



CCPA NEWS

The Contra Costa Psychological Association Newsletter

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President's Message

By Marc Komori-Stager, Psy.D.

I stayed home for 40 days and all I wore was this dumb t-shirt.

That was a coronavirus joke, but you will have to wait 2 weeks to see if you get it.

Thanks to all who made our first tele-workshop work. Thanks to Dr. Alissa Scanlin, who put the workshop



together, and who stayed in good communication with our presenter as we changed from meeting in person to meeting remotely.

Thanks to Dr. Sebastian Sheldon who put together the questionnaire so that we did not have to fill it out the old fashioned way.

And thanks to the CCPA members who participated. Most of you have presented in some fashion or other and know how much the audience helps the presenter.

For our social needs, our first maintaining-physical-distance First Friday is coming up. Alissa will have the meeting codes for that out to our members soon.

And a warm CCPA welcome to Dr. Laura Naman, who has joined the board as our Diversity Chair.

Thanks to the various contributions and reflections from the CCPA Board regarding COVID-19.

Stay safe and stay sane everyone.

Sincerely,

Dr. Marc, your humble CCPA President.



CCPA Program Notes Spring 2020

Alissa Scanlin, PsyD

Hey, hey CCPA, - 2020 Check in from programs! 2020 has already been an incredible experience, and we are less than 5 months into it! CCPA held our Annual Meeting and first CE event of 2020 at the Lafayette Library and Learning Center on Friday, February 7 from noon to 4pm. The presentation was entitled "**The Neuroscience of Implicit Bias: A Guide to Ethical Decision Making**". It included a lunch catered by Lemonade of Walnut Creek and provided 3 CE in ethics. Our presenter was Dr. Alexis Abernethy, from the Fuller Theological Seminary in southern CA where she is Associate Provost for Faculty Inclusion and Equity in their Graduate School of Psychology.

Her presentation allowed us to look at the ways our unconscious perceptions influence us. Her presentation asked us to think about many important ideas, among them **identifying:** *our own stereotypical biases * our earliest images of race or color, * the information we have been given about dealing with racial issues, and * who has been the most powerful influence on the way we deal with racial issues. During her presentation, we engaged in activities that allowed us to explore these ideas experientially. This was a valuable opportunity for colleagues to connect and learn important information.

Dramatic Music: And **THEN** the Corona Virus became a pandemic, affecting people physically and mentally across the world, including – the US, including CA, including Contra Costa! Our world has changed, and more importantly, we are still not sure what the future will be like! Various local psychological associations have been sponsoring Town Hall meetings to talk about issues related to Covid-19. I hope you were able to get valuable information from those meetings. CCPA has not sponsored such a meeting, but we could. If there are members who would like us to do something like that, please reach out to me (drscanlin@gmail.com).

*Please check announcements from our sister associations (Alameda, San Francisco, Santa Clara, and San Mateo), since most of us are practicing more open access in this "new normal".

Thanks to Dr. Adrienne Casadaban for sharing information about Dr. Gary Quinn's recent presentations focused on dealing with people's immediate traumas, related to the Corona virus. Dr. Quinn is a psychiatrist, and the medical director of the EMDR Institute of Israel, and I found it to include fascinating information. (you don't need to know a lot about EMDR to utilize this procedure.)

Thanks also, to our own Dr. Ann Steiner. Her webinar on Friday April 24, 2020 from 11am-12noon (PST) was co-sponsored by CPA and the National Register of Health Service Psychologists. Dr. Steiner's presentation provided an overview of issues unique to leading groups online. She described the procedures and codes to use for online group therapy, including informed consent and changes in the clinical process needed to do effective group work online. She also discussed the nuts and bolts of selecting an appropriate telepsychology system. Psychologists are still connected, and learning!

PLEASE NOTE: On the First Friday of the month, members of CCPA have

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typically met on the patio at Scott’s in Walnut Creek. This happened on the First Fridays of January February, and March. In April we tried a virtual “First Friday”, but it didn’t work well. I didn’t give as much notice as would have been helpful, so we are planning virtual **First Fridays** for now.

Finally, our most recent CE was offered as a Zoom meeting on Thursday, April 16, 2020 from 6:30-8:30. Dr. Kelley Callahan PhD presented: **Trauma and the Body: An Introduction to Sensorimotor Psychotherapy.** This was CCPA’s first on-line CE presentation, and based on the attendee reviews, it went exceptionally well! Attendee surveys overwhelmingly said that they would recommend this program/presenter to others and would attend another program by this presenter. Dr. Callahan integrated findings from cognitive and emotional approaches, verbal dialogue and physical interventions that directly address implicit memories and the neurobiological effects of trauma. Since this was an Introductory presentation, CCPA is likely to be providing opportunities for people to learn more about the usefulness of these techniques through more in depth presentations. Please check the website under “Events” to find out about the most current CCPA program information and our future presentations.

Please stay safe! Sending everyone wishes for good health! ✨



CONTRA COSTA
CRISIS CENTER

The Contra Costa Crisis Center and COVID-19

In normal times, day-to-day work and life can be stressful. Especially now, in these abnormal times that stress has been compounded by new logistical challenges ranging from government-mandated closures to balancing caring for children while trying to get work done. We find our patients/clients upset, agitated, and worried about their family, employment, health, and the future. It is difficult as psychologists to keep up with available (and needed) services within the community.

The Crisis Center is providing ongoing support throughout this virus outbreak to all Contra Costa residents, including the most vulnerable, and has been actively involved with community organizations and partners since the beginning of the event. Because of the Center’s relationships within the county, it has become the spokesperson for the Contra Costa Health Services serving as an information source for questions about the virus, health, and safety practices. The Center is continually updating their database on resources and emergency assistance, CARES act, food distribution, and other urgent requests. This data helped in the development of a searchable app for food distribution outlets as more residents are affected by furloughs and layoffs.

Staff hours have been increased in order to answer increased call/text volume. Our call specialists are providing support and reducing anxiety and stress related to COVID19 issues.

As always, call specialists are taking calls from those needed emotional support through these stressful times.

The Crisis Center is available to help us “keep up” with useful referrals for our patients/clients 24/7 by dialing **211** or texting **HOPE** to **2012**. ✨

Diversity Spotlight:

Perspectives on Equity, Diversity and Inclusion

During the COVID-19 Pandemic



Laura Naman, Ph.D.

It goes without saying that this is a strange and unexpected time here in Contra Costa County and across the globe. The immediate and profound impact and subsequent long-term repercussions that are just beginning to unravel are impossible to ignore in our nation and in our communities. Within a matter of a few days life for most of us has shifted to a new “normal” and with any shift from previous “norms” — even transient ones — there is an inherent potential for oversight of the unique needs and vulnerabilities of diverse populations whom are at risk of becoming marginalized and deprived of community and belonging during this pandemic. The motto that “we are all in this together” provides a sense of community to many and an opportunity to commiserate through shared experiences of foregoing norms in order to heed the shelter in place order and there is something special about finding that space of shared experience. The motto “we are all in this together” echoes an idea by Benjamin (1995) in her feminist critique of contemporary gender differentiation theory that when examining difference we should be careful not to privilege difference at the expense of sameness but rather strive to find the space between difference and sameness and yet I find myself questioning what assumptions a statement like “we are all in this together makes” and asking myself how we can make this feeling that “we are all in this together” more accessible to all individuals.

There are multitude of equity, diversity, and inclusion considerations that come to mind in the midst of COVID19 that may exclude individuals from access to a feeling of community. When we consider these differences we can begin to ponder what steps we could take to narrow the gap between difference and sameness. Some different considerations include racial stereotyping, class privilege, disability, immigration status, homelessness, employment type, sexual orientation, gender identity, and age. For example:

COVID19 initially being referred to as Wuhan Virus or even the China Virus is likely to have greatly contributed to a rise in Xenophobia and Sinophobia and an uptick in targeted attacks on Asians and racially/ ethnically diverse Americans and Foreign Nationals. This type of increase in xenophobia in response to crisis was observed in Middle Eastern and South Asian American populations post 9/11 also (Bushra, Khadivi, Frewat-Nikowitz; 2007).

Students with disabilities that are suddenly in a position of having to adapt to remote teaching and a loss of the support that they needed for their school and socio-emotional development.

Students that may not have access to technology devices and internet to participate in remote school.

Children with developmental delays that no longer have access to early intervention services including in home occupational therapy or speech services during critical developmental periods.

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Teenagers who are creatively making efforts to practice social distancing while also finding ways to stay connected to their peers being called out for being out in public together while also observing social distancing.

Single working parent households that have limited or no access to care for their children.

Individuals with no home or permanent living situation that no longer have access to the homes of families, homes of friends, shelters, libraries, cafes, gyms where they sought reprieve and are now tasked with “sheltering in place.”

First-generation or international college students and college students that have aged out of the foster care system and have been living in dorms and find they have suddenly had to exit their dorms and now find themselves homeless.

LGBTQ students who found reprieve and support on campus and may now be faced with being in an unsupportive home.

Individuals that rely on public transportation whom are finding longer commuting times or commuting challenges due to reduced access to public transportation.

Older generations that are among the most vulnerable to COVID19 that are having to isolate themselves from family/community or individuals living in nursing homes and skilled care facilities that are not able to see or communicate with their spouses or families and have difficulty utilizing technology that affords connection.

It is helpful for me to consider what I can do personally and professionally to bridge some of these gaps and I usually try to be open to listening to the experience of others with openness and looking to data, research, and my peers to help me narrow knowledge gaps. What steps can we take as a community to bridge some of these gaps in our work or support clients we provide services to that will help them find that place of “togetherness” during this time?

References

Benjamin, J. (1995). *Like subjects, love objects*. New Haven, CT: Yale University Press.

Bushra, A., Khadivi, A., & Frewat-Nikowitz, S. (2007). History, custom, & the Twin Towers: Challenges to adapting psychotherapy to Middle Eastern Culture in the United States. *Dialogues on difference: Studies of diversity in the therapeutic relationship* (pgs. 221-235). Washington, D.C., American Psychological Association.



Third Ear Listening: Ethics and Teletherapy in Quarantine

Susan J. O'Grady, Ph.D. Ethics and Professional Relations

Social distancing due to COVID-19 has caused a radical shift in our work as psychologists. In talking with other therapists, I've found that many of us are feeling the strain of doing therapy by teleconferencing. Talking with our clients via a one-dimensional digital representation lacks the subtle interpersonal interaction and relationship that characterize psychotherapy. By now, we've created a facsimile of our psychotherapy office that accommodates teletherapy where we try to listen with free hovering attention sitting in front of a screen with camera, microphone, and perhaps earphones.

Video can be taxing due to the way digital images are encoded, which cause artifacts such as blurring, freezing, and audio that doesn't always sync. We miss the powerful nonverbal communications that shed so much light on the intangibles of what might be contributing to a person's issues. A blush, an eye-roll, a tear welling up, the fidgeting of someone with a secret, the nervous giggle, or shy smile—these nuanced communications can give us insight and aid our understanding of unconscious dynamics.

Whether in person or over the phone, we can still be attuned to our clients in the moment. In my psychotherapy practice, I have been influenced by Theodor Reik and his book *Listening with the Third Ear* (1943):

We are... encouraged to rely on a series of most delicate communications... collecting all our impressions; to extend our feelers, to seize the secret messages that go from one unconscious to another. . . . The student often analyzes the material without considering that it is so much richer, subtler, finer than what can be caught in the net of conscious observation. The small fish that escapes through the mesh is often the most precious.

Important in adjusting to providing teletherapy that most approximates in-person sessions is solving technical problems while paying attention to ethics (see [updated information on ethical practice](#) from the American Psychological Association) and HIPAA compliance. Some of these issues include:

Deciding on a HIPAA- compliant secure videoconference platform such as [VSee](#), [Zoom](#), [Doxy](#), or [Simple Practice](#) (which I use.)

- Ensuring good WIFI (I had to buy an extender because my home office's connection was sluggish and intermittent) and closing all other browser windows
- Learning how to code for insurance reimbursement
- Giving clients clear instructions on how to access our video link and what to do if we get disconnected
- Creating a telehealth consent form and discussing potential risks and limitations of treatment
- Discussing safety plans
- Confirming with clients how to ensure privacy and security before, during, and after our video call.
- Clarifying how to send payment
- Asking for ID from new clients to confirm they live in California (unless we're licensed to provide service in another state)

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Other telehealth considerations have to do with making the session work visually. We've learned to position screens so the camera catches us from above and doesn't show a double chin. To see each other clearly, we've learned to position the lighting behind our screen, and when necessary, have instructed clients to do the same. To lessen distraction and be better present in the session, we avoid glancing down at our own image. Though it's impossible to make real eye contact in a video call, we can better focus on a patient's facial expressions by minimizing their image and moving it up the top of the screen nearer to the camera. This helps with connection, even if we can't pass a tissue when we see our client cry. I have also discovered that sitting a little way back more clearly echoes sitting somewhat apart, as we would in person. There is more of a space between us.

But there's no new thing under the sun, and telemental health has been used for decades. Before smartphones, video chat, FaceTime, or Zoom, therapy via landline improved access to care, offering a cost-effective alternative to in-person therapy in many situations and populations. In *Mules of Love* (2002), Ellen Bass — poet and co-author of *The Courage to Heal* — wrote about the possibilities for therapeutic connection even across a seemingly impersonal, clunky telephone line:

Phone Therapy

I was relief, once, for a doctor on vacation
 and got a call from a man on a window sill.
 This was New York, a dozen stories up.
 He was going to kill himself, he said.
 I said everything I could think of.
 And when nothing worked, when the guy
 was still determined to slide out that window
 and smash his delicate skull
 on the indifferent sidewalk, "Do you think,"
 I asked, "you could just postpone it
 until Monday, when Dr. Lewis gets back?"
 The cord that connected us—strung
 under the dirty streets, the pizza parlors, taxis,
 women in sneakers carrying their high heels,
 drunks lying in piss—that thick coiled wire
 waited for the waves of sound.
 In the silence I could feel the air slip
 in and out of his lungs and the moment
 when the motion reversed, like a goldfish
 making the turn at the glass end of its tank.
 I matched my breath to his, slid
 into the water and swam with him.
 "Okay," he agreed.

During this global crisis, doing psychotherapy so differently from our usual way of working requires facile adaptability, even once the practicalities are solved. But we can rely on our ethical principles to give us, and our clients, a safe and secure way to experience the moment. By endeavoring to listen and respond with the Third Ear, we strengthen our ability to make a healing therapeutic connection. In fact, being forced into this situation may reveal the usefulness of teletherapy that will last well beyond COVID-19.

Note: Please contact me if you have any questions about the ethical issues or the technical aspects in providing teletherapy. I'm happy to discuss.



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Diversity Chair Introduction

Laura Naman, Ph.D.

Hello CCPA Members! I am thrilled to assume the role of Diversity Chair for CCPA. I moved to the Bay Area from New York approximately 5 years ago where I resided for almost 20 years. I earned my MA and PhD from the New School for Social Research in New York and was part of a vibrant community of Psychologists. Living in New York afforded me opportunities for training at teaching hospitals and institutions that offered services to diverse populations and access to numerous training opportunities.



Throughout my graduate training I was also involved in research programs focusing on Culture, Attachment, and Brief Relational Psychotherapy. I also took on opportunities to teach and provide peer supervision which I enjoyed. I completed my pre-doctoral internship at Mount Sinai Beth Israel Medical Center in New York and completed my post-doctoral training at Kaiser Permanente in Pleasanton, CA.

I have worked at various organizations in the San Francisco Bay Area with the goal of finding a “career home” that I could apply my passion for psychotherapy, psychological testing, supervision, teaching, and clinical research — pursuing an example forged by many of my mentors in New York. Approximately a year ago I made the decision to start my own private practice in Lafayette which has afforded me flexibility in my schedule and time to pursue other career interests. In my practice I offer comprehensive psychological services to children, adolescents, and adults. I currently split my time between my private practice and Alta Bates Summit Medical Center’s Emergency Department in Berkeley, where I primarily provide psych consults. As the Diversity Chair for CCPA I hope to facilitate the growth of our collective diversity awareness and I look forward to my own professional growth through this experience. I am excited to be an active member of CCPA and get to know more members of this community — please feel free to reach out to me — I welcome opportunities to meeting people and engage in lively discussions with colleagues.



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New Member Highlight

Lauren Harris, Ph.D.

Dr. Harris specializes in supporting people impacted by health challenges, including cancer and chronic illness. She has expertise in stress management,



which is proving useful (both personally and professionally) during this unprecedented time of stress and uncertainty. Dr. Harris primarily uses CBT (including CBT for Chronic Pain and CBT for Insomnia), ACT, and mindfulness approaches. She received her Ph.D. from UCLA and completed her postdoc in Health Psychology at the West Los Angeles VA.

Dr. Harris recently opened her private practice in San Ramon and is accepting referrals for new patients. Due to Covid-19, she is currently conducting all sessions via telehealth. In her free time during the shelter-in-place order, she has been enjoying taking long walks with her son.

She is grateful to be part of the CCPA community and hopes to meet everyone soon!

Please feel free to contact her at (925) 238-3026 or drharris@diablohealthpsychology.



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