



CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



2011 Summer Newsletter



The President's Message



By Susan O'Grady, Ph.D.

The summer solstice has reached us. I hope that you are heeding the call of the long warm evenings to step outside and savor the dusky light and enjoy the summer we thought would never arrive.

In early June we hosted our continuing education program with a salon-style meeting at my home. The presentation, "Authors in Conversation: Publishing in Psychology," attracted members who have an interest in writing. In contrast to our usual more extravagant Lafayette Park Hotel venue, we thought the intimate and informal home environment might foster a greater sense of community and be more conducive to discussion. Our panel members included authors Dr. Andy Pojman, Dr. Rhoda Olkin, Dr. Ed Abramson, and Dr. Ann Steiner. We had the opportunity to ask these experienced writers about the fragile balance of maintaining a busy psychotherapy practice and making time to write.

Their personal accounts peppered with witty anecdotes, proved informative and fun. Stories about the myriad ways to avoid sitting down to write brought smiles of recognition from everyone.

The majority of psychologists practice in isolation. At the heart of psychotherapy is confidentiality. Rich with poignancy and vivid in pathos, our work often is profound and sometimes even sacred. Some of these moments are worthy of re-telling. But bound by our code of ethics to keep silent about what we do, we go home at the end of the day and our stories rest unheard in our own private memories.



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I have often been with friends who ask how my day was, and I smile and say "it was a good day" or "it was a full day," or another equally vague response. Early in my career I would have to monitor myself at book groups and dinner parties to not begin a conversation with, "I had this patient who..." My clients' most personal experiences should not be fodder for entertainment. As psychologists, we are thus unable to contribute much of what we do during our workday, despite the often interesting and touching moments that make up our working life.

Yet we can write about our work. All psychologists have experience in writing. To become a psychologist we had to write a dissertation. It is one of the things we did that separates us from other mental health professions. We may have agonized over the dissertation, and then

once completed, we quickly moved onto the "real work" of helping our patients.

Building a full-time practice left little time for writing. Yet as our authors described, making the time to put into words what we do allows us to develop as a professional and to contribute our expertise to our peers and the public. And besides communicating useful insights about human nature, writing serves to formulate ideas and clarify our thinking. A good place to start is to write an article for the CCPA newsletter! Our editor, Dr. Sarah Wood is seeking articles for future newsletters. Please contact her to discuss possible topics. If you have any interest in writing a short article to be posted on the CCPA website, Dr. Fran DiDomenicis is exploring the idea of adding to our website a column for the public about special topics in therapy. Please contact him if you are interested.

CCPA has been experimenting with ways to bring members together to socialize, network, and support each other. Our community's events such as the summer BBQ, "First Fridays" and the annual Holiday party, provide a space for us to not only network, but also to share professional experiences that we wouldn't normally be able to share. Please join us at the home of our Program Chair, Dr. Alissa Scanlin, for our end of summer gathering in September. ♦

Treasurer's Report

Membership Dues: Where Does Our Money Go? Should we increase membership dues?

At CCPA, we are a nonprofit organization that attempts to provide community service, education, and networking opportunities. Most of our revenue comes from membership dues and we have some questions for our members. If we increased our membership dues, would it affect your decision to renew? How can we increase our operating funds without decreasing our membership? This has been a discussion at the CCPA Board Meetings and we would like to know your opinion.

Last year we attempted to reduce spending where we could and improve service to our members and the community. Attempts were made to improve our service to members and the community without increasing membership dues. It is



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a careful balance to maintain or increase membership while providing quality educational and collegial event that promote the profession of psychology.

In 2010, we spent an extra \$2000 to improve our website and the "Find a Psychologist" feature which has been well received. This year, one of our CCPA members, Fran DiDomenicis, who has experience in creating and maintaining websites, stepped forward to take over most of the main Website maintenance functions which will save us several hundred dollars a year. Additionally, we changed telephone service to reduced our overhead and will drop our AT&T yellow page advertising at the end of the year when our contract expires.

To sponsor most educational professional events it takes at least \$2000. The cost includes room rental, speaker fee, marketing, meal and or refreshments whether or not we have enough attendee's to cover the costs. Usually, we recoup this in attendee fees, but there is no guarantee. Most of quarterly dinners break even or operate with a slight loss or gain. Annual training events with a well-known speaker can bring about a small addition to our cash flow.

We sponsor two CCPA membership social events each year. The annual Bar-B-Q in September is a chance for members to bring family to share an afternoon of superb food and fun. Candia Smith makes organic hamburger patties and Howard Freidman makes apple pies. Although much of the food and drinks are provided, members often bring a favorite side dishes to share. This year we are welcoming our members to invite a prospective CCPA to meet others and possibly join our organization. The Holiday party is held the first Friday night each December and is a catered social event where spouses/partners are invited to share in the festivities. Each event costs approximately \$1500.

We also help support CPA advocacy by sponsoring one of our board members to participate in the CPA government affair meetings. We pay an annual fee to APA for the ability to provide Continuing Education units for workshop participants. Many workshops charge extra for CE credits, we do not.

All of our events require marketing and mailing. We have an administrative assistant service that formats the Newsletter, flyers, and mails out the information.

Many counties have increased their membership fees but we have held the full membership fee at \$100 and often have very little reserve at the end of the year to sponsor upcoming educational events. It has been proposed to increase our membership fee by \$10 or \$20 per year.

Would an increase in annual fee prevent you from renewing your membership?

How can we increase membership?

We welcome your answers and ideas about membership fees. Please email your responses to Marley Middlebrook, CCPA Treasurer at marleym@earthlink.net ◇



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CLASP

When a Colleague is Impaired How Can You Help a Psychologist in Distress?

By Rebecca A. Clay

June 2011, Vol 42, No. 6

Print version: page 46

A psychologist friend of yours is undergoing a divorce so wrenching, you sense she can barely get up in the morning, let alone provide effective therapy.



A colleague in your building stumbles as he walks down the hall, and you smell alcohol on his breath.

You've heard that an older colleague has become forgetful, sometimes seems confused and has even fallen asleep during a session.

How do you ethically handle such scenarios?

APA's Code of Ethics requires psychologists to recognize when their own personal problems might interfere with their effectiveness and take action. But when it's someone else who has the problem, knowing what to do can be difficult.

"On the one hand, people want to do something; on the other, they don't want to get someone in trouble where they might lose their license," says Michael O. Ranney, executive director of the Ohio Psychological Association. "For many people, it's a difficult ethical dilemma — what to do and how to do it."

The approach Ranney and other experts recommend? Step in early and take advantage of a colleague assistance program or other forms of help offered by your state, provincial or territorial psychological association (SPTA). Reporting someone to the state licensing board should be a last resort, they emphasize.

Preventing Problems

Getting other psychologists the help they need is an ethical duty just like getting help for yourself, says Stephen Behnke, JD, PhD, director of APA's Ethics Office.

"All of our training, all of our experience is to promote health and well-being, and that should begin in our own community of psychologists," he says. "It absolutely should be an ethical responsibility that we take on as psychologists to be that supportive community to our colleagues in distress." Stopping problems before they escalate is key, Behnke and others agree.



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One way to do that is to develop and maintain a network of social relations with other psychologists, says Sam Knapp, EdD, director of professional affairs at the Pennsylvania Psychological Association. Work on meeting your colleagues and reach out to them in good times and bad.

“If you find out that a colleague has just had a death in the family or a divorce or some kind of event like that, send them a card or call them up and express condolences,” says Knapp. “Ninety-nine percent of the time they’re not going to slip into impairment, but they’re going to appreciate it and feel that they can confide in you about other things.”

It’s not just personal issues that can cause problems, he adds. A patient’s suicide, for example, could plunge a psychologist into depression.

Once other psychologists become comfortable with you, says Knapp, they might ask for a referral for therapy or substance abuse treatment. They might seek consultation on a case they’re having trouble with or they might just want someone to talk to.

Colleague Assistance

APA’s Ethics Code urges psychologists who believe a peer has committed an ethical violation to bring the issue to that person’s attention and attempt to resolve the problem via an informal intervention.

In some rare cases, says Knapp, an informal resolution clearly won’t work. “Every once in a while, a psychologist has a psychotic episode and has to be involuntarily hospitalized for psychosis,” he says. “If someone is in a flagrantly psychotic state, it’s easy to say they can’t practice.” In other cases, it can be trickier to draw the line.

But you’re not on your own when it comes to helping colleagues in distress.

At least 11 SPTAs have colleague assistance programs, and there may be even more, says Susan Lazaroff, JD, staff liaison to APA’s Advisory Committee on Colleague Assistance (ACCA). The committee, which assists SPTAs that want to establish or re-energize programs and provides self-care resources, is in the process of identifying which SPTAs already have colleague assistance programs.

These programs can provide advice, support and referrals to troubled psychologists and promote self-care so that problems don’t get out of hand. If things have already escalated to the point where a complaint has been filed, programs may also provide services to psychologists referred by their state licensing boards.

The help that colleague assistance programs provide is confidential, so psychologists don’t have to worry they’ll be turned in if they turn to them for assistance. “Once a person makes contact with the program, they are in essence in therapy,” explains Ranney, who predicts that the Ohio Psychological Association’s new program will debut some time this summer.

But colleague assistance programs aren’t just for psychologists who are distressed or impaired. They can also help if you’re concerned about someone else.



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“These can be delicate conversations,” says private practitioner James R. Oraker, PhD, founder and co-chair of the Colorado Psychological Association’s Peer Assistance Liaison Committee.

Oraker, who is helping the Ohio Psychological Association and others launch colleague assistance programs of their own, sometimes gets calls from psychologists who are concerned about peers but don’t know how to approach them. He’s happy to offer advice on whether a situation warrants intervention, how to respond and the best way to approach the individual and frame the conversation.

Psychologists should already know what to do, adds Ranney. “It’s almost like a therapy session,” he says. “You’re being friendly and professional, sharing your observations and seeing what they’re feeling and noticing.”

A Last Resort

How do you know when it’s time to act? Knowing the difference between distress and impairment is critical, says Knapp.

“There are some people who are distressed about something, but they are able to do their jobs,” he points out. “Obviously we want to help those people, but it’s a personal issue that doesn’t impact how they deliver their services.”

And just about everyone is impaired some time, he says. You might be halfway through a day of therapy sessions when the flu suddenly strikes, for example, and you find yourself too sick to function effectively. The kind of impairment that warrants attention is “consistent patterns of incompetent performance,” he says.

Some states, including Ohio and Pennsylvania, have laws mandating that psychologists and other health-care professionals report colleagues to the state licensing board if they’re impaired and aren’t doing anything about it. And APA’s Ethics Code requires psychologists to take further action if an ethical violation has harmed or is likely to harm others and an informal resolution either hasn’t worked or isn’t appropriate. The right response then might be to report the individual to a state or national committee on professional ethics, institutional authorities or the state licensing board, the code says.

But reporting someone to the state board or other authorities should always be a last resort, Behnke and others say.

Says Behnke, “I would hope that involving the licensing board is always the last step and — while sometimes appropriate — only follows other supportive and creative ways for us to act as a caring community to our colleagues who are in distress.”

Rebecca A. Clay is a writer in Washington, D.C.

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LIST OF GROUPS

A Healthy Divorce/Separation Group

Meeting Day: Monday's
 Meeting Time: 6:00 – 8:30pm
 Group Leader: Shendl Tuchman, Psy.D.
 Contact Number: 510-201-3435
 Email: dr.tuchman@earthlink.net

Chronic Pain/ Illness Support Group (ages 30–65)

Meeting Day: Wednesdays
 Meeting Time: 12:15-1:45pm
 Group Leader: Ann Steiner, Ph.D., MFT, CGP
 Contact Number: (925) 962-0060
www.PsychotherapyTools.com

Breakthrough Weight Loss and Maintenance Group

Meeting Day: Wednesday's
 Meeting Time: 6:00- 7:30pm
 Group Leader: Candia Smith, DMH
 Contact Number: (925) 254-7823
 Email: candia.smith@comcast.net

Consultation/ Support Group for licensed psychotherapists

Meeting Day: Bimonthly Thursdays
 Meeting Time: 10:45am-12:15
 Group Leader: Ann Steiner, Ph.D., MFT, CGP
 Contact Number: (925) 962-0060
www.PsychotherapyTools.com

Men' s Group

Meeting Day: Monday's
 Meeting Time: 7:30 -9:00pm
 Group Leader: Bruce H. Feingold, Ph.D.
 Contact Number: (925) 945-1315

Therapy group for psychotherapists (ages 28–60)

Meeting Day: Thursdays
 Meeting Time: 9:00am-10:30
 Group Leader: Ann Steiner, Ph.D., MFT, CGP
 Contact Number: (925) 962-0060
www.PsychotherapyTools.com

Mindfulness–Based Stress Reduction Class

Group Leader: Susan O'Grady, Ph.D.
 Contact Number: 925-938-6786

Dialectical Behavior Therapy Group (ages 19+)

Meeting Day: Tuesday
 Meeting Time: 5:30-7 PM
 Group Leaders: Elizabeth Rauch Leftik, Psy.D.
 Sarah E. Wood, Ph.D.
 Contact Numbers: Dr. Rauch (415) 531-7638
 Dr. Wood (925) 680-1844

Women in Sobriety

Meeting Day: Wednesday's
 Group Leader: Sara E. Fisher, Ph.D.
 Contact Number: (925) 256-8280
 Email: saraefisherphd.com

Dialectical Behavior Therapy Group (ages 13–18)

Meeting Day: Wednesdays
 Meeting Time: 5:00-6:30 PM
 Group Leaders: Gertrudes Hernandez, Ph.D.
 Sarah E. Wood, Ph.D.
 Contact Numbers: Dr. Hernandez (510) 301-8655
 Dr. Wood (925) 680-1844

Over 50 Relationship Focused Process Group (ages from 50 to 65)

Meeting Day: Wednesdays
 Meeting Time: 5:00-6:30pm
 Group Leader: Ann Steiner, Ph.D., MFT, CGP
 Contact Number: (925) 962-0060
www.PsychotherapyTools.com



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Government Affairs

“Activist” Insurance Commissioner Dave Jones Works to Delay Health Plan Premium Increases

From Capitol Notes (Volume 8, issue 1) at cpapsych.org

As reported in The Los Angeles Times, three of the state's largest health insurers will honor a request from Insurance Commissioner Dave Jones to delay rate hikes on thousands of Californians. The Insurance Commissioner issued a statement noting that Aetna, Anthem Blue Cross and PacifiCare said they would put previously announced rate increases on hold for at least 60 days from their scheduled implementation. This leaves Blue Shield as the only company moving forward with immediate increases. The 60 day delay was requested by the Insurance Commissioner to allow the Department of Insurance to have adequate time to review their recent rate filings. The Department states that the requests were prompted by the public uproar over Blue Shield's plan to raise premiums on nearly 200,000 Californians who buy insurance on their own. For some, rates will rise by as much as 59 percent. Blue Shield said rates would rise as scheduled and go into effect March 1. In the meantime, the company said it hired an outside actuary to review the rates and vowed to issue refunds if the new rates are not actuarially sound.

Blue Shield of California Withdraws Individual Market Rate Increase

March 16, 2011 (part of a press release published on the Blue Shield of California website)

By Johnny Wong

SAN FRANCISCO, CA --- Blue Shield of California (BSC) has withdrawn its rate filing with the California Department of Insurance and the company will not increase rates to any individual or family plan member for the remainder of the year, announced BSC chairman and CEO Bruce Bodaken today. The not-for-profit health plan has 340,000 individual and family plan members in California..... **A complete copy of this statement is available at blueshieldca.com**

Blue Shield Will Cap Profits

OPEN FORUM On Health Care

June 07, 2011 | By Bruce Bodaken, chairman and CEO of Blue Shield of California

We are living in incredibly challenging economic times. At Blue Shield of California, we believe we have an obligation to tighten our budget, just like everyone else. That's why we are announcing a new commitment to help our customers get the health care they need at a price they can better afford. We don't have absolute power to control rising health care costs, but there are some things we can do to help people pay for it. Here is our pledge:.....

The article goes on to describe how Blue Shield will cap their net income at 2 percent of revenue, provide credits to their subscribers.



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Editorial Comment

If you read the previous articles, you might ask yourself what forces were at work to influence Blue Shield to change its position so dramatically. Earlier in the year, the company was ready not only to move forward with some substantial (up to 59%) rate increases but to do so in the face of pressure from the public, Insurance Commissioner David Jones and the Department of Managed Care.

Well, one apparent force is David Jones, our current insurance commissioner. He just assumed office in 2010 and has already taken a strong stand on making health care companies accountable for policy changes that affect their subscribers.

Another factor might be you! If you are a contributor to the CPA-PAC, you helped contribute \$2000 last year to putting Dave Jones into office.

Check out what your Political Action Committee is doing for you by going to sos.ca.gov.

CPA's Political Action Committee (CPA-PAC) Why Get Involved?

Like it or not, the political process has a major impact on professional psychology. All licenses to practice psychology are issued by the State of California. The statutes and regulations which govern your practice are ultimately determined by our state legislators in Sacramento. These one hundred and twenty elected representatives are routinely called upon to approve or reject legislation which has a direct bearing on the nature and practice of all health professions - including psychology.

For example, legislation introduced a few years ago would have prohibited psychologists and other non-physicians from assessing, diagnosing or treating any individual who suffers from a "biologically based brain disorder." As defined in this bill, "biologically based brain disorder" included virtually every diagnostic category in the DSM IV ! (AB 274, introduced in 1998 by Assemblyman Floyd.) Fortunately, CPA was able to stop this legislation.

During the past three years alone, CPA was forced into battle to block several legislative efforts by organized medicine which would have undercut our profession. Some of these efforts would have required direct physician supervision and direction of any psychologist who provides emergency mental health evaluation or treatment services in an emergency room. Another proposal would have required all utilization review decisions for mental health care to be conducted by a psychiatrist - eliminating all psychologists from this process.

Success or failure in these battles often hinges on simple arithmetic - the number of legislators who have an understanding of professional psychology and who are in tune with the our concerns. In past years, CPA-PAC has done an effective job of supporting the Senate and Assembly campaigns of those who are in tune with our profession's concerns.



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Our success made a major difference in the passage of legislation that expanded the role of psychologists in state hospital settings and fended off the many proposals that would have harmed our profession.

Only CPA-PAC is Devoted to This Important Cause!

The sad reality of modern politics is that candidates cannot connect with the tens and hundreds of thousands of voters they must reach without substantial campaign contributions. An effective political campaign in most California districts cannot be waged without the funds necessary to put television and radio advertising on the air, or to put brochures into our mail boxes. In our media intensive society today, money truly does equal speech.

California's elected officials can and do have a direct, major impact on our profession. While we have done a good job of supporting pro-psychology candidates in the past, many of the legislators we have supported in the past are now nearing the end of their legislative careers due to term limits. We must now identify and support a new group of first time pro-psychology candidates for office in California, and support those who are running for reelection to their final legislative terms. CPA-PAC is the only organization in the country which is devoted to this important cause.

Who Can Contribute to CPA-PAC?

Anyone and everyone with an interest in quality mental health care. Psychologists, family, friends, vendors and suppliers, and patients may all make contributions to CPA-PAC.

If you would like to make a donation to the Political Action Committee, please contact Ryan McElhinney at rmcelhinney@cpapsych.org. ♦

Treating Minors without Parental Consent

SB 543 (Leno) was a 2010 bill that was signed into law and went into effect on January 1, 2011.

The essence of the new law is that a therapist may now treat a minor who is 12 or over if the minor is mature enough to participate intelligently in the therapy. Previous law allowed this only if the minor had been the victim of incest or child abuse or the minor is a danger to self or others. The treating therapist is expected to attempt to involve the parents or guardian unless the treating professional determines, after consulting with the minor, that such involvement would be inappropriate.

The law requires that the professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.



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Page 2 Progress Notes

The minor's parent or guardian is not liable for payment for mental health treatment or counseling services provided under this law unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian.

The entire text of the law is provided (in the Progress Notes published May 25, 2011 at cpapsych.org.) The summary provided above is for the convenience of the reader and any discrepancies between the summary and the language of the actual law should be resolved in favor of the language of the actual law. ♦

The Biggest Mistakes Therapists Make with Their Websites

1. "If You Build It, They Will Come"

Many people believe that because we have a website, people will automatically find us on the internet. Many of us were hesitant to have a website. Once we did, it seemed the world was our oyster! Now we just wait for those calls to come in!

The fact is that there are billions of web pages on the internet, and any website is just a drop in a vast ocean of online media. Most of our websites are "business card" sites that are not noticed by search engines (SEs) like Google and Bing, Yahoo and AOL. We will only be found if someone searches for "www.mytherapywebsite.com". We are invisible and may as well not have a website at all.

What To Do?

Websites must be "optimized" to be found by SEs. "Optimized" means that our website pages use a variety of elements that are SE "friendly" - written in a language they read best. Some of those elements are visible to human readers; others only to the SE. 80% of online sessions begin with an "organic" search for something. When a searcher types in "counseling in walnut creek", many pages of listings will appear. If your website is not properly optimized, your site won't appear in the first 100 or more listings. If your site is not optimized, you're probably wasting your money and feeling confused and discouraged that your site isn't helping you find clients.

2. Making a Website an Extended Resume, or an Essay

Yes, we spent a lot of years and money getting our degrees and becoming licensed. Now we've arrived, and we want to commemorate the process by listing all of our degrees, accomplishments, and positions that have gotten us to where we are by listing them on our websites.

I don't mean to be rude, but ask yourself, when was the last time a potential client asked you where you earned your degree, or what your prior jobs were, to determine if they would select you to be their therapist? When was the last time a client wanted to hear you talk about how fulfilling you find your work?

In fact, websites are marketing tools that need to connect with a searcher in a matter of seconds to tell them that their concern is one of your specialties and that you can help them... or they will click on to the next website that came up in



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their search results. Searchers are scanning your site, not reading every word you've written. (Think ADD). They need to see in unmistakable terms, in bold headlines, why they need to contact you.

What to do? "Onpage" optimization of text, formatting, the location of text on the page, and the use of "keywords" in your text are a few elements that can add to a website's value. Researching the best keywords and adding them to your web page Titles (which show up at the top of a browser window) and Descriptions (the 2-3 lines of text that appear under your link in a search result) is essential. These are two things search engines will remember you for.

3. Not Appreciating the Value of Search Engine Optimization (SEO)

We feel that a several hundred dollars is plenty enough to spend on a website, and once we've done so we don't need to spend any more money.

Several hundred dollars does seem a lot to spend on a website, but consider that even one new client per month, seen on a weekly basis, means anywhere from \$4000. to \$7500. per year. How much per year would you be willing to pay to get one new client per month, or a gross increase of \$48,000 to \$90,000 per year? Even if your SEO work cost you \$500 per month to get and stay on the first page of a Google search, that would still be an annual return on investment of \$48,000 to \$90,000. for an investment of \$6000.

What to do? Consider what amount of money you would be willing to allot each month to increase your caseload by one or two clients per month.

4. Being Unwilling to Follow Through with SEO Recommendations

Such as starting a blog, or submitting brief articles to other websites that will improve your website's "authority" or "page ranking".

Yes, we're all busy. But effective online marketing involves time and money to get the number of new clients you want. Page ranking is the importance of our website in the universe of other websites. Every article that is submitted, every blog post that is made, every link from other sites back to yours is like a vote saying that your website is important. And that is like money in the bank! These and other factors either increase the likelihood of your being found online or leave you with no notice from search engines, and no chance of being found by potential clients.

What to do? Some of this kind of work can be done by hiring others, but consider that you probably have things to say about your areas of practice. Blogs and brief articles that provide value to searchers are one of the top performing SEO actions you can take.

In summary, consider the value of a coherent, expert "diagnosis" of your website that will assess its current value, problems and strengths, and a "treatment plan" that will help you consider the things you can do to improve your website to achieve what you want it to do.

Tune in next month for another in this series...

Fran DiDomenicis, Ph.D.
CCPA Website Chair
Certified Webmaster ♦



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CCPA Calendar of Events SAVE THE DATE!

SEPTEMBER**Annual CCPA Barbeque**

September 11, 4-7 pm

Location: Lafayette

RSVP to: Dr. Alissa Scanlin

OCTOBER**Topic: Collaborative
Assessment**

Presenter: Caroline Purves, Ph.D.

October 7th, Noon - 5pm

Location: TBA

RSVP to: Dr. Alissa Scanlin 3468 Mt Diablo Blvd, Ste. B203, Lafayette, CA 94549 PHONE: (925) 283-3902
EMAIL: drscanlin@pacbell.net Include your Name, Address, License#, Phone and Email
(All event locations are wheelchair accessible. Please let me know if you need any special accommodations.)



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2011 Summer Newsletter



Letter from the Editor



The CCPA newsletter is a forum for sharing information. I invite submissions about 1) groups that you offer, 2) reviews of workshops you have attended or book that you have found useful or 3) a variety of other topics relevant to the community. I also try and include an interview with a CCPA member in every edition, so if you would like to respond to a list of questions about yourself and your practice, please contact me. It is a great way to be better known within the organization.

Please consider contributing to future newsletters. The following dates are deadlines by which I must have your submission. Thank you in advance!

October 1, 2011- Fall edition

January 1, 2012- Winter edition

The following prices are in effect for advertisements:

¼ Page Ad \$30 ½ Page Ad \$60 ¾ Page Ad \$100

(Advertisement for office space is free to CCPA members)

Email submissions by the deadline to sarahewoodphd@yahoo.com ♦

