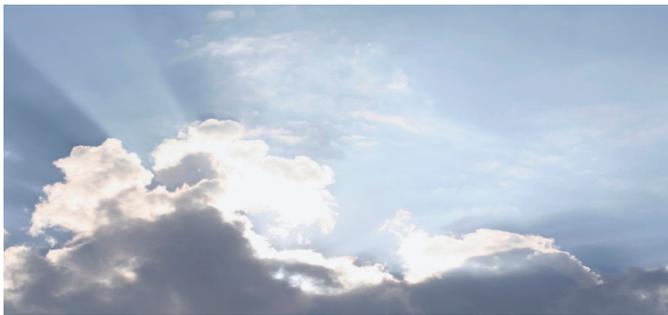


2013 Summer Newsletter

The President's Message

By Howard Friedman, Ph.D., ABPP



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Having just returned from a delightful vacation, I am reminded that we all need to recharge from the stresses of our professional and personal responsibilities. Some of us are cutting back our hours after engaging in clinical work for many years, and others are retiring. Those of us who continue to work in the later years of our careers may become inured to client issues, and less engaged from the toll our work can take. In comparison, many of our younger members have to navigate the stresses of balancing young families with growing practices.

Because of these and other ongoing issues, at our recent CCPA board meeting, we discussed the potential for offering a CE workshop on coping with professional stress, making decisions about our careers, and finding ways to support each other. Please let us know if you have any ideas to offer about this topic as we proceed with planning. Contact Alissa Scanlin, Psy.D., drscanlin@pacbell.net.

This year, I have been discussing the importance of professional involvement in CCPA, and here I am, enjoying it tremendously. I am very pleased with our last board meeting. We have an outstanding board. We function well as a committee of the whole, generate a diversity of ideas, and have much fun. I see professional involvement in CCPA as one way to deal with the isolation that can occur

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in professional practice. My involvement in CCPA brings me in touch with other professionals - not to discuss clinical issues and cases - but to talk about professional topics, and solve problems different than those we see in our daily work. This community of supportive colleagues deters burnout, generates involvement and new approaches, and balances clinical practice with professional community and service.

In September, our chapter will participate in the Bay Area consortium of chapters to present a PAC fundraiser. Planning is underway to determine which state or regional politician will be the featured speaker. These are actually very interesting events, as they provide the opportunity to network with colleagues from other chapters.

Another upcoming event in September is the purely social annual Barbecue. This is your opportunity to meet Dr. Jorge Wong, a candidate for CPA president. Dr. Jorge Wong is the Director of Behavioral Health Services at Asian Americans for Community Involvement (AACI), the largest nonprofit health and human services provider focused on Asian Americans in Santa Clara County. He serves in countywide oversight and policy development committees for the Mental Health

and Alcohol and Drug Departments. At the state, Dr. Wong serves on the Consumer and Family Leadership Committee of the MHS Oversight and Accountability Commission, the Advisory Committee for the DMH's Loan Assumption Program, and the Advisory Panel for Kaiser Permanente's Research Project on Genes, Environment, and Health. He currently Chairs the Membership Committee for the California Psychological Association and is on the Board of the California Psychology Internship Council. An announcement with details will be forthcoming.

In October we will offer a CE program on cultural diversity coordinated by Hengameh Maroufi, PhD., chair of our diversity committee. We'll explore what we need to know to advance cultural competence in our practices. Dr. Jorge Wong will be the guest speaker.

Our January 24 annual meeting will feature a CE workshop on trauma and crisis intervention. CPA president Dr. Mark Kamena will be the presenter. Our desire to offer this topic evolved out of recent events such as the Newton, Connecticut shootings.

I wish you a wonderful summer, and look forward to seeing you at our upcoming events.◊



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The California Psychological Association Website Conference Meeting

June 1, 2013

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

On June 1, 2013, I attended, via conference call, the most recent board meeting for CPA. This type of “webcast” meeting was devised to allay the cost of “face to face” meetings which require all board chairs to travel to the same location, either northern or southern California. We covered numerous agenda items in four hours and I will summarize them for your information.

A major issue facing CPA is their budget, which is in a deficit situation requiring CPA to draw money from the “reserve” fund. There is a “hiring freeze” in place, resulting in a number of key positions being unfilled and those duties being spread among various staff members. One such position is membership chairman which has remained unfilled for several years. A newer vacancy is that of Grassroots Coordinator, most recently filled by Ryan McElhenny who was instrumental in coordinating our leadership meetings, coordinating our PAC contributions, and informing us regarding current legislative issues pertinent to psychologists and our professional roles. Some of his duties will fall to our lobbyist, Amanda Levy, who is already overburdened with her own responsibilities. The responsibilities involving our PAC will be overseen by Dr. Jo Linder-Crow.

A major reason for CPA’s budget deficit is a result of policy changes in record keeping of our continuing education hours. Previously the Board of Psychology (BOP) contracted with CPA to be the reviewing agency to monitor continuing education hours. The BOP paid CPA a portion of psychologists' dues in return for this service, comprising a substantial portion of CPA’s annual budget. CPA had hoped that their budget deficit would be balanced by CPA members investing in the CE Banking services. Unfortunately, few members have joined the Banking service and Dr. Linder-Crow does not anticipate this service becoming successful, even when the BOP starts auditing psychologists for their required hours. CPA is cultivating other options to bring in non-dues revenue, such as partnering and collaborating with professional seminars or those offered by APA, and share revenue from such seminars. Other new endeavors discussed on this conference call were CPA’s plans to support the business portion of psychology practices. Three ideas CPA is considering include money management seminars, helping students set up their practices, and offering diversity forums. In addition, CPA is encouraging each chapter to increase their work with early career psychologists both to offer mentoring and to share benefits of joining CPA.

Amanda Levy, our legislative lobbyist, gave a brief report delineating various bills she is watching for us. She mentioned the mental health parity bill which has passed the Assembly and now in the Senate for voting. This bill happens to have some Republican support so she is hopeful it will pass. Ms. Levy discussed gun violence control bills which are being presented to the assembly but stated that CPA is NOT weighing in on the debate at this point. CPA is interested in the portion of a gun bill which involves reporting mental illness and

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prohibition for gun ownership. Stay tuned for updates as these bills evolve. In terms of health care reform, Ms. Levy has participated with department of managed health care working for parity and to discuss county versus state implementation of Medi-Cal. Again, stay tuned for developments as the legislation works on health care reform and how psychologists will be represented.

The final agenda item we discussed was regarding CLASP, which will now be called CARE (Colleague Awareness Resources and Education). This program is designed to help psychologists with self-care and promote developing programs within each chapter as we see fit for the needs of our members. Dr. Perl is the chair of this committee and will be contacting chapters to discuss ideas for promoting the programs.

The next CPA board meeting will be a face-to-face conference set for October 24 and 25 in San Francisco. I will report updates after the next meeting and keep you informed. ♦

CPA Progress Notes

Volume XIII, Number VIII

Board of Psychology Reports on
Disciplinary Activity and Numbers of Licensees

California Board of Psychology statistics show that only a very small percentage of complaints against psychologists that are filed with the Board are pursued after being reviewed by the Board.

In the year from July 1, 2011 to June 30, 2012, there were 747 complaints received by the Board plus 70 reports of criminal convictions. During that period of time there were only 27 Accusations filed by the Board. (An Accusation is a formal statement of charges against a licensee.) During that year, the number of Accusations ultimately filed represents only 3.3% of the total complaints received plus the number of reports of criminal convictions. Statistically, that means that *when a psychologist has a complaint filed with the Board, there is only a very small probability that the complaint will result in a formal statement of charges against the psychologist by the Board.*

Editor's Note: Whenever a licensed psychologist receives a request for more information from the Board related to a complaint against the psychologist, the psychologist's malpractice carrier should be immediately contacted by the psychologist. The carrier should be asked to assign an attorney to represent the psychologist in responding to the Board. All responses to the Board's inquiry should be through the attorney representing the psychologist.

These latest figures from the Board of Psychology also reveal that as of May 15, 2013, there are 22,614 licensed psychologists in California. The number of Registered Psychologists reported are 349 and the number of Psychological Assistants are 1,727.

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The complete statistical report from the Board of Psychology can be found online in a pdf file at:
http://www.psychboard.ca.gov/about-us/meetings/materials/06202113_4b.pdf

FAQ: Explanation About The Postponed Employer Mandate Implementation of Health Reform Law (ACA) By KHN Staff, (From Kaiser Health News. No connection to Kaiser Permanente)

Surprising both friends and foes of the health law, the Obama administration on Tuesday announced the delay of a key provision: the requirement that all but the smallest employers offer medical coverage or pay a fine.

Companies with at least 50 workers now have until 2015 to provide coverage if they don't offer it already, giving them and Washington an extra year to work through the complex details of the legislation. The administration will deliver more guidance next week.

Meanwhile other parts of the law remain on track for implementation next year, according to officials. Here's what the change means — and doesn't mean — for workers and employers.

Q. The government has delayed the requirement for large employers to offer health plans. Am I still obligated to obtain coverage next year?

Yes. The requirement that individuals obtain health insurance or pay a penalty — which starts at \$95 next year, or 1 percent of household income, whichever is higher, and rises to \$695 or 2.5 percent of household income in 2016 — has not changed. But for workers whose employers delay plans to offer coverage, buying a health plan in the subsidized marketplaces known as exchanges might actually be a better deal than what they would have been offered.

Q. My employer already has a health plan. Does this increase chances the company will drop coverage next year?

A. Probably not. The large majority of employers provide insurance even without a government requirement — to recruit and retain good, healthy workers, analysts say. The administration's decision doesn't change that. "For people whose employers already offer coverage, they're doing it for a reason, and that reason still exists," said Paul Ginsburg, president of the Center for Studying Health System Change.

Q. If my employer already offers insurance, will this decision mean my coverage will be less generous in 2014?

That's unlikely. The law requires all employer-sponsored insurance to cover at least 60 percent of medical costs. Coverage that costs more than 9.5 percent of household income is deemed to be unaffordable and those workers may qualify for premium subsidies on the online health marketplaces — putting the employer at risk of incurring a federal penalty. In addition, employers that buy policies rather than self-insure must provide a minimum set of benefits.

Sandy Ageloff, a benefits consultant with Towers Watson, says the administration's announcement appears to

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lift the threat of financial penalties for companies that don't meet these thresholds in 2014, though "those finer points will come out in next week's guidance" from the administration. It may be an academic point for most companies already offering insurance, because as Paul Fronstin of the Employee Benefit Research Institute notes, most existing employer policies already meet the law's 2014 requirements.

Q. What kinds of companies are likely to delay offering insurance to employees?

A. Large employers with lower-wage or variable-hour workers such as retailers, farms, food processors, restaurant chains, casinos and hotels are most likely to delay offering or upgrading coverage, analysts say.

But even well-paying companies such as Wall Street banks might employ uninsured call-center workers whose coverage could be delayed, said Steve Wojcik, vice president of public policy at the National Business Group on Health, an employer group. "This could be far-reaching into all kinds of companies that you might not think of," he said.

Q. What does the delay of the employer mandate mean for lower-wage workers?

A. Many low-wage workers already are employed by firms that don't offer coverage, and, absent a mandate, that may not change next year, says Sabrina Corlette of the Center on Health Insurance Reforms at Georgetown University. Workers who don't get coverage through their jobs can enroll in an insurance plan through online marketplaces, or exchanges, set to open Oct. 1.

Uninsured people earning less than 400 percent of the federal poverty level, about \$45,960 for an individual or \$94,200 for a family of four, would be eligible for a sliding scale federal subsidy to help offset the premium cost.

The lowest wage workers – those earning up to about 200 percent of the poverty level – may actually be better off if their employer does not offer coverage and they go onto the exchange. That's because the subsidies in that income range are larger, and coverage may actually be more affordable than that offered by an employer, particularly for family policies. Some of those workers may also qualify for Medicaid, particularly in the 23 states and the District of Columbia, which have expanded eligibility for the federal-state program. "This is going to be a boon" for some people, said Ginsburg.

Q. Will Tuesday's announcement mean that more Americans will be eligible for subsidies to purchase coverage?

The Obama administration said its decisions won't affect employees' access to the premium tax credits. In fact, the delay in the employer mandate may result in more low-to-moderate income Americans seeking coverage – many of them eligible for federal assistance. So that could push up the amount the government is expected to pay out in premium and cost-sharing subsidies, which before Tuesday's announcement was estimated at about \$23 billion next year.

Tracking who is eligible for such tax credits or subsidies may be more complex. The subsidies are available only to people who meet the income requirements and don't have job-based coverage that meets minimum

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affordability and adequacy requirements. With the one-year delay for employers to report such coverage, "it would be impossible for Treasury to determine whether someone had access to affordable health insurance," said Joseph Antos at the American Enterprise Institute. Proposed rules, expected to be finalized soon, allow people applying for subsidies through the new market to simply attest that they don't have access to job-based coverage, said Timothy Jost, a law professor at Washington and Lee University, in an analysis on the website of policy journal *Health Affairs*.

The Obama administration also hopes that employers will voluntarily provide the information, starting next year, according to a post by Mark J. Mazur, assistant secretary for tax policy at Treasury.

KHN reporters Julie Appleby, Mary Agnes Carey, Jay Hancock and Jordan Rau contributed. ◇



Sublet in Walnut Creek

A beautiful spacious office available to sublet on

Mondays and/or Wednesdays

Please contact Nurit Mussen

925-926-0535

email: n.mussen@gmail.com

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Practice Central - APA

Health Insurance Exchanges: Focus on State-Based Exchanges
Published from Practice Update – June 27, 2013

This third article in our series on health insurance exchanges takes a more in-depth look at exchanges operated by the states.

In 2014, consumers and small businesses will be able to access health care coverage offered by qualified health plans (QHPs) through the state-based health insurance marketplaces established by the Affordable Care Act (ACA). The marketplaces will offer “one-stop shopping” through an online portal where consumers will be able to compare plans, check eligibility for tax credits and for different programs available through the exchange (for example, Medicaid and the Children’s Health Insurance Program), and enroll for coverage.

About one-third of states have opted to establish and operate their own marketplaces. These seventeen jurisdictions have been conditionally approved by the Department of Health and Human Services (HHS) to establish state-based health insurance exchanges – California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont and Washington.¹ More detailed information about each state’s health insurance exchange is available on the CMS website.

In state-based health insurance exchanges, the states will operate all of the exchange activities. This allows those states more flexibility in how to implement the consumer protection and quality standards for health plans sold in the exchanges. As a result, there will be variation among the state-based exchanges regarding standardized health plan designs, provider network adequacy, accuracy of provider directories, sufficiency of essential community providers, marketing standards for qualified health plans, selection of QHPs to participate in the exchange, and reporting of quality measures.

The process and timeline for certifying QHPs to offer coverage through the exchange will also vary by state. However, most states will have completed the certification process for QHPs by the end of July so information about the carriers and health plan offerings will be available (at link above to the CMS website) before the end of the summer.

In addition, states may mandate that certain services be covered in addition to those 10 categories defined by the ACA as “Essential Health Benefits.”² For example, the state-based exchange may have more detailed

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information about specific care, treatment, or services required by state law that a QHP must cover.

Examples of possible additional state-mandated benefits may include applied behavioral therapy, mastectomy-related services, or traumatic brain injury. This will foster greater variation among the kind of coverage offered in each state. The Center for Consumer Information & Insurance Oversight provides more information about state-specific benefits.

At this time, most states are actively working with local stakeholders to design and implement health insurance exchanges. Members can contact their state psychological associations to find out how the association is involved as a local stakeholder in the HIE implementation process.

As previously highlighted in the May 30 Practice Update article on federally facilitated and state partnership exchanges, there are issues that individual psychologists ought to consider prior to the exchanges becoming operational in October 2013:

Check your state's health insurance exchange website for information as to what insurance companies are applying for certification as QHPs to participate in the exchange. If you serve on insurance panels, you will want to be aware if any of the companies for which you are an in-network provider will participate in the exchange.

If you are an in-network provider, review your provider contract so that you are familiar with the notification procedures and contract assignment provisions. You may find that the provider network will be used for certain QHPs and will serve new enrollees beginning this fall.

Familiarize yourself with the federally-mandated essential health benefits as well as any state-mandated benefits so that you as a provider know which of the services and treatments that you offer must be covered by the QHPs.

Qualified health plans must maintain accurate provider directories and must indicate which providers within their network(s) are not currently accepting new patients. So be sure to review your provider directory information for accuracy.

For more information, contact the Legal & Regulatory Affairs office in the Practice Directorate by email or by phone at (202) 336-5886.

1Utah received conditional approval for a state-based exchange but its governor subs

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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!

October 15, 2013 - Fall edition
January 15, 2014 - Winter edition
April 15, 2014 - 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@yahoo.com ♦



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Calendar of Events

Mark Your Calendars!

Annual CCPA Barbeque

Date/Time: Sunday, September 15, 2013, 4:00-7:00pm
Place: At the home of Dr. Hengameh Maroufi
See the Listserv for Details

Professional Networking Group

Date: 3rd Friday of every month (see listserv for specific dates)
Time: Noon
Place: The office of Dr. Goldberg-Boltz 2930 Camino Diablo, #305, Walnut Creek
Contact: Dr. Goldberg-Boltz (925) 788-7888

Evolving Issues in Treating Diverse Populations

Date: October 24, 2013
Time: 6:00-6:45pm Social Hour
6:45-8:45pm Presentation
Place: Lafayette Park Hotel
Presenter: Dr. Jorge Wong

Annual CCPA Meeting

Coping with Disaster: A Professional's Toolbox

Date: January 31, 2014
Time: 12:00-4:00pm
Place: TBA
Presenter: Dr. Mark Kamena

Early Career Group

Date: 2nd Friday of every month
Time: 5 - 6 or 6:30 pm
Place: ATC, 61 Moraga Way, #6 in Orinda
Contact: Dr. Nicole Sucre (415) 999-3264

*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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List of Groups

A Healthy Divorce/Separation Group

Meeting Day: Monday's
Meeting Time: 7:00 – 8:30 pm
Group Leader: Shendl Tuchman, Psy.D.
Contact Number: 510-201-3435
Email: dr.tuchman@earthlink.net

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 -9:00pm
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.
Contact Number: 925-938-6786
Website: www.ogradywellbeing.com

Dialectical Behavior Therapy Group (ages 19 +)

Meeting Day: Tuesday's
Meeting Time: 5:30-7 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
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
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
Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com

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List of Groups (cont'd)

Psychotherapy Group for Pre-Licensed and Early Career Therapists

Meeting Day: Thursdays
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

Dialectical Behavior Therapy Skills Group for Parents & Teens

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

Loss and Grief Therapy Group for Parents Who Have Lost a Child (child of any age)

Meeting Day: Ten weekly sessions starting on Tuesday, September 17th and ending on Tuesday, Nov. 19th.
Meeting Time: 6:00 - 7:30 pm
Group Leader: Nurit Mussen, Ph.D.
Contact Number: 925-926-0535
Email: n.mussen@gmail.com
Website: www.nuritmussen.com

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

Office Available in Pleasant Hill

The space is available for full time at \$650/month (or part-time at \$125/day per month.) It is a small room (about 12.5 x 10.5 with one window). It is part of an office suite with a waiting room, bathroom and kitchenette shared among a total of three therapy rooms. It has a private, secure entrance that opens onto a beautifully landscaped courtyard. It is also literally seconds from the freeway (or several minutes, depending on the direction.)

If interested, please e-mail me at sarahewoodphd@yahoo.com, or call 925-872-6945. Thanks.

Sarah E. Wood, Ph.D.
91 Gregory Ln, Ste 19

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2013 Board of Directors & Committee Chairs

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hjfpd@jps.net

Past President:

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susan@ogradywellbeing.com

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925-283-3902
drscanlin@pacbell.net

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925-939-4147
bpetersonphd@astond.net

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925-352-1038
marleym@earthlink.net

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