychologist. I have asked before, but I will ask again. Please talk to a colleague who might not yet be a part of the CPA family, and bring in a new member for 2015. Let’s be sure that this year is the best year ever for CPA!

From all of us at CPA, our very best wishes for a spectacular year!

MARK YOUR CPA CALENDAR

1/24/15 ............... CPA Board of Directors Meeting
Los Angeles, CA

1/31/15 ............... CPAGS Cross Cultural Conference
La Mirada, CA

2/28/15 ............... Building Competencies for Integrated Primary Care
Millbrae, CA

For more information on chapter CE Events, see the event calendar at www.cpapsych.org.

Jo Linder-Crow, PhD
(jlindercrow@cpapsych.org) is the Chief Executive Officer of the California Psychological Association. You can follow her on Twitter at http://twitter.com/jlccpa. You can “like” CPA on Facebook at www.facebook.com/cpapsych, and join the CPA Linked-In group at www.linkedin.com.

2014 CPA Election Results

Congratulations to all!

President-Elect
Jorge Wong, PhD

Director at Large
(Serving 2015)
Janet Hurwich, PhD

Directors at Large
(serving 2015-2017)
Cheryl Bowers, PhD
Paul Marcille, PhD

Erratum

Dr. Brian Kim’s article in the Fall issue of The California Psychologist was incorrectly titled. It should have been, Importance of Communication For a Healthy Workplace.
I’d Hitch my Wagon to Mindfulness

Emiliana Simon-Thomas, PhD

In Fall 2014, Dacher Keltner, PhD, and I offered a massive open online course (MOOC) entitled “The Science of Happiness.” The course covered science suggesting that rich, authentic social connections, kindness, and cooperation are instrumental to happiness. Though convincing and heartwarming, it’s not always easy to integrate these kinds of insights from science into day-to-day life – especially if some of the ideas contradict entrenched cultural ideas about what really matters and how to get there, e.g., the Western ethos of tireless work towards great personal status and a comfortable life.

I suspect, however, that one of the reasons that the online course drew over 115,000 people is because entrenched ideas are not working. People have their dream lives, but still aren’t happy. They want to know what science has to say about how to be happier.

Sometimes, it helps to point out what is most problematic for happiness:

“Greed is destroying us, splitting us into two parts.”
— Geshe Lhakdor, Director of the Library of Tibetan Works and Archives, Cosmology & Consciousness III: Harmony & Happiness Conference, McLeod Ganj, India, November 3-5, 2014

Whoa!

The idea that greed is a big problem for us is certainly not new, but it is a hot topic in contemporary Western cultures. The 99% (“Occupy”) movement has punctuated the past five years with both principled justifications and scathing critiques of the right to accumulate egregious personal wealth, a.k.a “a comfortable life” (van Gelder, 2011). Some key ideas that inform this dialogue are: 1) Our constitutional right to pursue happiness – to achieve the American Dream – endows each and every one of us with the right to happy experiences; and 2) Happiness comes from both frequent, highly arousing, pleasurable experiences and having our own desires quickly met.

Is there something about endorsing these ideas that inherently breeds greed? Not necessarily, though they arguably lead more easily to self-focused states like greed than say, generosity (which, incidentally, is more tightly linked to happiness than procuring things for oneself). The reason is less complicated than one might think, as it has to do with the fact that we are biologically limited, habit-forming creatures. We only have so much time and energy; our brains can only process so many things at once, and they automate whatever happens predictably and repeatedly. A focus on advancing personal status and expectations for pleasure shapes the billion-fold compu-
tational weighting that determines how and where resources like glucose and oxygen go to produce our everyday conscious experiences. Priority goes to self-referential thoughts and reward-seeking emotions, while other-focused states like affiliation and empathic concern end up on the back burner. With repetition, biases get automated which makes people seem less capable of anything but greed.

Research by Konrath provides some sobering evidence for this cultural trend. Her studies suggest that the tendency to feel moved by other peoples’ emotional expressions and the ability to put oneself in another person’s shoes, i.e., empathic concern and perspective taking, have been steadily declining for the past 30 years (Konrath, O’Brien, & Hsing, 2010). Work from Twenge has extended this narrative, reporting that characteristics like materialism and narcissism are rising, leading to what she has coined “Generation Me” (Twenge, 2014).

So let’s circle back to happiness. First, research suggests that happiness depends much more on connection, kindness, and cooperation than is espoused by the American Dream. People are happiest spending time with others (Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004), and the happiest among us feel connected to meaningful social communities (Diener & Seligman, 2002). People motivated by greed, sometimes called Machiavellian, are lonely, less healthy, and you guessed it, unhappy (Egan, Chan, & Shorter, 2014). Second, the most promising way to apply this knowledge to one’s own life, to shift one’s biological needle towards greater happiness, may start with mindfulness.

Let me offer two definitions of mindfulness that I find useful. The first is from Kabat-Zinn “Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1990). The second is from Shapiro: “Mindfulness is the awareness that arises out of intentionally paying attention in an open, kind, and discerning way” (Shapiro & Carlson, 2009). In these two definitions we get a feel for mindfulness practice – that is, deliberately but gently attending to your inner and outer experiences as they occur in real time – as well as a key result of mindfulness practice: a kind and discerning awareness of your inner and outer experiences. Note the words “nonjudgmental” and “kind,” as they fundamentally infuse the idea of mindfulness with humanism and egalitarianism; mindfulness is not just about awareness, it’s an explicitly kind sort of awareness.

Western scientists developed a taste for mindfulness around 35 years ago, sparked both by personal quests to Eastern contemplative cultures and prompts from His Holiness the Dalai Lama to discuss the nature of mind, peace, and scientific opportunity. The resulting literature is called Contemplative Science, and covers many practices that tap into mindfulness, though they may focus on different ideas or work differently for different people.
There have been two main approaches to studying mindfulness: 1) measure experts who have meditated upwards of 10,000 hours and compare them to inexperienced people; and 2) measure the before vs. after effects of mindfulness practice on inexperienced people. Within these approaches, measurements have spanned naturalistic observation, surveys and questionnaires, real-time self-report, clinical assessment, laboratory task performance (e.g., emotional behavior, cognitive performance), electrophysiology (e.g., EKG, GSR) and electroencephalography (EEG), MRI (to look for anatomical changes), fMRI (to look for changes in brain function), salivary assays (e.g., stress, immune markers), blood draws (e.g., genetic measures, telomeres), and more.

Nearly all of the studies of mindfulness report salubrious effects. In summary: mindful brains are anatomically different, cells are both more numerous and densely connected cells in regions that support attention skills and awareness of bodily sensations (Johnstone, Davidson, Lutz, & Brefczynski-Lewis, 2008), regulation of heart and lung function (Vestergaard-Poulsen et al., 2009), and formation and recall of memories (Hölzel et al., 2011). They also show more cortical folding, which is interpreted to mean greater computational power (Luders et al., 2012). In terms of function, mindful brains show more synchronized gamma activity – a signal that's implicated in consciousness and perceptual binding (Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004), and more robust engagement of prefrontal attention skill regions, empathy processing and perspective-taking regions (Weng et al., 2012), and reward circuits (Klimecki, Leiberg, Lamm, & Singer, 2013). They also show lower threat-signaling in the amygdala in response to inconsequential stimuli, and less distress-related activation in anticipation of and during experiences of pain (Zeidan et al., 2011). Finally, mindful brains show less activation in midline self-referential regions; these areas are typically implicated in distracted mind wandering that hinders happiness (Hasenkamp, Wilson-Mendenhall, Duncan & Barresi, 2012).

Beyond the brain, mindfulness has been associated with increased positive emotion, decreased stress and increased resilience to stress, better immune function, healthier aging, greater cognitive performance, improved socio-emotional functioning, and – in clinical populations – reduced depression, anxiety and greater longevity in the face of chronic illness (Galante, Galante, Bekkers, & Gallacher, 2014).

Evidence supporting the idea that mindfulness is beneficial is decidedly convincing. But what is mindfulness doing psychologically? Mindfulness practice illuminates the palette of beliefs, expectations, reflexive actions, thoughts, and feelings that comprise, color and motivate every conscious moment. On that foundation of awareness, mindfulness enables us to edit our “film” of daily experience in real time. We can deliberately and gently clip unhappy habits (e.g., greed, jealousy, hostility) onto the editing room floor and highlight ways of being that align us with theoretically sound, evidence-based principles of happiness (e.g., gratitude, empathic joy, kindness). Because our brains are malleable – that is, they continue to soak in patterns of experience throughout life – practiced mindfulness...
“edits” can result in long term, sustainable change.
If asked to choose a widely accessible, scalable, age-old method for realizing and revising our inner lives to benefit our own and others’ happiness, I’d hitch my wagon to mindfulness.

REFERENCES

For decades, two general sets of questions have bedeviled the field of ethnicity/race and mental health. The first concerns mental health status. Do various groups in the United States such as African Americans, American Indians, Asian Americans, Latinos, and non-Hispanic Whites differ in the prevalence of mental disorders? If there are differences, what can account for them? The second set of questions deals with treatment and intervention. Is cultural competency a means of addressing mental health disparities? If so, what kinds of cultural competency techniques or strategies should be used? These two major sets of questions are important to examine because of their implications for promoting human welfare, social justice, and science.

**What is the Prevalence of Mental Disorders?**

Speculations abound about the mental health of ethnic minority groups. One possibility is that they are at risk for mental health problems because of experiences with prejudice and discrimination, minority group status, culture conflict, and, in the case of immigrants, loss of social supports and culturally familiar communities. Another possibility is that ethnic minority groups may have certain cultural strengths such as Asian family solidarity that promote mental health. The U.S. Surgeon General (2001) proposed that rates of mental disorders are probably the same across different ethnic and racial groups; any observed differences are due to inequities in services and resources provided to one group or another.

What is the research evidence on the matter? Probably the most widely cited epidemiological findings of the mental health of Americans come from the National Survey on Drug Use and Health (Substance Abuse & Mental Health Services Administration, 2013), which is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. The surveys consistently reveal striking ethnic and racial differences in the rate of mental disorders. For example, in 2012, the 12-month prevalence of any mental disorder was: 13.9% for Asian Americans, 16.3% for Hispanics, 18.6% for African Americans, 19.3 for non-Hispanic Whites, and 28.3 for American Indians/Alaska Natives. Are the differences valid? Are such survey methods culturally valid? If the findings are accurate, what accounts for the dif-
Is Cultural Competency Needed?

Because of findings suggesting that ethnic minority groups receive lower quality services (see President’s Commission on Mental Health, 1978; President’s New Freedom Commission, 2003; U.S. Surgeon General, 2001), attempts have been made to improve the access, delivery, and outcomes of treatment for ethnic minorities. These attempts are collectively known as culturally competent interventions. Cultural competency has been controversial. Some mental health professionals have asserted that culturally adapted treatments are unnecessary and have considered it as political correctness taken to an extreme. Others question whether cultural competency has been sufficiently supported by research to justify the creation of programs, treatments, and guidelines to encourage cultural competency.

Fortunately, there is good evidence that cultural competency works. On the basis of some meta-analytic studies, cultural interventions appear to be beneficial in the treatment of ethnic minority clients (Benish, Quintana, & Wampold, 2011; Griner & Smith, 2006; Smith, Rodriguez, & Bernal, 2011). Culturally competent interventions cover a whole range of activities (e.g., language match, discussions of cultural issues, and delivery of treatment in a culturally consistent manner). Smith et al., (2011) found that the greater number of these components incorporated into the cultural interventions, the more effective the treatment. They believe that rather than exert treatment-specific effects, culturally-adapted interventions may affect common factors such as the therapeutic alliance and client preferences. Finally, they note that culturally adapted treatments were much more beneficial when they were targeted to clients of a given ethnicity/race than when they were provided to a conglomerate of clients from many racial groups.
What kinds of cultural interventions should we promote? I (Sue, 2006) have tried to conceptualize cultural competence as a process and as a series of steps that clinicians can take in trying to respond to clients from different ethnic groups. There appear to be three important processes or characteristics that underlie cultural competency among providers: scientific mindedness, dynamic sizing, and culture-specific skills.

In my talk at the California Psychological Association’s 2015 Convention, I will address issues concerning the prevalence of mental disorders and cultural competency among ethnic minority groups. I will also discuss the processes underlying cultural competency, and concrete steps that can be taken to enhance it.

REFERENCES


Psychological assessment has a history that dates back more than 100 years. Testament to the importance of these developments is the venerable nature of tests developed early in the 20th century that continue to be updated and used in the present. Although there have been unprecedented advances in computer technology during this same era, parallel efforts to utilize computer-based psychological assessment methods have not kept pace with technological advances. In fact, most test measures that psychologists and neuropsychologists use are still based on so-called paper and pencil techniques.

To put some historical perspective on psychological assessment, the National Library of Medicine (NLM, www.ncbi.nlm.nih.gov/pubmed) can be searched for the date and number of citations of a particular key word. For example, the first citation of psychology in titles references a 1857 British Journal of Medicine article, and the term “psychology” is referenced over one million times in NLM-identified articles. The terms ‘psychological testing’, ‘tests’ and ‘assessment’ collectively have over a quarter million hits with the first reference in 1922. In contrast, the terms ‘neuropsychological testing’, ‘test’ and ‘assessment’ collectively have almost 70,000 hits with the first reference in 1968.

Since the first prototype computed tomography (CT) scanners did not emerge until the early 1970s, the initial development of psychological and neuropsychological assessment techniques took place in an era where there were no contemporaneous methods for visualizing either normal or pathological brain development, structure or function. In a NLM search for the term “neuroimaging” the first mention occurs in 1983, and has almost 38,000 references.

What has occurred since the introduction of CT imaging 40 years ago, especially since the introduction of magnetic resonance imaging (MRI) in the 1980s, is an astounding array of image analysis techniques that provide detailed qualitative and quantitative information about the brain. Even more revolutionary is the development of computer-based post-processing methods that are automated and require far less operator time. These methods permit the computation of what psychological assessments have built their standards on – normative data corrected or adjusted for a host of demographic variables.

This is illustrated in the figure of a child who sustained a severe traumatic brain injury (TBI), and the MRI depicts visible structural abnormalities. The 3-D depiction of the brain,
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However, is generated from an automated program that not only permits this accurate representation of the surface of the brain as well as subcortical and brainstem structures, but their size, shape and volume. The bar graphs depict the volume of the child’s brain, hippocampus, amygdala, frontal pole and temporal pole. All of these regions are reduced. The focal damage in the left frontal lobe is highlighted in red. The colorized image of the medial surface of the left hemisphere in the upper right corner provides another automated visual graphic of the brain pathology, as shown in blue. The frontal and temporal lobe damage, along with the identified hippocampal and amygdala damage, relate to the cognitive and neurobehavioral deficits as shown by neuropsychological assessment methods.

This figure illustrates but a smidgen of what can be done with neuroimaging, since MRI techniques also permit using procedures like diffusion tensor imaging (DTI) to study white matter integrity and neural connectivity, while functional MRI (fMRI) permits the real-time study of brain activation in response to cognitive and behavioral probes. Merely having the individual “resting” in the scanner provides information about brain connectivity using a technique called “resting state functional connectivity MRI (rs fcMRI) mapping.” Additionally, neurometabolic and biochemical information may be gathered from magnetic resonance spectroscopy (MRS).

This information can now be incorporated into the psychological and neuropsychological assessment of anyone. How to do this will be the focus of my pre-Convention Institute.

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With their skill at lighting up experience, artists serve as human microscopes, pointing us beyond the dimmed understandings that dominate our lives. We read their books, look at their paintings, watch their plays, listen to their music, and reside in their designed environments. They tune us into a large range of human qualities, like courage, dismay, integrity, greed, and exuberance. While sharpening a sense of people in our everyday world, they also transport us into a cryptic reality, inviting us to witness death, fantasy, and life-defining co-incidence; to see novel versions of worldly events and feelings, filling in missing pieces in the landscape of living. They convey us into softened boundaries where fact and wish may be indistinguishable; where anger and kindness may interweave; where tragedy and happiness can alternate in a flick of an eye; where the comforts of familiarity are joined with open-ended surprise.

These are all lights into the obscure dimensions of living, but for many consumers of the arts, such depth of understanding is not what they are seeking. For them, the arts are just good entertainment. After walking through a museum or reading a novel or hearing a concert, many people come out happy with their experience, entertained by seeing a world portrayed so compellingly. But they are more drawn by the drama or the beauty than by any of the potential expansions of their own life perspective.

Many artists would blanch at the reception of their work as fleeting entertainment. However, I believe they would be underestimating the importance of entertainment. The truth is that most people do read novels, look at paintings, hear music, and go to the movies primarily because they like to do it. They are not seeking a change in their lives, nor do they experience change happening. However, it should also be understood that this so-called entertainment is not necessarily lighthearted. It is not a casual experience to enjoy a Bartok concerto, or to read a novel portraying the struggle between India and Pakistan, or to be appalled in seeing Picasso’s Guernica. Has anyone seen a Charlie Chaplin movie without experiencing empathy for the honest underdog? Clearly, artistic experience is a fundamental exercise of the basic need for life focus, and the pleasure is not just incidental. It is part of the reward built into life focus, an innate function providing the natural pleasures common to other biological processes, such as eating, sex, and breathing. Life focus is the artist’s fundamental instrument, elaborated into its many expressive forms.

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**EDITOR’S NOTE:** Dr. Polster is one of the invited Master Lecturers for the CPA 2015 convention. His presentation, *Enchantment: A Sparkplug for Therapeutic Growth*, will be Friday, April 24 from 11:00 a.m. to 12:30 p.m.
That’s where psychologists join with the artist as they help map the lives of their clients. Yes, the psychologist is commissioned to the healing of troubled lives, and therefore looks toward the achievement of personal results. However, what is easily overlooked is that underneath this purpose, even driving it, is the artful affirmation of the lived life. People, more commonly than is recognized, experience an anticipatory excitement in this engagement, even though the prospect of the session may also be ringed with anxiety. Trouble notwithstanding, there is a great attraction for many people in being safely guided to address their personal motives, to tell intimate stories, to explore their dreams and fantasies, to expand the versatility of their behavior, and brighten the clarity of feeling — to know life in an expanded range, beyond the ordinarily reachable.

I am reminded of one woman I worked with who had made important strides in her therapy, but she continued coming. I sensed that she was now making up problems because she liked psychotherapy so much she wanted to stay in it. We talked about the fact that if she wanted to come, that was okay as long as she felt it best for herself. But she did not need a problem as a ticket for entry. Furthermore, it was important that she accept the reality of her pleasure, so that she could more clearly accept the pleasures also available to her in her everyday life.

That conversation was a great relief to her, taking her outside the realm of pathology. It was plain to her that her pleasures in therapy were not flimsy pleasures. They were the pleasures of honest communication, some of it quite painful; of appreciating her life, often dimmed by her troubles; of putting troublesome feelings into context, which provided meaningfulness; to see beyond the ordinary beliefs that tainted her personhood. Moreover, these pleasures, pleasurable though they were, were also the seeds of major change. Entertainment notwithstanding, the experiences were serious business — as serious as life itself.

To illustrate the convergence of the serious with entertainment, here is a sample from a session of a group that has been meeting for many years. Nancy was very frustrated about her mate, Angie, who was not as expressive as Nancy wanted her to be. We talked about the problems for a while; Nancy telling how upset she was that Angie would not say how she felt about things; was always task oriented, not sympathetic and not introspective. This couple had been together for many years, and they live well by most standards. As we continued talking, it became evident that they always “got over” their frustrating differences. I asked why not just continue to “get over” it each time there is a hassle, instead of insisting on a change in personality.

It was a surprise to Nancy to realize that getting over it could be a livable option on its own — as much so as changing Angie’s verbal habits. Not only did both Nancy and the group meet this prospect with interest, but the tone of the conversation took a sharp turn into comedy. Nancy began to tell the group how things go when she and Angie get popcorn, either at home or in a movie. The scene became hilarious when the
group lobbed in their own experiences, each with its own humorous twists, helping to reset Nancy’s rheostat for anxiety. One person, in telling her own popcorn story, observed, “I have taken the blood out of my veins for her, but I would not share my popcorn.”

The Big Difference

In spite of a fundamental convergence between the arts and psychotherapy, there is also a big difference between them. Psychologists must be more attentive than artists to the immediate risks of being misinterpreted, disproportionately influential, or just wrong in what they say to their patients. The idea of psychotherapy as an artistic experience raises alarm, therefore, about the risks of extravagance and self-indulgence. Art is commonly thought to be a place for freewheeling creativity where anything goes, because the audience is more a witness than a participant. They might become outraged, bored, misguided, or seduced, but nobody is directly injured. While the arts do have important social consequences, it is always clear to individual people that they are not, themselves, the ones at immediate risk. To place therapy in the same category as art may mistakenly seem to give license to psychologists to say whatever they want.

However, it should be said that even artists, freer in expressive options, don't have that luxury. John Irving, the well-known novelist, once told a story about a reader who scolded him for putting her into a painful position, not warranted by the novel’s events. She felt this unfaithfulness to be a violation of her. He agreed with this responsibility of the author to be trustworthy; not to sugarcoat, but nevertheless to be tuned into the authentic flow of events; not to be merely cavalier, self-indulgent, or gratuitous in shocking the reader. However, he did not feel that what he, himself, had written was unfaithful to that responsibility.

For the psychologist this responsibility for the well-being of the person is more obvious than it is for the artist. If she says about her patient that her posture reminds her of a goose looking for its gaggle, that may be a funny, even apt way of portraying this patient, but the words “goose” and “gaggle” may feel scornful. To call a person a desert flower may favorably heighten a person’s self-identity, perhaps as a picture of growth within arid conditions or strength without environmental support or a surprising colorfulness. But it might also be mistakenly received as a statement of someone doomed to isolation. Much like the artist does, the psychologist recognizes an unspoken invitation to go beyond the routine observation. There is always some risk attached to the novel experience but, unlike the art forms, the psychologist is commissioned to provide opportunity for a benign experience. The reconciliation of this responsibility with the fundamental human exercise of life focus is crucial to the special art form of psychotherapy.
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t ought to be simple. We should be able to straight-
forwardly define the domains of ethics, law (includ-
ing licensing board discipline), risk management, and
clinical theory and technique. We should also be able
to say which domains trump which other domains in a
given circumstance, or at least quantify the risk of pri-
oritizing ethical or clinical considerations over legal ones. We
would like it if professional dilemmas could readily be classi-
fied as ethical, legal, or clinical, so that we would know clearly
where to go for help. Would that it were so.

For example, a psychologist posted the following on a CPA
chapter listserv (reprinted with permission):

I have a client who requested that I write a letter stating
the dates she attended therapy, and her presenting problem
(relationship issues that led to divorce) to help build a case
that her marriage wasn’t feigned, in order to assure that
her immigration status won’t be affected. Has anyone ever
dealt with this before? If so, can you speak to the legal is-
sues that may arise, what my potential involvement could
be if I agree to write the letter, etc.?

Applying Behnke’s “four bin” analysis (Behnke, 2014a;
Rosenberg & Sheets, 2014), we can ask, is this primarily a legal
question, as the writer says? Probably not. For example, confi-
dentiality law isn’t an issue for a letter that is given only to the
client. Risk management may be more her concern, judging
from her references to “issues that may arise” and “potential
involvement.” Ethical concerns are almost certainly involved,
too. A psychologist in this situation is likely to experience a
conflict between the wish to help the client with her immigra-
tion case and the possibility of being drawn into an advocacy
role, not to mention anxiety-provoking entanglement with the
courts. Clinical challenges, too, are likely, as the psychologist
works to maintain the alliance without being pulled into an
advocacy role.

To take another example, a court’s decision in a Board of
Psychology complaint illustrates complexity of practice arising
from the sometimes conflicting domains of law and ethics. The
psychologist, during the therapy, collaborated with the patient
in working with an advocacy group for the mentally ill. The
 collaboration led to their spending significant time together
outside of therapy sessions. One component of the complaint
was that this constituted a prohibited multiple relationship.
Ofer Zur, author of an APA-published book on boundaries (Zur,
2013) testified, as paraphrased by the judge (Office of Adminis-
trative Hearings, 2009):

In deciding whether to enter into a multiple relationship,
a psychologist does a risk and benefit analysis. He or she
asks: What are the risks and what are the potential ben-
efits? It is not unethical for a therapist to become involved
in professional organizations with a client if the purpose
is to enhance the cause of the organization. (p. 14)

Stephen Behnke, Director of the APA Ethics office, recently
said the same (Behnke, 2014b):

The psychologist must assess whether a multiple relation-
ship interferes with the psychologist’s objectivity, compe-
tence or effectiveness, or otherwise risks exploitation or
harm...When the psychologist determines that the likeli-
hood of harm is greater than the likelihood of benefit, the
psychologist refrains from entering into the multiple rela-
tionship. (p. 64)

The judge, however, as judges do, applied the letter of the
law, or in this case, the ethics code (Office of Administrative
Hearings, 2009):

The Ethics Code does not provide for a comparison of the
risk of a loss of objectivity, competence, or effectiveness with
the potential benefits of a multiple relationship...With regard
to objectivity, competence, or effectiveness, for example, the

EDITOR’S NOTE: The CPA Ethics Committee with Dr. Frid-
handler and Drs. Elizabeth Jenks, Stephen C. Phillips and
Ellen Stein are presenting an all-day pre-Convention Ad-
vanced Institute. Ethics, Law, and the Board of Psychology:
Navigating the Complexities of Practice will be Thursday,
April 23.
focus is entirely on whether a proposed multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness...If it could reasonably be expected to impair, the psychologist must not enter into the relationship. (p. 22)

Given that the Director of APA's Ethics office and an APA-published writer on ethics believe that a risk/benefit analysis is part of an ethical psychologist’s decision-making about multiple relationships but a judge ruled that such analysis is irrelevant under the current Code and provides no defense if there is later a complaint, should a psychologist weigh risk vs. benefit of a potential multiple relationship? If a psychologist prioritizes risk management, the answer is no, unless and until the Code explicitly includes consideration of possible benefit of a multiple relationship. However, if a psychologist’s integration of our ethics, based perhaps in part on the views of Behnke, Zur, and the present writer, includes possible benefit as a consideration in nonsexual multiple relationships, he or she can consider it, with good reason to believe he or she is acting consistently with the ethics of his or her colleagues, which is, after all, where the Code originates. (The anxiety this may generate for the psychologist and his or her malpractice carrier may be mitigated by the fact that the case discussed here also included an allegation of sex with the patient. Perhaps the nonsexual multiple relationship would have been pursued less vigorously if not for the alleged sexual one.)

To take another example, consider the following from four

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**CPA Ethics Committee Seeks New Members**

**Deadline: February 1, 2015**

The CPA Ethics Committee is a thoughtful, collegial group working to enhance the professional activities of CPA members. Committee members have found it to be enjoyable, mutually supportive, and gratifying.

Appointment is for a three-year term with possible reappointment for a second term. The core responsibility is to provide ethics consultations to CPA members, and therefore we seek candidates who have a background such as teaching ethics, providing chapter ethics committee consultation, or publishing in ethics or related areas. Representation of diverse communities is a primary goal of recruitment.

**Students:** We are also recruiting for a graduate student member interested in ethics.

**Deadline:** All applications received by February 1, 2015 will be considered during the current recruitment round. If positions remain unfilled, applications received after that date will be considered.

For more information, contact Debra Chase, dchase@cpapsych.org. To apply, send your cv and a cover letter describing your background in ethics to Bram Fridhandler, PhD, Chair, at bf@drfridhandler.com.

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prominent writers on ethics, in their discussion of ways psychologists fall short (Knapp et al., 2013):

A psychologist was treating a patient who made a serious threat to harm an identifiable third party. Knowing that this met the threshold for a “duty to warn” in his state, the psychologist quickly contacted the intended victim. Although the actions of the psychologist met the letter of the law, the question arises whether the psychologist had other options available to diffuse the danger, such as seeking a voluntary hospitalization (if appropriate), or asking the patient for input on other ways to control the situation. (p. 375)

What do you find yourself thinking as you read this? Perhaps some or all of the following: “Is it legal not to inform a potential victim of an explicit threat? Is voluntary hospitalization ever enough? I’ve never heard of anyone asking a patient for input in such a situation – is that really an option? How much risk would there be to me if I didn’t notify the police and the potential victim? Would it be ethical to prioritize the patient’s confidentiality and the therapeutic alliance over the risk to this potential victim? Whom should I consult the next time a patient expresses a serious threat?”

Here is my perspective: There is no statute in California that requires notification of the potential victim (Fridhandler & Lareau, 2012; Jensen, 2012). In this sense, Knapp et al.’s recommendations are legal in California. However, under California law, a therapist who notifies both the potential victim and police receives immunity from lawsuit and, it is reasonable to predict, greatly reduces her or his risk in the event of a licensing board complaint. As to ethics, one is challenged to say. To the extent that the “Tarasoff warning” has become the expectation among psychologists, is it evolution in our ethics, reasoned deference to the Tarasoff decision, or fear of liability? For myself, I agree with Knapp and his coauthors that our ethics accommodate a consideration of alternatives that maintain confidentiality after a threat by a patient, if undertaken with recognition of the enormity of the stakes.

There are good tools available to cope with these complexities. Behnke’s “four bin” model brings order to confusing situations, clarifying what questions to ask and whom to ask them of. Consultation is available without charge to CPA members with the CPA Ethics Committee on ethical questions (916-286-7979, ext. 114) and the CPA Director of Professional Affairs, Chuck Falz, on practice questions. Malpractice carriers may provide free legal and risk management consultation. Division I members have access to a free attorney consultation and to the Expertise Series, a rich and underutilized source of ethical and legal information. Last but not least, you can join us at Convention for the CPA Ethics Committee’s Preconference Institute, “Ethics, Law, and the Board of Psychology: Navigating the Complexities of Practice.” (And please join CPA President-Elect Jorge Wong, Division VII Chair Rut Gubkin, and myself for “Individualism and Confidentiality Across Diverse Cultures: Clinical and Ethical Dilemmas.”) See you in San Diego.

REFERENCES
A Relational Therapy That Changes the Brain

By Scott R. Woolley, PhD

I have practiced Emotionally Focused Couple Therapy (EFT) (Johnson, 2004) for many years, and I have seen many highly distressed couples improve, at times dramatically. However, when Sue Johnson, a cofounder of EFT, told me she planned to study the impact of EFT on the brain’s response to threat, I was a bit worried.

EFT, I knew, was effective in raising couple satisfaction, lowering depression, improving sexual desire, increasing relationship trust, changing attachment styles, and treating trauma, including PTSD. I knew results were stable with a trend toward continued improvement after therapy termination. I also knew that EFT had been shown to work with a variety of populations, including women facing breast cancer, childhood sexual abuse survivors, war veterans, parents of chronically-ill children, and with Persian couples treated in Iran. (For a list of EFT studies, see http://www.iceeft.com/images/PDFs/EFTResearch.pdf.) However, changing the brain’s response to threat and having those changes show up in a brain scan seemed like a far reach.

“Shocking” Research

The study itself (Johnson et al., 2013) involved shocks! A total of 23 distressed, opposite gender, married couples underwent a full course of EFT therapy (13 – 35 sessions, average 22.9 sessions). Before and after treatment, female partners underwent an fMRI scan. During the scan, when they saw a blue “O” on a screen, they knew that they would not be shocked. When they saw a red “X” on the screen, they knew that there was a 20 percent chance they would be shocked on the left ankle in the next 4 to 10 seconds (and they were, in fact, shocked 20 percent of the time). This allowed researchers to look at the brain when there was no chance of shock, when there was a 20 percent chance of shock, and when the shock occurred. Additionally, there were three basic social conditions during the scans: 1) the woman was alone; 2) a stranger held her hand; or 3) her partner held her hand.

Before treatment, the women had greater brain threat responses as measured by the fMRI with their partners holding their hands than when they were alone. However, after treatment, their threat response was significantly lower when their partner held their hands than when they were alone. Partners, after EFT treatment, helped soothe the threatened brain and helped the brain interpret threat with less alarm.

However, the findings did not stop there. Threat response was significantly lower when the woman was alone after EFT.

EDITOR’S NOTE: Dr. Woolley is a Master Lecturer and presenting an all-day pre-Convention Advanced Institute for the CPA 2015 Convention. Engaging Male Withdrawers in Couple Therapy using Emotionally Focused Therapy will be Thursday, April 23.
than it was when alone before treatment. This suggests that a course of couple EFT improved the women’s ability to soothe themselves while alone in addition to when their partner was present.

So Why Is This Important?

EFT for couples has been shown to have numerous beneficial results for various populations. However, for the first time, a relationship therapy with adults has been shown to change the way the brain responds to threats. Our world is full of threats, and there are many approaches to therapy that posit various mechanisms for handling threats real or imagined. However, we now know that being in a safe relationship actually makes a difference whether or not the partner is there, and we know that EFT is effective in creating those safe relationships.

EFT – A Revolutionary Map

Couples get together for emotional reasons, they fight for emotional reasons, and they split up for emotional reasons. For the first time we have a theory of couples therapy that is based in the new sciences of emotion, attachment, relational distress, and experiential change processes.

When couples fall in love, they study each other and learn to tune in and respond to each other. They risk revealing aspects of themselves – their hopes, dreams, fears, hurts, longings, and desires. When the other responds with understanding, caring, and connection, it fuels love and draws them closer. They share experiences together and develop shared history and an expected future, and find deep safety, soothing, and connection with each other. Inevitably there are misattunements, misunderstandings, or minor betrayals along the way, all of which can create hurt and injury. Successful couples repair hurt feelings and reconnect so the relationship is again safe (Gottman, 1999). However, couples headed for difficulties do not repair successfully and, at least in the area of the injury, the lack of repair leads to distance or continued conflict.

Where couples once found safety and security in the relationship, distressed couples get caught in painful negative cycles of interaction that typically involve some form of anxious pursuit or withdrawal. Ironically, one partner often pursues in an attempt to reconnect and repair, and the other partner often withdraws in an effort to calm things down so that he or she can reconnect and repair. However, both strategies tend to feed the negative cycle, and partners tend to experience the other as aggressive, pushy, and critical – or distant and uncaring.

In EFT, the therapist maps out the negative cycles, or dance, in which couples get caught. As the cycle unfolds, we reflect and access the couple’s reactive and deeper primary emotions, their attachment longings, their views of self and other, and their related behaviors (Woolley & Kallos-Lilly, 2011). We work to help the couple experience the cycle (rather than the partner) as the enemy, and to help them see the more vulnerable and benevolent underlying attachment-related emotions and longings. We help couples develop strategies for exiting the negative cycle, and then assist them create new bonding experiences where they reach to each other for comfort and connection.

These bonding events are key change moments in EFT and are related to successful outcomes that redefine the relationship as safe and secure. In these events, withdrawals deal with their needs for safety by telling their partner what they need to stay connected: “This is getting scary here…I want to stay engaged, but I want us to slow down, and I need to know that you know I am trying.” Pursuers can say things like, “I am finding myself scared of losing you...Can you just remind me you are with me and that I matter? Hearing the words makes a big difference for me.”

When couples reach for each other and have moments of emotional connection, they are filled with bonding hormones such as oxytocin and dopamine. These hormones reduce stress and lead partners to feel both calm and euphoric in each other’s presence. Oxytocin can be released even when thinking about moments of connection with a lover, which can further reinforce loving bonds (Johnson, 2013). So maybe I should not have been surprised that EFT can actually change the way the brain responds to threat. When people are in bonded, secure, safe relationships, their very biochemistry and brain processes are affected (Johnson, 2013).

The Practical EFT Guide

I practiced and loved EFT before this research using fMRI scans because EFT gave me a practical guide to help couples change their dance and rebuild their love. The steps and stages and interventions of EFT provide a clear map that has changed my practice and the lives of many couples. The recent fMRI findings, however, have added significantly to the impressive prior clinical research and to my appreciation of the life-changing power of Emotionally Focused Couple Therapy.

REFERENCES

The CPA-PAC: Helping Psychologists Make the Local Connection and Raising Our Profile in Sacramento

Did you know that the California Psychological Association has a Political Action Committee designed for the purpose of fundraising and donating to statewide and California legislative campaigns (Senate and Assembly)? We do – and we’re looking to grow in 2015. The purpose of the PAC is to raise money from psychologists and then donate to elected officials who serve and will have an impact on the livelihood of psychologists. The CPA-PAC is the only state PAC working exclusively to protect and advance the profession in California. The nine CPA-PAC trustees, led by Trustee President Dr. Linda Bortell, are looking forward to an active year to build and raise money for the 2016 elections.

In 2014, the CPA-PAC raised nearly $60,000 and sent psychologists and graduate students to local fundraisers where they proudly and effectively represented the profession. The CPA-PAC has set an ambitious goal of raising $75,000 in 2015. In addition to increasing the total raised, the trustees are also looking to increase the number of individual donors from 475 people in 2014 (just 2% of licensed psychologists in the state) to 600 individual donors. The annual PAC dinner at CPA’s convention continues to show growth. In 2014, we had 130 guests at the PAC dinner in Monterey. We DOUBLED our numbers from the 2012 convention in Monterey. The Trustees set a goal of selling 150 seats to the dinner in 2015 in San Diego. For more information, please visit us at pac.cpapsych.org or call Amanda Levy at 916-286-7979, ext. 106.

For those new to the CPA-PAC, it allows us to bundle donations and have a larger impact than separate checks from psychologists. Legislators recognize we are involved in campaigns and seek our support. Most of the money raised by the CPA-PAC goes right back to the local level, where CPA sponsors members to attend fundraisers for local Assemblymembers and Senators. Having the CPA-PAC donate to the event allows us to be listed as “hosts” of the event, gives active students and early-career professionals the opportunity to represent CPA without making a financial contribution, and allows our members to have strength in numbers and attend events with their colleagues.

The Trustees would like to thank all of our 2014 CPA-PAC donors who made it possible to send psychologists and graduate students to dozens of fundraisers throughout the state. Running for office takes a lot of resources and, as a state association whose members are regulated by the Legislature, we must have a voice in the process. Below are pictures of our members at assorted fundraiser, representing CPA and their local chapter.
**Friday Opening Keynote**

**Friday, April 24, 2015**

8:30 a.m. to 10:30 a.m.

**Forced to Choose, I’d Hitch My Wagon to Mindfulness**

*Emiliana Simon-Thomas, PhD*

Dr. Simon-Thomas will discuss how mindfulness, from simple breath-awareness iterations to its richest wisdom-and-compassion infused form, may be the most promising means to support the trajectory towards wellness across life domains.

*Emiliana Simon-Thomas, PhD* is the Science Director at the Greater Good Science Center at UC Berkeley. She earned her PhD at Berkeley, studying the interplay between emotions and thinking, then shifted her scope towards pro-social states. Dr. Simon-Thomas currently focuses on how connecting with others, being kind, grateful and cooperative improves health, well-being and psychosocial functioning.

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**Sunday Closing Keynote**

**Sunday, April 26, 2015**

10:00 a.m. to 11:00 a.m.

**Friendship with a Twist: Forging a Relationship, Negotiating a Psychosis**

*Stephen H. Behnke, JD, PhD, MDiv and Elyn R. Saks, JD*

Professor Saks and Dr. Behnke will explore the meaning of psychosis in a relationship such as theirs and examine how their professional lives and training affected the dynamics of an illness that is a focus of their academic work. The format of the program will be a moderated discussion followed by audience questions and comments.

*Stephen H. Behnke, JD, PhD, MDiv* earned his JD from Yale Law School, his PhD in clinical psychology from the University of Michigan, and his MDiv from Harvard Divinity School. In 1996, Dr. Behnke was made chief psychologist of the Day Hospital Unit at the Massachusetts Mental Health Center, a position he held until 1998, when he was named a faculty fellow in Harvard University’s program in Ethics and the Professions. Dr. Behnke then directed a program in research integrity in the Division of Medical Ethics at Harvard Medical School. In November of 2000, he assumed the position of director of ethics at the American Psychological Association.

*Elyn R. Saks, JD* is Orrin B. Evans Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the University of Southern California Gould School of Law; Adjunct Professor of Psychiatry at the University of California, San Diego, School of Medicine; and Faculty at the New Center for Psychoanalysis in Los Angeles. She has degrees in Philosophy from Vanderbilt and Oxford Universities, a law degree from Yale, and a PhD from the New Center. Professor Saks has written five books and over 40 articles on mental health law and ethics. Her academic writings have played key roles in litigation to stop the abusive use of mechanical restraints in psychiatric hospitals. Her memoir, *The Center Cannot Hold: My Journey Through Madness*, powerfully describes her struggles with schizophrenia and has won widespread acclaim.
Preconvention Advanced Level Continuing Education Institutes

Thursday, April 23, 2015
10 a.m. to 5 p.m. (6 CE Credits) — Separate registration fee required.
Detailed content and presenter information at www.cpapsych.org.

Ethics, Law, and the Board of Psychology: Navigating the Complexities of Practice

Bram Fridhandler, PhD has been a member of the CPA Ethics Committee since 2006 and is in his third year as Chair. He is an Expert Reviewer for the California Board of Psychology.

Elizabeth Jenks, PhD has been the Director of Training for two APA-accredited internship programs in Southern California. She is currently the Director of Clinical Intern Training at Pacific Clinics, a large community mental health agency in Southern California.

Stephen C. Phillips, JD, PsyD is one of the five licensed members of the California Board of Psychology. He was appointed by Governor Brown in 2013. Dr. Phillips is a licensed psychologist and member of the State Bar of California. He maintains a private practice in clinical and criminal forensic psychology in Beverly Hills.

Ellen Stein, PhD is Vice-Chair of the CPA Ethics Committee and provides Law/Ethics CE trainings across the State. She maintains a private practice in San Diego as a forensic/clinical psychologist, providing expert witness testimony in Civil, Criminal and Courts Martial matters, as well as Board complaint consultation.

Integrating Neuroimaging in the Practice of Clinical Psychology and Neuropsychology: Contemporary Methods of Analysis

Erin David Bigler, PhD is a Professor of Psychology and Neuro-science at Brigham Young University where he also serves as Director of the Magnetic Resonance Imaging Research Facility. He is Board Certified in Clinical Neuropsychology by the American Board of Professional Psychology and co-directs the clinical neuropsychology sub-specialty training in BYU's APA-approved clinical psychology PhD program.

Engaging Male Withdrawers in Couple Therapy using Emotionally Focused Therapy

Scott R. Woolley, PhD holds the rank of Distinguished Professor in the Couple and Family Therapy Masters and Doctoral Programs in CSPP at Alliant International University. He is a founder and Director of the San Diego Center for Emotionally Focused Therapy and the Training and Research Institute for EFT affiliated with Alliant.

Master Lectures

Friday, April 24, 2015

Enchantment: A Sparkplug for Therapeutic Growth
11:00 a.m. to 12:30 p.m. (1.5 CE Credits)
Erving Polster, PhD, Director, Gestalt Training Center-San Diego and Associate Clinical Professor, Department of Psychiatry of the School of Medicine, University of California, San Diego

Creating Lasting Change: Emotionally Focused Therapy
2:00 p.m. to 3:30 p.m. (1.5 CE Credits)
Scott R. Woolley, PhD, Distinguished Professor, Couple and Family Therapy Masters and Doctoral Programs, CSPP at Alliant International University; founder and director of San Diego Center for Emotionally Focused Therapy

Saturday, April 25, 2015

Contemporary Threat Assessment: Psychologists’ Response to a World at Risk
8:30 a.m. to 10:00 a.m. (1.5 CE Credits)
Reid Meloy, PhD, Clinical Professor of Psychiatry, University of California, San Diego, School of Medicine and faculty member, San Diego Psychoanalytic Institute

Ethnic Minority Differences in Mental Health: Is Everyone Equal?
10:30 a.m. to Noon (1.5 CE Credits)
Stanley Sue, PhD, Distinguished Professor of Psychology and Co-Director the Center for Excellence in Diversity at Palo Alto University, CA

Things to do...
2. Reserve your sleeping room.
3. Invite a colleague to join you.
**Educational Sessions**

**Thursday**

What Keeps Supervisors Up All Night Worrying: Supervisees with Problems of Professional Competence – New Paradigms — Carol Falender, PhD; Melodie Schaefer, PsyD; Edward Shafranske, PhD, ABPP; Tamara Anderson, PhD

Diversity Town Hall — Moderator: Jorge Wong, PhD

**Friday**

OPENING SESSION: Forced to Choose, I’d Hitch My Wagon to Mindfulness — Emiliana Simon-Thomas, PhD

MASTER LECTURE: Enchantment: A Sparkplug for Therapeutic Growth — Erving Polster, PhD

A New ACT Protocol for the Treatment of Interpersonal Problems — Avigail Lev, PsyD; Matthew McKay, PhD

Assessment and Treatment of Attention Deficit Disorder in Adults with Co-Occurring Disorders — Patricia Judd, PhD; Susan Ortega, PhD; Stacey Zlotnick, MS

From Organizational and Clinical Challenges to Successes in a Community IBH at Primary Care — Andrea Che, PhD; Lindsay Ip, PsyD; Jorge Wong, PhD

MASTER LECTURE: Creating Lasting Change: Emotionally Focused Therapy — Scott R. Woolley, PhD

The Use of the MMPI-2 in Forensic Evaluations — Linda Nelson, PhD, ABN

Shouting Doesn’t Help!: The Psychological Impact of Hearing Loss in Baby Boomers and Veterans — Alison Freeman, PhD

Incorporating Spirituality in the Treatment of Combat and Other Traumatic Experiences: Cultural Considerations — Rut Gubkin, PhD

Engaging Men as Allies: The Pedagogy of Gender and Sexuality — Douglas C. Halderman, PhD; Stephen Carlson

Food Addiction: Fact or Fiction? — Edward Abramson, PhD

The Changing Face of Disability and Identity Across the Lifespan — Alan L. Goldberg, PsyD, ABPP, JD

Impacts of Loss / Separation of Young Children from Their Primary Caregivers for Wars and Geopolitical Unrest — Zohreh Zamegar, PhD

**Saturday**

MASTER LECTURE: Contemporary Threat Assessment: Psychologists’ Response to a World at Risk — Reid Melyo, PhD

50 Shades of Graying: Helping Middle-Aged Adults and Their Aging Parents Successfully Address Multigenerational Challenges — Morton H. Sheavitz, PhD, ABPP; Amy J. Ahlfeld, PsyD

The Protective Nature of the Perinatal Paternal Relationship — Daniel Singley, PhD; Alex Rowell, MA; Christina Dawn Wafer, MA

Individualism and Confidentiality Across Diverse Cultures: Clinical and Ethical Dilemmas — Rut Gubkin, PhD; Jorge Wong, PhD; Bram Fridhandler, PhD

MASTER LECTURE: Ethnic Minority Differences in Mental Health: Is Everyone Equal? — Stanley Sue, PhD

Psychologists as Leaders and Managers: Opportunities and Success Models — Jay Finkelstein, PhD; Judy Blanton, PhD; Louise Kelly, PhD

**Hotel and Travel Information**

Enjoy a little bit of Paradise in San Diego! The Paradise Point Resort and Spa has the feel of a tropical resort with grounds lush with flowering plants and four pools.

Make hotel reservations by calling 1-800-344-2626 or online at www.paradisepoint.com. Enter the CPA Group Code CPA2015 to secure your discounted room rate of $169 plus tax, which includes parking ($34/day value) and Passport to Paradise amenities ($24/day value).

The hotel will require one night’s stay deposit, which is refundable in case of cancellation. Cancellations must be made at least 3 days prior to scheduled arrival date.

Check out the resort’s website for more information.
It’s a new workday and you have a new client: a child. There is nothing unusual about this new case. As usual, your new client is brought in by a parent. This time the transporting parent is the mother. Sometimes your clients are brought in by a father, and sometimes by both parents, together.

In the intake, the mother tells you that she and the father are divorced, and living separately. The father lives in the area. They have joint legal custody. Is the mother able to consent to psychotherapeutic treatment on behalf of her child? Do you need the father’s consent, as well?

This question is one of the most frequently asked questions when mental health clinicians consult an attorney. This article is a brief review and how-to for these types of situations. Divorce is very common. Thus, it behooves us all to be familiar with some of the basic rules.

Starting with the first and biggest question: do you need the consent of both parents, in an intact marriage or with joint legal custody, to see a child? The answer is “no.” The law presumes, as a matter of statute and also as a matter of public policy, that parents who have legal authority to consent to medical treatment (which is usually any parent who has not had legal rights taken away by a court) will act in the best interests of his/her child. Thus, California law does not require health professionals to seek the consent of both parents in order to treat a child. Any parent who has legal authority to do so can consent to treatment.

This makes practical sense. It is uncommon for two parents to arrive at a pediatrician’s office, a dentist appointment, or any other health care appointment. Usually it is one parent who brings in the child. The legislature does not wish to place barriers to treatment by requiring health professionals to seek the consent of both parents in order to provide a healthcare service. Psychotherapy is no exception.

In addition, clinicians need not proactively require parents to provide proof of his/her legal authority to consent to treatment on behalf of a minor child. Put slightly differently: if a parent brings a child in to see you, tells you that he/she has the legal authority to consent to treatment on behalf of the child, you need not engage in needless investigation to verify this. You can see and work with the patient.

Yet, this is one area where the law and good clinical practice can diverge. Whereas you might not need the specific legal consent from both parents for a child to participate in treatment, it’s often a good idea to get the buy-in from both parents. Note, however, that this is a good idea for clinical reasons, not necessarily for legal reasons. Conventional clinical wisdom, and indeed the research literature on children with acute clinical needs, supports the general proposition that treatment of children tends to be more effective when treatment is coordinated across a child’s support system. There are good clinical reasons why it is a good idea to seek the buy-in from all parents. We want to be clear, however, that these reasons are usually clinical, not legal.
Things get slightly more complicated when parents are divorced, though not too much more complicated. In California, divorce decrees and custody settlements trend toward both parents sharing legal authority to consent to healthcare treatment on behalf of a child. In most cases where parents have divorced, both parents will be able to consent to healthcare treatment. This trend tracks public policy, to wit, that although parents might be in conflict, they both still likely want to do right by their children. Thus, wherever possible, courts and settlements try to preserve the ability of parents to get necessary care for a child.

But as we all know, families that experience a great deal of conflict during a divorce often have differing opinions about what to do with respect to the treatment of their children. In some cases these are good faith disagreements about parenting. In other cases, however, parents (rightly or wrongly) perceive psychotherapy as a means for one parent to gather evidence on the other. These situations are clinically complex and can subject clinicians to the drama and hostility of litigation.

Indeed, these conflict-laden family scenarios provide the motivation for many of the strategies that are often described which purport to provide a remedy for navigating these clinically complex environments (Benjamin & Tien, 2010; Donner & Alban, 2010). These strategies are varied and run the gamut from refusals to provide treatment unless both parents sign an informed consent agreement, to an insistence on parents signing stipulations waiving rights to introduce any information gleaned from therapy session into evidence at a later date. Many clinicians take no special precautions and treat these cases like any other. All of these strategies are potentially effective, depending upon the family and the style of the parenting. Our experiences have been that the most effective strategies are entered into thoughtfully and with an eye toward producing a clinical outcome, as opposed to avoiding legal entanglements.

But it is important to remember that these are clinical strategies. The law does not demand such nuanced considerations. In the eyes of the law, access to healthcare treatment is a good thing and one that should not stymied by unnecessary hurdles. Because of this, the legal question is much simpler than the clinical one. We are free to require additional documentation to support the clinical process, but these are requests that are subject to our discretion.

What about a situation where one parent is seeking treatment, but another parent specifically disapproves of the treatment? It goes without saying that these situations are clinically complex. It is very difficult to work with children in high conflict scenarios under the best of circumstances, but in cases where a parent expressly disapproves of the treatment prudence would suggest very careful consideration. Under these circumstances both clinical wisdom and risk management militate in favor of declining the case and referring treatment elsewhere.

It is often the case that the express disapproval of a parent dooms the treatment from the start. Accordingly, it may be best for all involved to refer the case elsewhere and/or to assist the family to find a therapist where both parents feel some type of connection to the clinician. Psychotherapy is a service provided by many different professionals and it is often the case that a parent who declines to support treatment with one clinician might not refuse to treatment with another. Sometimes people just don’t connect.

In these cases the legal issues are much more complex, too. These situations are potentially legally problematic because they could subject a clinician to a tort claim. They also place the clinician on risky ethical ground because of a conflict in acquiring informed consent for treatment. As a general matter, healthcare treatment can only be provided with informed consent or an exception to informed consent. The law does not readily anticipate scenarios where informed consent is simultaneously given and refused. Clinicians who encounter a situation such as this should seek legal and clinical consultation.

Our hope is that this article provides a refresher on the basic requirements for consent. In addition, we hope that drawing the distinction between legal vs. clinical strategy provides a clearer view of the options available to clinicians. Single parent households and blended families are common, so we should all be aware of the basic parameters of consent when serving the children from these households.

REFERENCES


1 One not-so-needless safeguard is the Caregiver’s Authorization Affidavit, which is very protective of clinicians. See California Family Code, Sec. 6550-6552.
The Neuropsychology Division (VIII) of CPA is pleased to describe who and what neuropsychologists are, and announce some upcoming developments in our field. Neuropsychologists are clinical psychologists and experts in the neuroscience of psychology. Most of us have years of postdoctoral formal training in neuropsychology and many are board-certified with ABPP. Our work is devoted to helping patients with various neurocognitive problems. Our expertise lies in comprehensive examinations, where time with patients often means one to two days of interviews and testing. We answer questions like “Is there an underlying organic etiology to their problems?” In this process, we consider psychosomatic disorders, credibility issues, neuro-cognitive treatment, and rule-out neurological conditions. Academic neuropsychologists are often principal investigators who work in university settings. Treating neuropsychologists specialize in neuro-rehabilitation with recent examples of neuropsychologists who treat concussed athletes, blast-wounded military personnel, and traumatic brain injury caused by motor vehicle or workplace accidents. There is a growing demand for neuropsychologists specializing in geriatric medicine for aging patients as well as those who work with developmentally disabled children.

Upcoming is a Neuropsychology Institute at the 2015 CPA convention in San Diego. One of the most esteemed neuropsychology experts in our field, Dr. Erin Bigler, the 2015 President of the International Neuropsychological Society, will present a 6 hour workshop on neuropsychology and neuromaging. Neuropsychologists from across the country are invited to this institute. Neuro-imaging is probably one of the most challenging processes for a non-medical doctor to understand, and attendees will leave the institute with an improved understanding of functional neuroanatomy. In addition, psychologists will learn how neurological conditions may be detected through the latest, cutting edge imaging methods. In addition, John Madden, sports analyst and Super Bowl winning coach, will be given an award for his special contribution to neuropsychology, the “Madden Rule,” which requires football players with suspected concussions to be removed from the game.

Our Division is also promoting interest in students at undergraduate and graduate levels to learn about our field, especially those with economic hardships. Eight students will be selected to participate in the 2015 CPA convention and given the opportunity to network with CPA and CPAGS members and attend workshops. They will receive formal recognition at our annual “Celebrate Neuropsychology” event.

Neuropsychology is an ever-changing field, mostly because we link so closely with scientific technology. Our specialty requires that we stay current with emerging technologies and knowledge. The Division comprises members who work towards that end with sponsored CE events, local case-conferencing social events, webinars, Facebook postings, blogs, and our new website. Education, advocacy and service to our membership is what our Division is about. We’re proud of who we are, and we thank you for giving us the opportunity to share advances in the field of neuropsychology with you.
Whether you are a newly minted psychologist or have practiced for some time and are considering new avenues to venture into, establishing a professional identity is often an overlooked process. Understanding what you truly want your life’s work to be will make you a more authentic candidate for career opportunities and may also prepare you for building a career that integrates your values and increases your professional self-esteem.

Professional identity development refers to the gradual process by which one assumes the identity of a “psychologist.” It may be characterized in terms of personal identity (e.g., experience, personality), role identity (e.g., social and/or professional responsibilities), and social identity (e.g., commitment to the field of psychology). Factors contributing to the development of a professional identity are complex, have cognitive and affective components, and may occur unconsciously.

You may be thinking, “When is the best time for all of this?” The best time to begin developing a professional identity is now! As an early career psychologist (ECP), now is the perfect time to solidify your place within the field and establish yourself as a professional. As you explore your options and learn about the field in general, you will see similarities between what you have already accomplished or are presently engaged in and what is occurring in the professional community.

There are multiple ways to begin the process of developing a professional identity. You can begin by writing down goals and objectives for what you hope to occur professionally in 5-10 years. Writing these out will help clarify what you want and how you are going to accomplish it. Immersing yourself in the professional community by attending and participating in local, regional and national conferences is one of the most direct avenues for you to connect with other psychologists. Often, there are times set aside during conferences for seasoned psychologists to speak with ECPs when you have the opportunity to obtain feedback on professional aspirations and foster important connections.

The role of peer networking and establishing relationships with other ECPs is invaluable, as these are colleagues whom you will encounter in the professional setting through conferences, trainings, research endeavors, or other avenues. Keep in mind that ECPs are now defined as those having their doctorates for 10 years or less, so there is a wealth of diversity in...
training and experiences within the ECP community. Building a network of colleagues will enhance your ability to develop a professional identity through potential collaborations, cross-training opportunities, and offerings of social support.

Connecting with a sponsor who offers guidance, provides critical feedback and exposes you to diverse experiences that are not directly related to psychology is also critical to professional identity development. Additionally, a sponsor will expect stellar performance on your behalf, which comes from sponsors who are secure in their professional identity and can deliver when opportunity presents itself.

If you find that more questions than answers have arisen from reading this article, know this is natural and you are not alone. Take time to think about what it means for you to be a psychologist. Remember, the process is ever evolving, nonlinear, and takes time. There is no end to the development of a professional identity as your real-world experiences will challenge your views on what it means to be a psychologist. The charge of developing your professional identity is in your hands.

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Your Opportunity to Honor Your Colleagues

2015 CPA Awards

Each year CPA recognizes those who have contributed their time and expertise to the field of Psychology. The Nomination, Elections and Awards Committee strongly encourage nominations for any one of the categories listed below. Nominations may be made by individuals or groups.

- Silver Psi
- Bronze Psi
- Distinguished Contribution to Psychology
- Distinguished Contribution to Psychology as a Profession
- Distinguished Scientific Achievement in Psychology
- Lifetime Achievement Award
- Distinguished Humanitarian Contribution Award
- CPA Jerry Clark Award For Advocacy
- Student Award For Advocacy
- Award for Outstanding Chapter
- Award for Outstanding Newsletter

The deadline for nominations is January 31, 2015.

Please visit the CPA Website (www.cpapsych.org) for a full description of each award and instructions on how to submit nominations. You will find the link on the home page under Latest News.
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To learn more about becoming a sustaining or contributing member, please visit: [www.cpapsych.org](http://www.cpapsych.org)

Please note: These members joined CPA between 8/1/14 - 11/23/14. As a CPA member, you may access other member’s contact information online in our Member Directory under the Members Only section of our website or by contacting CPA's central office at (916) 286-7979, ext 122.
**CHAPTER AND VERSE**

**Alameda County Psych Assn** welcomes our 2015 President, Dr. Anatasia Kim, and our President-Elect, Dr. Kelley Gin! We are fortunate to have so many great psychologist leaders in ACPA. Thanks to our Membership Chair, Dr. Greg Gayle, ACPA recently hit an all-time membership high! ACPA held a number of successful CE workshops this past year, as well as our well attended Holiday Party in December. We are planning more high quality CE events and we are putting the finishing touches on our new and improved ACPA website. Check it out at www.alamedapsych.org!

**Central Coast Psych Assn** ended 2014 with several social activities and is off to an exciting start in 2015. Dr. Belinda Morrill organized the well-attended annual Fall Potluck. The Member Dine Outs at local restaurants continue to be successful. An Installation and General Membership dinner/meeting will be held in January to welcome: Dr. Babak Tehrani, President; Dr. Hannah Roberts, President-Elect and Secretary; Dr. Julia Buckley, Past President; Dr. Jeanne Sterling, Treasurer; and Dr. Belinda Morrill, Secretary-Elect. CCPA is looking forward to another year of social and educational opportunities and improved community involvement.

**Marin County Psych Assn** celebrated with a well-attended annual holiday party at Homeward Bound, a shelter and culinary academy focusing on providing permanent solutions to homelessness. We begin the new year with a CE presentation by Maria Jose Prieto, PhD on Acculturation: Considerations for Assessment and Treatment, organized by the Diversity Committee, followed by the Annual Networking meeting and dinner for our members.

**Napa Solano Psych Assn** will host a Practitioners’ Roundtable January 21st so clinicians can learn about each other’s practices over dinner. Consider attending a networking brunch the 4th Sunday of each month or a salon discussion on CE articles from *The California Psychologist*. Check our event calendar or email NapaSolanoPA@gmail.com for more information! We list brunch locations about three weeks prior. Consider joining - $55/year for full members; $45 for associates; $20 for students! Special thanks to outgoing board members Debra Inman and Judy Speed for many years of service.

**Orange County Psych Assn** will congratulate and welcome new President, Dr. Carla Defraine at the Annual Installation Dinner on January 10th. Special guest speakers are Carol Webb, PhD, CEO of ASPPB and, Jacqueline Horn, PhD, Past President and current member of the BOP. In 2014, OCPA was able to build alliances with the American Academy of Pediatrics as well as the Orange County Psychiatric Society. This year we will focus on the local bar association. We start with an Estate Planning seminar in February and continue to plan networking events with other allied professionals. Don’t forget to regularly check our calendar for events.

**Santa Barbara County Psych Assn** members enjoyed a variety of social events including a holiday party hosted by Dr. Jean Densmore John. Monthly Salons provided CE credit on a range of special interest topics. SBCPA is continuing the student assistantship program and special interest discussion groups and continuing to increase the association’s visibility in the community while focusing special efforts on the promotion of the science, practice and profession of Psychology.

**CPA Division of Education and Training (Div II)** If you are involved in graduate education or clinical training, we want to connect with you! Division II provides exceptional training by experts representing the field’s cutting edge. Our recent Fall Conference featured Dr. Nicholas Ladany, Dean of the School of Education & Counseling Psychology, Santa Clara University. He facilitated a dynamic workshop – *Behind the Supervision Door: What Your Interns Don’t Tell You*. We will soon launch Consultation Services for our members seeking consultation on training and supervision related issues. We welcome you to an enriching professional experience.

**CPA Division of I-O Psychology and Consulting (Div III)** This year we sponsored David Yudis, PhD, and *Technology Innovations: Turning the Assessment Industry Upside Down* in LA and hosted two social events in Northern California. Watch for a consulting-focused webinar and other networking events in 2015. We want to continue to grow and welcome any suggestions for future events. All CPA members are encouraged to join our listserv to network, ask questions, and learn about the field. Please feel free to email me at eric@prenskyconsulting.com or reach out to any of our division leaders.

**CPA Division of Diversity and Social Justice (Div VII)** congratulates our Chair-Elect, Dr. Jorge Wong as CPA’s President-Elect. We are looking forward to his leadership. Division VII is thriving; our membership has reached unprecedented numbers. Our first Diversity Salon, *Cross Cultural Neuropsychology* with Shelley Peery, PhD, was a success and we are working on the next one. In October we attended the Student Leadership and Advocacy Conference, meeting and connecting with students. We thank each of you for your support and hope you will renew your membership! Please join our listserv and stay tuned for more.
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Firstly, the system is easy to navigate, thorough, flexible, and extremely clinically intuitive. Secondly, technical and customer support has been efficient, fast, and very personal. I am leaving another EHR system for TherapyNotes... gladly. I’m very happy that you’ve created such a quality product. Thank you!
Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

Just want to say that I truly love the system!
It takes all the guesswork out of tracking paperwork. Being able to schedule appointments and then have the system take over and track what is due for each client is wonderful.
Kaitlin Brewer, FFC-5

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