



CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



2010 Summer Newsletter



The President's Ponder

I've spent time this summer in the mountains. Fortune and misfortune both have taken me to lovely vistas and clean, clear mountain air. I've taken these vistas into my heart to lean upon when confusion strikes.

The practice of psychology can be a confusing enterprise. Clients project their confusion upon us and it can for a time take root. Our diligence and self knowledge clears this into a useful interpretation, design for homework or a useful psychometric. Then there are those clients for whom we see no direct path to healing, no established precedent in our work. This challenge can also come into our awareness as confusion. Using the image of mountain vistas, wide spaces and potential elevation changes, the confusion becomes opportunity. Ah ha, something new!

In any moment of stress, enlarging one's point of view, one's sense of the moment brings calming and positive potential.* Reminding clients of this tool for stress management can be useful. This is one of the great wisdoms of the 12 step approach to life. When challenged or confused, reach out to what is bigger than you, beyond you and intimately part of you. For me the mountains will always be symbolic of that power and potential.

I spent a wonderful week near Denver at the annual meeting of the International Society for the Study of Subtle Energy and Energy Medicine (ISSSEEM). I was there because the second of my inspirational mentors, Charley Tart, was the current president and a good friend was presenting a paper. I heard many inspirational and mind blowing presentations. The subject title for the year was "Evidence-based Spirituality for the 21st Century". I summarize what stunned me at this conference like this: **Before** anything important happens, your eyes focus on it, your brain responds to it and your heart hears it. But the order is reversed. The heart knows first. The heart doesn't necessarily have the words to tell you, but it makes itself felt.** This brief summary of many fine and detailed scientific presentations is probably a gross disservice. But bear with me, if you've come this far.

Before the heart knows, the planet knows. What part of the planet knows, how it 'knows', that is the mystery. Here's an example though. Random number generators all over the planet stopped being random four hours before the first plane hit the twin towers on 9/11. Four hours. They stayed non-random for most of that day. These kinds of deviation from randomness occur when major festivals are happening near the generators, or when natural disaster occurs. Something that is subtle enough to escape notice and strong enough to push these electronic programs out of balance is 'out there' and available. Enlarge your point of view. Consider the subtle variations in your thoughts and moods as important

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information. Don't be afraid to act in accordance with your heart or to feel guided. Learn to trust inspiration. There is more information available than we commonly avail ourselves of.

The trick, as I understand it, to using subtle energies is self knowledge and the ready suspicion of our default assumptions. When the fearful person gets a message from the planet that disaster is about to strike... well, that's the default system and may not really be 'outside' information. How do we learn to discern when our intuition is good? Here's where solid connections to others in your field is essential. Know yourself and let others know you. Run your thoughts by interested and informed others. Use the great network of connections that our professional association lays at your feet. Share your inspirations with others. Get involved and get known! Find those to share your thoughts with who can help you clarify and sort out what is inspiration from what is our personal bias.

Subtle. Psychology has always been at the forefront of subtle. There is the quiet understanding of a client's situation that enables them to deal with it effectively. The small tools of recommending exercise, a practice of optimism and changes in nutrition can enable a client to move from being victim of a disorder, to the champion of their own life. Non-subtle interventions create rebound, resistance and backlash. The subtle can be gently incorporated into a vibrant living system. Giving yourself the time to be known is subtle and powerful.

Let's keep ourselves and our association vibrant.

Thanks for all you do. See you at the Barbeque!

Candia

*Credit Jeanne Simon for reminding me of this.

** Larry Dossey, Charles Tart, Rollin McCraty are some of the researchers presenting on these topics. ◇

CCPA Interview

Interview with Marc D. Komori Stager, Psy.D.

1) How did you end up in the field of psychology?

It seems to me like I've just narrowed my focus until I became a psychologist. In high school, I was involved in protests against the United States' involvement in Central America: its war against the leftist government of Nicaragua, its support of death squads in El Salvador, etc. I admired the Catholic priests, such as Oscar Romero, and thought I'd become a minister too, but not the preach-from-the-pulpit sort. Rather, I'd be a minister involved in social justice, such as Rev. Martin Luther King, Jr. or the Berrigan brothers.

While in college, the desire to be a minister fell away, but I remained committed to social justice. I took a family therapy class while an undergraduate, and loved the theory and our role plays. So I moved towards psychology and social work



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as the way for me to make life better for those who society marginalizes. I'm still in touch with that professor, he changed my life.

I helped run a group home immediately after graduation, and took those three years to see if I liked the field and to talk with therapists about the work that they do. When I asked about what degree I should get, everyone but one masters level person said they wished they had stuck it out for a doctorate degree. Every psychologist wished they had just gotten the masters degree and been done with it. So, I concluded that if I was going to be unhappy either way, I might as well get the bigger degree. I was also only in my mid twenties at that time, and did not think I would be mature enough in my late twenties to be a good family therapist. I chose the longer program so I could grow up some, and I would be supervised longer as my skills increased.

2) Do you have particular areas of interest that influence the type of practice you have?

My two theoretical areas are family therapy and narrative therapy. The narrative therapy allows me to bring in ideas about social power and injustice. I work mostly with families with teens and pre-teens, though, of course, other clients do slip past the gatekeeper.

3) Are you involved in other activities outside of your practice? If so, what are they?

Most of my time is spent with my wife and our almost-four-year-old daughter. Can you get a picture of them in the newsletter? As several of you know, I'll show you pictures till your eyes glaze over. Publishing their photos would be much more efficient. You could just tell me you saw them already in the newsletter, and we could move on to other topics.

4) What do you find most challenging in your work as a psychologist?

I've been doing this work for awhile now, so most of it comes easily enough. I still get nervous during first sessions, before I get my bearings. Plus, I still take consultation, and that helps tremendously. Mostly now what is challenging is all the work it takes to build a private practice. I wish it was, "If you hang your shingle, they will come," but it is not.

5) How effective has your website been in promoting the services that you offer as a psychologist?

The website has helped. I get a few e-mails from it every month, and I think people who find me on those listing sites, like Psychology Today, can then check me out on my own website to see if I'm a good match for them and their problems. Right now, I'm in the process of adding a blog to the site, which is exciting and scary. I'm not too sure what I will write about. I prefer the more intimate settings of therapy or chatting with friends to writing publically.

I've gone from the rather weak, "Welcome to my website," to a more marketing-savvy approach of talking about problems and solutions. The website was going to tell about me, my training, workshops I've attended, my theoretical orientation, and let the potential client decide if I was right. A local marketing person, Paula Pollock, impressed upon me that clients don't really care about me (cue narcissistic wound), they care about getting their pain dealt with—they would go to a witch doctor if it would help. So, website and the practice are not DrMarcKomoriStagerPhD.com, because nobody likes my name as much as I do, and sadly, it isn't ImmanentGrove.com, a vanity site, that is up for sale by the way. It is EastBayFamilyTherapy.com, short and to the point. It says where I am and what I do.



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6) What thinking went into how to set up your website? With whom did you work to set up your website? What kind of input came from the web designer as to how to set up the site?

Families go to the internet for information. Nobody younger than me uses the phone book anymore. I have several of them, but they are used solely to raise my computer monitor up to eye level.

I worked with Ken and Jeff at Transform Agency for the logo, color and original website design. After asking me many questions to understand who I was and what I wanted to do, they really got it right on the first try. I'm quite pleased with the results. Afterwards, several people have told me that a straight html website is unwieldy and difficult to update. I've found that to be true, as changes are time consuming. So with the blog, I'm going with Wordpress publishing platform, and it will seamlessly integrate with the website—it will look just like it was part of the original site. For this project, I'm working with David Shirley from Web Quarry. He is a local guy, based out of Concord. He's got an introverted style and a quirk, low-key humor. He has been a blast to work with, but you've got to pay attention or you'll miss half of the funny things he says. ♦

CCPA's New Website

Find a Psychologist

CCPA's Find a Psychologist is on the CCPA Website. It is a great way for you to have a webpage that gives the public, as well as colleagues, information about your areas of practice and the populations you see. You have the option of adding a photo and a personal statement. CCPA's website is often used by potential clients to find out about the practice of therapy in Contra Costa County. We have added a "frequently asked questions" (FAQ), and additional links to CPA, APA, and other mental health organizations. Our membership list has been updated that now includes degree, in an easy drop-down tab.

Group Therapy

We also have an accessible way for our members to list the groups they conduct-- the names of groups, if there are openings, and when and where the group meets. This service is open to all members. Please keep your group information updated. Logging onto the site using your member login, and clicking on "group therapy" easily does this.

You can also update or add topics to the Speaker's Bureau. You can access this by your login as well. Add topics that you wish to speak on to the public, either as a community service, or for a fee.

If you would like to be listed in our search engine, the process is quick, easy and painless-- even for non-techy people. Just log onto the site and follow the directions to be included in the Find a Psychologist. If you have questions, or run into glitches, feel free to email me Susan@ogradywellbeing.com or phone me at 925-938-6786. ♦



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CPA NEWS

An e-mail newsletter from the California Psychological Association

Progress Notes

Consulting Psychologists of Mental Health Current Law Regulating Consent for Telehealth Services

CPA members providing telehealth services should be aware of California law which regulates consent procedures for delivering those services. The law provides:

According to Business and Professions Code Section 2290.5, prior to the delivery of health care via telemedicine, the health care practitioner who has ultimate authority over the care or primary diagnosis of the patient shall obtain verbal and written informed consent from the patient or the patient's legal representative. The informed consent procedure shall ensure that at least all of the following information is given to the patient or the patient's legal representative verbally and in writing:

- (1) The patient or the patient's legal representative retains the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which the patient or the patient's legal representative would otherwise be entitled.
- (2) A description of the potential risks, consequences, and benefits of telemedicine.
- (3) All existing confidentiality protections apply.
- (4) All existing laws regarding patient access to medical information and copies of medical records apply.
- (5) Dissemination of any patient identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without the consent of the patient.

Business and Professions Code Section 2290.5 - Telemedicine; informed consent procedures; written consent statement; compliance; application of section

(a) (1) For the purposes of this section, "telemedicine" means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes "telemedicine" for purposes of this section.

(2) For purposes of this section, "interactive" means an audio, video, or data communication involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information.

(b) For the purposes of this section, "health care practitioner" has the same meaning as "licentiate" as defined in paragraph (2) of subdivision (a) of Section 805.

(c) Prior to the delivery of health care via telemedicine, the health care practitioner who has ultimate authority over the care or primary diagnosis of the patient shall obtain verbal and written informed consent from the patient or the



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patient's legal representative. The informed consent procedure shall ensure that at least all of the following information is given to the patient or the patient's legal representative verbally and in writing:

- (1) The patient or the patient's legal representative retains the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which the patient or the patient's legal representative would otherwise be entitled.
- (2) A description of the potential risks, consequences, and benefits of telemedicine.
- (3) All existing confidentiality protections apply.
- (4) All existing laws regarding patient access to medical information and copies of medical records apply.
- (5) Dissemination of any patient identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without the consent of the patient.
- (d) A patient or the patient's legal representative shall sign a written statement prior to the delivery of health care via telemedicine, indicating that the patient or the patient's legal representative understands the written information provided pursuant to subdivision(a), and that this information has been discussed with the health care practitioner, or his or her designee.
- (e) The written consent statement signed by the patient or the patient's legal representative shall become part of the patient's medical record.
- (f) The failure of a health care practitioner to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.
- (g) All existing laws regarding surrogate decision making shall apply. For purposes of this section, "surrogate Decision making" means any decision made in the practice of medicine by a parent or legal representative for a minor or an incapacitated or incompetent individual.
- (h) Except as provided in paragraph (3) of subdivision (c), this section shall not apply when the patient is not directly involved in the telemedicine interaction, for example when one health care practitioner consults with another health care practitioner.
- (i) This section shall not apply in an emergency situation in which a patient is unable to give informed consent and the representative of that patient is not available in a timely manner.
- (k) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

To provide feedback to the editor of PROGRESS NOTES:

E-mail: cpadpa@pacbell.net.

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For more information on how to join CPA and other membership benefits, contact Aaron Kahana at akahana@cpapsych.org or call (916) 286-7979 ext. 122.

progressnotes@cpapsych.org.

www.cpapsych.org ◇



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We invite you to utilize the CCPA Newsletter as a format for sharing your knowledge and information with your colleagues, thereby with the community at large.

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The following dates are submission deadlines for future publications:
September 15, 2010 (Fall Newsletter)

These dates are subject to change

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

Office Available

Lovely Lafayette
psychotherapy office
available Tuesday,
Thursday, Friday &
weekend.

\$175/day/mo Discount
given for multiple days.

Pam Rudd
650-348-8829

SAVE THE DATE

CCPA Summer Barbeque
September 12, 2010

4-7pm

Hosted graciously by Dr. Michiyo Ambrosius

Please bring a side dish to share

Check CCPA Listserve for directions

★★★★★★★★

An Introduction to the Professional Use of Quickbooks

September 22, 2010 ~ Iris Hecker

Time: TBA

CE WORKSHOPS

118TH APA ANNUAL CONVENTION
AUGUST 12-15, 2010 SAN DIEGO, CA

BACK BY POPULAR DEMAND!

The Psychology of Weight Regulation: Eating, Exercise, and Body Image

CE Credits: 4
Enrollment Limit: 40

Workshop Description

Weight, eating, exercise avoidance, and body image concerns frequently emerge in the treatment of patients who do not have eating disorders. This **INTRODUCTORY** workshop will provide information so that clinicians can successfully address these issues. Epidemiology, cross-cultural prevalence, and biological determinants of weight will be discussed briefly. A psychological approach to weight regulation, including marital and familial variables, will be contrasted with medical and dietary methods. Research and case histories will illustrate these psychological methods. Guidelines for parents concerned about their children's weight will be discussed.

Leader(s): *Edward Abramson, PhD*, Professor Emeritus, California State University-Chico, CA, and Independent Practice, Lafayette, CA

Date: August, 12, 2010
Time: 8:00 am-11:50 am
Location: Hilton San Diego Bayfront Hotel (1 Park Blvd.)

Fee	Early Bird *	Regular
Member	\$130	\$160
Nonmember	\$160	\$200

ENROLL ONLINE at <http://www.apa.org/convention/ce-workshops> or call the CEP Office at 800-374-2721, ext. 5991.

***Early Bird enrollment fee ends June 30, 2010.
Regular enrollment fee begins July 1 through August 15, 2010.**



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EDUCATION IN
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PSYCHOLOGY & CONTINUING EDUCATION COMMITTEE



This workshop has been reviewed and approved by the APA Continuing Education Committee (CEC) to offer continuing education (CE) credit for psychologists. The APA CEC maintains responsibility for the content of the program. Full attendance at the workshop is required to receive CE credit. No partial credit is awarded; late arrival or early departure will preclude awarding of CE credits.