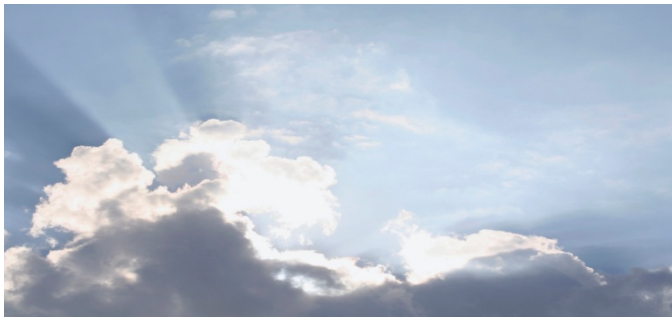


2014 Spring Newsletter

The President's Message

By Howard Friedman, Ph.D., ABPP



IN THIS ISSUE

<i>The President's Message</i>	<i>1</i>
<i>Disaster's Happen</i>	<i>2</i>
<i>Cross Cultural Conference</i>	<i>5</i>
<i>Leadership & Advocacy Conference</i>	<i>6</i>
<i>CCPA Website</i>	<i>9</i>
<i>Early Career Group</i>	<i>10</i>
<i>Letter from the Editor</i>	<i>11</i>
<i>Calendar of Events</i>	<i>11</i>
<i>2014 Board of Directors & Committees</i>	<i>14</i>

Many of you are aware, as sent I sent out an email, that Dr. Ellin Sadur, GAC/CPA Representative, and I attended the March CPA Leadership and Advocacy Conference in Sacramento – our day to storm the Capitol and lobby our legislators. Although we primarily discussed one highlighted bill, we also established long-term relationships with legislators and their staff members. As you have probably heard, the scope of our practice is defined in Sacramento: what we are allowed to do, and what we are not allowed to do, as well as the practices of other disciplines. We must have a presence – not just in Sacramento – but in legislators' minds, so our voices will be heard. To quote someone at the meeting, "If you're not at the table, you're the meal."

We have only been able to effect legislation over the years by being known and responding to our legislators. Unfortunately, the whole process is based on money (no surprise), and even to the extent that this conference is paid in part by our PAC donations, we also provide some direct support to some legislators through PAC donations. The message I sent while Ellin and I were in the midst of the conference was about the paucity of contributions from psychologists. The biggest concern for years has been not so much the amount of money contributed, but the number of people contributing. The number of individual contributions is tracked by the Secretary of State and is available to legislators. When they look at our numbers – a few hundred contributors out of 8,000 licensed psychologists statewide – their view could well be that if we don't care about our profession, why should they? Optometrists, for example, who have fewer licensees

2014 Spring Newsletter

than us, contribute nearly five times more money to their PAC. While large contributions are appreciated, many small ones are ultimately more meaningful in terms of impact.

At the time of this writing, our next CE workshop has yet to take place. We hope that the workshop, "Taking Care of Psychologists: New Techniques of Self Care for Psychologists," will address a diverse age range, from professionals starting out with unique career and family pressures, to people moving toward the end of their careers with different sets of decisions and issues to resolve. Other workshop topics for the rest of the year are being developed. We anticipate that at one of our social functions, potentially a late summer/early fall barbeque; we will invite one of our local legislators whom we meet at the recent CPA conference, such as Senator Mark DeSaulnier (D-7th District). He has declared for the congressional seat currently held by George Miller and is a longtime friend of psychology in Sacramento.

It would be helpful/strategic to continue our relationship with him as he moves to Washington, D.C. Obviously, health care law and access are being defined at the federal level. Then we'll see what merry-go-round takes place regarding various local positions as Senator DeSaulnier's seat is vacated.

I would like to express thanks to Dr. Ed Abramson who has recently left the Board. Ed has served for the last few years as our Ethics Chair. He has been a valued member of the Board for the wise advice he has been able to consistently provide. Ed has wanted to step back from his role with the Board a couple of years ago, given the extent of his other commitments, but he graciously agreed to continue for a while. I know his input will be missed. Dr. Susan O'Grady has agreed to take over Ed's position as Ethics Chair. This is in addition to her currently also being Past-President and Website Chair. ♦

Disasters Happen: Responding to First Responders

By Susan J. O'Grady, Ph.D.

At the Contra Costa Psychological Association (CCPA) annual business meeting on January 31, 2014, representatives from the West Coast Post-Trauma (WCPR) retreat center gave a three-hour continuing-education workshop titled *The Impact of Critical Incidents & Natural Disasters on First Responders, Families and the Community*. The presenters were psychologist Mark Kamena, Ph.D., American Board of Professional Psychology (ABPP)-certified in police and public service psychology and WCPR director of research; firefighter Janice Hoaglin, advanced peer coordinator at WCPR; Tino Bamberger, retired patrol officer and WCPR volunteer; Jim Wattenberger, a battalion chief with the California Department of Forestry; and psychologist Dana Nussbaum, Ph.D., Disaster Response Lead in Marin County.

As psychologists, we sometimes treat first responders to an emergency. We may see police officers, firefighters, hospital staff, paramedics, and clergy who have suffered psychological trauma after responding to a natural disaster or critical incident. First responders may come to us to help them with post-traumatic stress disorder (PTSD), substance abuse, chronic pain, depression, and anxiety. Treatment for first responders and their families is further complicated by their access to fire arms, which increases the risk of suicide. Hoaglin, Bamber, and Wattenberger spoke openly and candidly

2014 Spring Newsletter

about their trauma. Many of us in the audience were moved to hear first-hand accounts of disasters we'd only read about or seen on TV.

We know the symptoms of PTSD, which include hyper-vigilance, insomnia, flashbacks, and nightmares. Dr. Kamena and the team at WCPR prefer to use the term "post-traumatic stress injury," or PTSI. A traumatic *injury* implies that the reaction to a critical incident must not necessarily lead to a psychiatric disorder or become a chronic condition. Diagnosing a "disorder" may lead first responders to believe that their reactions are wrong and that they won't get better. By using the word "injury," we empower people to feel they have some control over how they recover from the event. In the words of Matthew J. Friedman, executive director of the Department of Veterans Affairs National Center for PTSD: "The concept of injury usually implies a discrete time period. At some point, the bleeding will stop. Sometimes the wound heals quickly, sometimes not. A disorder can stretch on for decades."

An emergency can present first responders with a *critical incident*—that is, a sudden, unexpected, unusual event that includes the loss or threat of loss of life. First responders who perceive a threat or trauma can react in significant psychological and physiological ways. It's important for the treating therapist to understand the meaning clients attribute to a critical incident, which affects how it is processed. Police officers at a violent scene might be excited, afraid, or just wonder about what's for dinner that night. As Dr. Kamena put it, "The difference between an adventure and an ordeal is your perspective."

Stress, left alone, is neither harmful nor toxic. Whether the stress becomes damaging is the result of a complex interaction between the outside world and our physiological capacity to manage it. – John J. Medina, Ph.D.

Our body's reaction to stress is partly a matter of what stress we encounter, partly its duration, and partly what the responder brings to the event. Other life events can also play a role in reactions to critical incidents. At least 60% of adults in the United States have experienced at least one traumatic event in their life, such as child maltreatment, interpersonal violence, natural disaster or serious accident. Exposure to traumatic events is a risk factor for depression, substance abuse, and PTSD. When a parent or other significant adult has traumatized a child, scars are left that can reemerge in adulthood. Depression is the most common effect of trauma. However, most who have experienced a critical incident don't experience long-term consequences; in fact, only about 7% develop PTSD/PTSI, although the percentage is much higher in the military, at 20-30%.

Trauma response doesn't come out of nowhere. Most people diagnosed with PTSD have had at least two traumatic events in their life. In a study by John Briere (2012) that attempts to predict PTSD, he found that psychological neglect in childhood accounts for the largest percentage of variance, rather than the threat of physical injury. In treating clients with PTSI, it is important to explore the particular incident to which your client's reaction is tied.

The three first responders who volunteered to speak at our workshop each had been involved in a significant on-the-job event where people were killed. And each had suffered some form of psychological trauma as children, such as neglect or abuse. All had witnessed death and several had feared for their own lives. They also shared a feeling of betrayal.

Betrayal for first responders takes four forms: administrative, organizational, personal, and community. The first responders each experienced institutional betrayal following their critical incidents. One example is keeping the first

2014 Spring Newsletter

responders locked in a debriefing room, away from press and victims while investigations proceeded—with no provisions made for food or water. This constitutes an institutional failure, or as we would say an empathic failure, and compounds the trauma. In the aftermath of catastrophic events, sometimes the most obvious way to support a traumatized worker is to take care of their physical needs.

Another kind of institutional betrayal was failing to protect a first responder from the press—for example, allowing private observations to be publically recorded. Such inattentiveness and lapse of judgment serve to make the primary trauma much more complex by re-opening wounds from childhood that, when coupled with intense life-threatening trauma, can lead to PTSD or PTSI.

The presentation recommended the following treatment when feeling betrayed is a problem for first responders:

1. Acknowledge it and move toward forgiveness
2. See the connection between the current critical incident and personal history
3. Help the responder understand why it is so powerful
4. Get peer validation for the first responder's experience

"What separates people who develop PTSD from people who are merely temporarily distressed is that the people with PTSD start organizing their lives around the trauma." Bessel A. Van Der Kolk

Most of us do not see first responders who are in acute crisis, so we should be aware of helpful resources to recommend such as the West Coast Post-Trauma Retreat, which offers ongoing support as well as intensive inpatient structured therapy, or Preventing First Responder Suicide. The treatment protocol for first responders at WCPR is evidence-based interpersonal and cognitive-processing therapy. Cognitive-behavioral therapy uses techniques like prolonged exposure and virtual-reality therapy. Treatment elements include cognitive restructuring, development of cohesive narrative, affect regulation, and relapse prevention. Usually after all these treatments have been introduced, EMDR is used as a final way to reduce the emotional effects of trauma. In the WCTR center, EMDR is often brief, consisting of a handful of sessions. The real work is ongoing support, through individual and group meetings. Couples and family therapy is also a major component of treatment. Peer support and 12-step programs designed to help first responders are important adjuncts to therapy.

Dr. Nussbaum wrapped up our CE session with slides from her experiences working with the Red Cross after Hurricane Katrina in New Orleans, and Hurricane Sandy in New York. She shared anecdotes about meeting the survivors of these catastrophic events. Remembering Maslow's hierarch of needs, the bottom line: in acute disasters, we need to provide food, shelter, and listening, not psychotherapy.

Division 1 of the California Psychological Association (CPA) has a new section devoted to police and public safety. If you're interested in joining or would like to volunteer for the WPTR, please contact Dr. Kamena through the WPTR email address: wcpr2001@gmail.com. They are especially in need of trained psychologists who are experienced with EMDR.

For further reading:

Kamena, M., Kirshman, E., and Fay, Joel(2013). *Counseling cops: What clinicians need to know*. New York: Guilford Press.
Medina, J. (2011) *Brain rules: Twelve principles for surviving and thriving at work, home, and school*. Seattle: Pear Press.◊

2014 Spring Newsletter

Cross Cultural Article

A Reflection on the Recent Cross-Cultural Conference

By Michaela Spangenburg, CPAGS Campus
Representative to John F. Kennedy University

John F. Kennedy University was proud to host the California Psychological Association Graduate Student (CPAGS) Cross-Cultural Conference on Saturday, February 8th at its Pleasant Hill Campus. This year's Cross-Cultural Conference, focused on Diversity in Practice, broke new ground both in content and format. In addition to having a record number of attendees register, the event also featured four presentations of research by students which occurred simultaneously two at a time in separate breakout sessions. Two experiential activities throughout the day underscored the importance of our own identities, and areas of privilege and oppression, in our professional work.

The event was punctuated by some truly exciting presentations and discussions. After Dr. Erica Anderson, our then Interim Dean, College of Graduate and Professional Studies, kicked off the event, Dr. Veronique Thompson (The Wright Institute) gave an enlightening talk on the differences between cultural competence and culturally informed practice. Dr. Jorge Wong (The Wright Institute) and Derek Wang, LCSW (Diablo Community Center) led a panel discussion of how diversity informs professional practice, drawing on their own extensive experience. Nadine Teng, MSW (UC Berkeley, Tsinghua University Beijing) gave an illuminating talk on the integration of culture with theory into professional practice. John F. Kennedy University's own Dr. Kayoko Yokoyama also gave student attendees a short presentation on how our program integrates diversity, multiculturalism and social justice into the professional development of our students.

As both CPAGS campus representative to John F. Kennedy University and an attendee to the conference, I had the pleasure of both helping with the planning and facilitation of the event as well as getting to experience the end product of the CPAGS Diversity Committee's hard work. Both perspectives helped impress upon me the importance of student involvement in professional organizations, particularly in the areas of diversity and social justice. Over the years I have been to many conferences on the subject of diversity and I was struck by how much we, as students, achieved in terms of the quality and professionalism of the conference. The content of the conference was practical and up-to-date, yet thought provoking and in many respects "cutting edge". I was very encouraged to see a high level of engagement amongst attendees, who exhibited a clear understanding of the importance of cultural (both self and other) awareness as a best practice that is integral to client welfare and our own professional development. I left the conference feeling as though my perspective had been broadened substantially. ◇



2014 Spring Newsletter

Sacramento 2014 GAC California Psychological Association 2014 Leadership and Advocacy Conference

Sacramento, CA March 17-18, 2014

By Ellin Sadur, Psy.D., GAC/CPA Representative

Dr. Howard Friedman, CCPA President, and I attended this year's Leadership and Advocacy Conference in Sacramento along with 150 psychologists from around the state. Included in this number were about 60 students, representing various graduate programs in our state, who join us in our commitment to protect, preserve, and promote our profession of psychology. It was an inspiring, energy boosting two days where we had the opportunity to network, interface, and lobby with our colleagues and several legislators in the capitol.

The first day of the meeting was devoted to various topics, including an overview of our roles as leaders and advocates, secrets to successful chapter advocacy, how to support our PAC, and issues facing psychologists in 2014 (especially health care reform). Dr. Anastasia Kim, Alameda County Psychological Association GAC representative, presented an overview of our combined BAC-PAC meeting held last fall in El Sobrante as an positive example of counties working together to raise money for the PAC. During that event, we raised \$4000 for the PAC, received CE credit for the talk on Affordable Health Care by Dr. Gilbert Newman, and made new connections with the various northern California associations (while eating delicious food and listening to wonderful live music). Our efforts (and money) were well received by CPA as a wonderful paradigm of what we can achieve when we work together.

Drs. Michael Ritz, CPA Healthcare Reform Taskforce Chair, Sallie Hildebrandt and Lisa Osborn, Taskforce members, presented an update on the Affordable Health Care Plan. To date, 1 million individuals have signed up for insurance and 1.5 million have signed up for Medi-Cal insurance. Members can refer to the CPA website on the healthcare task force to check on updates. One of the subjects discussed was the upcoming law requiring psychologists to use electronic health records by 2015. The taskforce suggested referring to the APA website and clicking on Division 31 to get more information and clarification on this change. From this website we can download templates for intake, progress notes, and termination summaries for electronic records.

The Healthcare Reform Taskforce also discussed their efforts to solidify what integrated care will look like. To that end, they are meeting with various agencies throughout the state and advocating for our profession. They recommend that all psychologists not only update their skills but also develop new ones to differentiate ourselves from other mental health professionals (i.e. MFCC) in this new healthcare environment. Other issues of concern and confusion for psychologists that were discussed were: How do we get paid? What CPT codes should we use? and, Will providers stay on panels automatically? Some of these questions still remained unanswered and cause confusion and anxiety among us. Again, feel free to contact these individuals on the CPA task force for further clarification or guidance.

2014 Spring Newsletter

The second day of the conference focused on preparations for our visits with Assembly members and Senators. We were debriefed on the specific bill we would be discussing with our respective legislators as well as informed about two programs of interest. Our group, Team 2, was comprised of myself, Dr. Friedman, Dr. Nancy Piotrowski (Napa-Solano County President), Dr. Kristin Moore, and several graduate students from Wright Institute and JFK School.

Our meetings were with the following legislators: Joan Buchanan, Assemblymember representing District 16, Susan Bonilla, Assemblymember representing District 14, and Mark Desaulnier, Senator representing District 7. We met with their respective staff members but were pleasantly surprised when Susan Bonilla joined us in the middle of our meeting with her staff member. By the way, for those of you who are not aware, Senator Mark DeSaulnier is running for U.S. Congress to replace retiring Congressman George Miller. We hope he wins!!! He has always been supportive and responsive to our profession.

For each advocacy day, Amanda Levy (CPA Director of Government Affairs) selects a specific bill pertinent to our profession that we discuss with our legislators. This year we discussed AB 2015, Non-Discrimination of Health Care Providers, authored by Assemblymember Ed Chau. We presented information regarding this bill to our three legislators and asked them to support this bill.

Essentially, AB 2015 codifies into state law the federal protection that prohibits health plans from discriminating against any professional category of healthcare provider when making decisions about what type of providers to include in networks or which services to cover. Although this is already a federal law, we need a specific state law to be able to enforce this with insurance companies in our state. As part of the Patient Protection and Affordable Care Act, language was crafted to specifically state that a health plan shall not discriminate against any health care provider who is acting within the scope of that provider's license or certification under applicable State law. In other words, the insurance companies have to reimburse services provided within our scope of practice.

Currently, The Department of Managed Health Care and the Department of Insurance regulate all health care service plans and insurers. Commonly, health plans and insurance companies limit types of health care providers allowed to provide services. In some cases, providers have excluded practitioners, such as psychologists, from the networks and have refused to allow them to perform services covered under the plan even though those services are within their scope of practice. This bill would clarify that these departments have the authority to enforce the ban on provider discrimination just as they have authority to take enforcement action against other discriminatory acts by health care service plans and insurer (such as mental health parity). Passage of this bill will empower regulatory agencies.

When we discussed this bill with our legislators, we explained why it is important to support it. Essentially, the bill is good for both providers AND consumers for these reasons: provider discrimination is anti-competitive in a field where we need to grow our workforce; inclusion and efficient utilization of health care professionals other than traditional physicians is essential to ensuring access and reigning in costs; and this bill will provide greater access, improve choice, and lower costs to the consumer. We are joined by other non-physician professionals, such as physical therapists,

2014 Spring Newsletter

marriage/family counselors, and chiropractors, in support of this bill as they, too, would be affected in both their inclusion and scope of practice by unchecked health insurance companies.

Furthermore, with the influx of patients in the healthcare system, we need more practitioners to provide mental health care to them and psychologists must be an essential part of the system. Ironically, the day we presented this bill to our legislators (March 18, 2014), it was announced that 1 million people had signed up for healthcare coverage and 1.5 million had signed up for Medi-Care!!

This bill, AB 2015, was scheduled to be heard in the Assembly Health Committee on April 1, 2014. None of the three legislators that we lobbied (Assemblymember Buchanan and Bonilla, Senator DeSaulnier) were familiar with the bill at the time of our meetings. All three were supportive of the idea but explained they would have to read more about the bill before making any commitments as to their vote on the bill.

After discussing bill AB 2015, we presented two important programs that CPA has that benefit constituents in the legislators' districts. The first program addresses how legislators can receive assistance from CPA with regard to dealing with distressed constituents. CPA has developed a booklet and training program designed to help legislators and their staff communicate with various types of people. We presented a booklet to each office which includes tips and suggestions on dealing with the following people: verbally aggressive, violent, physically destructive, psychotic, suspicious, anxious, and/or demanding. We also informed the staff that they can contact CPA directly to set up a district training with local psychologists at their district office. This program is not only valuable to the legislators and their staff but also allows them to experience first-hand how valuable our profession is to them and the general public.

The second program we presented to the legislators that benefits their constituents is the Psychologically Healthy Workplace Award. CPA sponsors this program that recognizes employers who understand the link between their employees' well-being and the "bottom line" of profit. This program allows the legislators to assess their districts and determine if there is a business, large or small, that fits the definition of healthy workplace and then nominate that business for this award. The criteria for the award include the employer excelling in the following areas: employment involvement, work/life balance, recognition, employee growth and development, and attention to health, safety, and security. This award creates a wonderful opportunity for the legislators to connect with various businesses in their districts, promote good health, and get more votes at the next election!!!

Now for an update on Bill AB 2015: Last week the bill successfully passed out of the Assembly Health committee. Now the bill heads for the Assembly floor, then onto the Senate floor for voting. The medical association did try to stop the bill from moving out of the Assembly Health Committee so our lobbying contributed to this bill moving to the next level. Again, we are hopeful it will pass so our profession is ensured to be able to work up to the scope of our licensure within the affordable Care Act. I will keep the Listserv up to date on the path of this bill as well as any others pertinent to our profession.

2014 Spring Newsletter

In closing, I would like to thank all of you who recently responded with your checkbooks to Howard Friedman's and my plea to support the CPA-PAC. We collected quite a bit of money and I am forwarding it en masse to Amanda Levy at CPA so our Contra Costa Chapter can be recognized as a group in support of the PAC. The recent work of our lobbyists is evident in the movement of Bill AB 2015 and we have to CONTINUE to support our profession with our contributions to the PAC.

Thank you All!!!! ♦

CCPA Website Update: What's New

By Susan J. O'Grady, Ph.D.

We will be updating the website in the next month to add articles, and replace some of the graphics that look dated. If you have any ideas about what you'd like to see on our home page, please email me with links of sample ideas.

Four years ago, when I became president-elect of CCPA, I updated the CCPA website and improved how it functioned. Since that time the site has grown, and some of our search rankings are on first page Google, often in the top six positions.

In the last year we have added our quarterly Newsletter to the site so members can read it if they miss Dr. Sarah Wood's email announcement that the Newsletter is out. We have several years of newsletters posted. On the homepage we now show our next CE event with a link to a PDF with workshop details. Our previous CE workshops are also listed—in case you need to remember what workshops you've done when you renew your license.

Last year we added our monthly Board Minutes to the site, which you can find after you log in (these are visible only to members). I recently added our CCPA Bylaws, also available in the Members Only section of the site.

Google Statistics for CCPA Website

In the last year, the site had 10,679 page views, of which 7,190 were unique (not returning) visitors. Our Resources page had the largest number of views--5,057 or (47%), and the second most visited page was the Find-a-Psychologist (FaP) at 3,091 page views (29%).

Roughly 74% of visitors to our site were new, and 25% were returning. Most people looked at an average of 2 pages. During the year, 166 people looked at our newsletter page, and 48 members looked at our board minutes.

If we examine activity for just one month this year, February 2014, we had 1,067 people look at our site, of which 675 were new, or unique visitors. The average time spent on a page was 2:07 minutes. Our Resources page had the most hits: 492 people (46%) looked at that page, and our Psychologist Locator Page had 278 (26%) views. Our newsletter—which is made public on the site—was viewed by 13 people, and the board minutes (which are not public) were viewed by 6 people.

2014 Spring Newsletter

We are always interested in reaching out to the communities in our county, especially those that are underserved by our psychologists. Since the majority of our therapists practice in central Contra Costa County, we have looked for ways to reach out to communities such as Pittsburg, Brentwood, and Richmond. We think the Resources page and the FaP are ways to help. For instance, during the last year 200 people from Antioch viewed our site, 187 people from Brentwood, and 97 from Richmond. (Surprisingly, the most views were from San Francisco, followed by Concord and Walnut Creek.)

If someone uses Google to search for a psychologist in Contra Costa County, CCPA comes up in the first or second position, just under the huge Psychology Today Locator Service. CCPA is on page one for Walnut Creek and Martinez searches, with Orinda on page 2, Pleasant Hill page 3, and Danville page 4 in Google searches.

Our website is robust with lots of pages, including the FAQ, our CE listings, Newsletters going back several years, and Resources and Links.

Join our Psychologist Locator Service

If you are not one of the 44 psychologists already listed in the Find-A-Psychologist directory, please consider joining. The intent of the FaP is to give our members an Internet presence as well as help colleagues learn more about each other and aid in making referrals. Most importantly, it allows the community to search for a psychologist by zip code, insurance taken, and areas of practice. I have frequently directed people to our site to look for providers who take certain insurance. I also use the site myself to find out who practices in what city so I can assist people in finding a therapist.

The decision several years ago to migrate from the phone-based Information & Referral service to an web-based FaP was made so all members could enjoy cross referrals, rather than just the psychologists who did the I & R. We also felt we had to keep up with advances in how people seek information. Over the years, the referrals to I & R members were decreasing, as more folks used the Internet or their insurance panels to search for providers. Additionally, the phone service and yellow pages ads were the association's biggest budget items. So switching to a web-based system saved money, reduced labor, increased the number of CCPA members who received referrals, and gave the public better access to information about the practice of psychology.

We will be adding articles to the website, written by CCPA members, on topics of interest to the community. Several articles will be posted in May as a trial run. If you are interested in submitting an article, let me know. The articles need to be succinct, engaging and have appropriate references. If you are interested in contributing an article, please contact me at susanogradyphd@gmail.com ♦

Early Career Group

CCPA's **Early Career Group** was recently mentioned in the April 2014 edition of the APA Monitor as an important resource in Contra Costa County. The group was founded in the fall of 2011 by Dr. Candia Smith to support the psychologists just starting in their professional careers. In 2013, the baton was passed to Dr. Nicole Sucre who subsequently had to relinquish it due to other demands on her time.

Dr. Elizabeth Ferree has graciously volunteered to breathe some life back in to the group and would like to hear back from anyone wishing to participate. If interested, please contact Dr. Ferree at bethferree@comcast.net. ♦

2014 Spring 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. Occasionally, I include an interview with a CCPA member, 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!

July 15, 2014 - Summer edition
October 15, 2014 - Fall edition
January 15, 2015 - Spring edition

The following prices are in effect for advertisements:

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

Note: Advertisements for office space are free to CCPA members.

All professional advertisements are free on the listserv for CCPA members.

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

Calendar of Events

Mark Your Calendars!

DSM-V and ICD-9; New Developments

Rhoda Olkin, Ph.D.

Date: June 11, 2014
Time: 6:00 – 6:45 Social Hour
6:45 – 8:45 Presentation
Place: TBA

Annual Fall CCPA Barbeque

Date: September 14, 2014

SAVE THE DATE!

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.)

2014 Spring Newsletter

List of Groups

“Women’s Group” for Women in their 20’s and 30’s with emphasis on Mental Health Challenges, Intimacy, Profession Identity and Moving Forward in their Lives

Meeting Day: Alternate Tuesday’s
Meeting Time: 5:40 – 7:15 pm
Meeting Location: Rockridge, Oakland
Group Leader: Fran Krieger-Lowitz, Ph.D.
Contact Number: (510) 841-2007

Breakthrough Weight Loss and Maintenance Group

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

Introduction to Meditation for Stress Reduction Group

Meeting Day: 1st and 3rd Tuesday of each month
Meeting Time: 6:00 -7:00 pm
Cost: Free, small donation asked for rent
Group Leader: Candia Smith, DMH
Contact Number: (925) 254-7823
Email: candia.smith@comcast.net

Men’s Group

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

Men’s Group

Meeting Day: Wednesday’s
Meeting Time: 6:00-7:30 pm
Group Leader: Bruce H. Feingold, Ph.D.
Contact Number: (925) 945-1315

Mindfulness-Based Stress Reduction Class

Group Leader: Susan O’Grady, Ph.D.
Group meets for 8 weeks, 5:00 – 7:00 pm
Contact Number: 925-938-6786
Website: www.ogradywellbeing.com
Email: susanogradyphd@gmail.com

Dialectical Behavior Therapy Group (ages 19 +)

Meeting Day: Tuesday’s
Meeting Time: 5:30 – 7:00 pm
And
Meeting Day: Wednesday’s
Meeting Time: 9:30 – 11 am
Group Leaders: Elizabeth Rauch Leftik, Psy.D.
(925) 314-6354
Sarah E. Wood, Ph.D.
(925) 680-1844
Website: www.mtdiablopsychologicalservices.com

Interpersonal Psychotherapy Group: Co-ed

Meeting Day: Wednesday’s
Meeting Time: 5:00-6:30 pm
Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com

Chronic Medical Illness Group

Meeting Day: Wednesday’s
Meeting Time: 12:30 - 2:00 pm
Group Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com

Psychotherapy Group for Psychotherapists

Meeting Day: Thursday’s
Meeting Time: 12:30 - 2:00 pm
Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com

2014 Spring Newsletter

List of Groups (cont'd)

Psychotherapy Group for Pre-Licensed and Early Career Therapists

Meeting Day: Thursday's
Meeting Time: 9:00 - 10:30 am
Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com
Website: www.PsychotherapyTools.com

DBT Skills Group for Adults in Orinda

Meeting Day: Friday's
Meeting Time: 3:00 – 4:30 pm
Location: Orinda
Group Leader: Amanda Gale, Ph.D. and
Katherine Schulz, LCSW
Contact Number: Dr. Gale at (415) 295-1549 or
Katherine at (925) 465-7474
Email: AmandaGaleSF@gmail.com or
therapy@katherineschulz.com

DBT Skills Group for Parents and Teens in Lafayette

Meeting Day: Wednesday's
Meeting Time: 4:30 - 6:00 pm
Location: Lafayette
Group Leader: Patricia E. Zurita Ona, Psy.D.
Contact Number: 619-578-3974
Website: www.eastbaybehaviortherapycenter.com

Child Anxiety Group (age 7-11)

Meeting Day: Monday's and Thursday's
(8 session commitment)
starting May 5th
Meeting Time: 4:15 – 5:30 pm
Group Leader: Christina Sinclair, Ph.D.
Contact Number: 510-205-5424
Email: DrSinclair@walnutcreek-therapy.com

“Mother’s Group” with Emphasis on Parenting, Relationships, and Balancing Work and Family Life

Meeting Day: Alternate Thursdays
Meeting Dates: Eight weekly sessions starting on
February 4th and ending on March
25th.
Meeting Time: 12:10 -1:40 pm
Group Leader: Frank Krieger-Lowitz, Ph.D.
Contact Number: 510-841-2007

Anger: “Becoming Curious Instead of Furious”

Meeting Day: Monday's
Meeting Time: 5:30 - 7:00 pm
Location: Lafayette
Group Leader: Patricia E. Zurita Ona, Psy.D.
Contact Number: 619-578-3974
Website: www.eastbaybehaviortherapycenter.com

Teen Depression and Harm-Reduction Group (age 14-18)

Meeting Day: Tuesday's starting May 6th
Meeting Time: 4:15 – 5:30 pm
Group Leader: Christina Sinclair, Ph.D.
Contact Number: 510-205-5424
Email: DrSinclair@walnutcreek-therapy.com

2014 Spring Newsletter

2014 Board of Directors & Committee Chairs

Contra Costa County Psychological Association

President:

Howard Friedman, Ph.D.
925-933-5594
hjfpd@jps.net

Past President:

Dr. Susan O'Grady, Ph.D.
925-938-6786
susan@ogradywellbeing.com

President Elect:

Alissa Scanlin, Psy.D.
925-283-3902
drscanlin@pacbell.net

Secretary:

Barbara Peterson, Ph.D.
925-939-4147
bpetersonphd@pacbell.net

Treasurer:

Marley Middlebrook, Psy.D.
925-352-1038
marleym@earthlink.net

CARE Representative:

Elizabeth Ferree, Ph.D.
925-284-3665
bethferree@comcast.net

Membership Chair:

Marc Komori Stager, Psy.D.
925-325-5022
dr.marc@eastbayfamilytherapy.com

Newsletter Editor:

Sarah Wood, Ph.D.
925-680-1844
sarahewoodphd@hush.com

Program Committee Co-Chairs:

Alissa Scanlin, Psy.D.
925-283-3902
drscanlin@pacbell.net

Website Chair:

Dr. Susan O'Grady, Ph.D.
925-938-6786
susan@ogradywellbeing.com

**CPA Representative &
Government Affairs:**

Ellin Sadur, Psy.D.
925-831-0341
ellins@comcast.net

Ethics Chair:

Susan O'Grady, Ph.D.
925-938-6786
susan@ogradywellbeing.com

Historian:

Andrew Pojman, Ph.D.
925-944-1800
apojman@pacbell.net

Diversity:

Hengameh Maroufi, Ph.D.
510-757-1122
drmaroufi@hotmail.com