



CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



2010 Winter Newsletter



The President's Ponder

January 2010 marks the halfway point of my Presidency. 2009 was very rewarding for me personally and my participation with CCPA is largely accountable for that. Watching the great group of individuals on our board work together has inspired me to think bigger. We can get so much done when we work together.

2009 was also a very tough year for many of us. Our members struggled through financial downturns, illnesses and deaths. I have learned a lot this year about how one can intelligently and gracefully cope with adversity. My colleagues in this association are excellent teachers, by example and word.

The board has shifted and reformed through this year. Realigning priorities have brought change and fresh blood into the board. Our old members will be sorely missed. Our new members are much appreciated. The change of guard has happened without a missed step due to the diligence and responsibility of the departing chairs and the evident capability of their replacements.

A few months ago Susan Snyder stepped aside from her long-held position as editor of our Newsletter. She'd done a great job and was ready for change. She stepped in to co-chair Programs with Kerstin. Then the unexpected happened, her husband got very ill. She's on a leave of absence from the board now and has our prayers and thoughts with her.

On the plus side that brought Sarah Wood in as Editor. As I'm sure you've all noticed, Sarah is doing a marvelous job. Sarah has been in CCPA awhile and it's great to get to know her better. The board is very appreciative of her contributions at meetings in addition to her editorial skills and enthusiasm.

After three years in the underappreciated role of treasurer Karen Smith has stepped down. Karen will be using her new free time to attend to her role on another board, continue her many recreational interests, and concentrate on her practice. She transformed the treasurer's job from a mystery of paper stubs into a tidy office with a procedural manual for her replacement.

Marley Middlebrook is stepping in as Treasurer. She's a relatively new member of CCPA and works for Kaiser in Antioch in addition to having a private practice. Her clinical focus is on children experiencing trauma.

Marge Joehnk has stepped down, after at least 3 years, from the Disaster Relief Chair. Marge has been on the board many years and held various seats. She's going to spend more of her time preparing for her son's wedding in Europe and focusing on her career. Her wit and Minnesotan work ethic will be missed.

Kerstin Gutierrez has stepped down from the challenging job of program chair. She's done a great job keeping us educated, entertained and fed for several years. She will be moving her practice and spending more time with her family here and in Mexico.

Alissa Scanlin is now our Program Chair and is already up and running, planning our whole year of education. With the Annual Meeting just around the corner she is doing a gang busters job. Alissa has been part of CCPA for a few years and it's great to see her on the Board. Alissa's practice is in Lafayette and she specializes in learning problems, health disabilities and other concerns.

Last but not least, Ed Abramson discovered he wasn't allowed to be our CPA chair forever, sadly. On the plus side that created a well suited opening for Howard Friedman to come back to the Board. Howard has served on the board in more than one epoch and will certainly keep us honest. He brought homemade gourmet chocolates to his first meeting! What's not to love?

So with the momentum of all that change, onward into 2010! If anyone else would like to join the board, the Disaster Relief Chair is open. I can guarantee you'll find it a rewarding service opportunity.

Candia ♦

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CPA NEWS

Federal Mental Health Parity Law Nears Implementation

Most insurance companies and health plans will be implementing the federal mental law as of January 1, 2010. California is scheduled to publish regulations in early 2010 which will guide the implementation of the federal law in California. Below is a brief, edited summary of the law which Dr. Dean Given has provided to PROGRESS NOTES which will help practicing psychologists to understand the primary features of the federal mental health parity law. Necessary treatment for mental health or substance abuse disorders will be covered under the members' medical plan benefits unless:

- 1) Coverage is provided by an individual or small group plan (<51 employees), in which case the existing California limited parity rules apply.
- 2) The plan does not cover behavioral health conditions, in which case no coverage is available.
- 3) The beneficiary is covered by Medi-Cal or Medicare, which are not affected by federal parity. Nevertheless, through separate federal legislation, there will be an annually decreasing Medicare copayment from the current 50% to 20% over the next six years. ◊

CPA Acts On Behalf of Members to Ensure State Regulations Allow Full Practice for Psychologists

After a thorough, comprehensive review of regulations proposed by the State of California to implement laws to establish the role and responsibilities of psychologists in hospitals and health facilities, CPA formally submitted a letter of comment to the state's Department of Public Health. Also submitting comments to the Department were Dr. Bill Safarjan on behalf of Psychology Shield, as well as attorneys for both the APA and Local 2620 of AFSCME, which represents over 1,000 state employed psychologists who have a vital interest in the regulations. Many other concerned CPA members also filed letters of comment to the Department. The letter written by CPA which reviewed the proposed regulations asserted that, in part, the regulations failed to conform to the legally required definitions of Necessity, Authority, Clarity and Consistency. Specifically, these standards were violated where language was deleted that mandated that state owned or operated health facilities be required to make provisions for ALL clinical privileges within the scope of psychologists' scope of practice. As proposed, the regulations simply require the state health facility to make provisions for unspecified clinical privileges, but not all clinical privileges within psychologists' scope of practice. The letter filed by CPA also requested that the final regulations, when adopted, provide a framework in state facilities for the required consideration of requests by psychologists for clinical privileges and to provide an efficient self-regulating mechanism to seek relief when there is a belief that discrimination occurred based on licensure category. Without such a framework, resource-intensive Department enforcement will be necessary from the outset because physicians in state facilities are likely to continue their longstanding practices of failing to act on psychologists' applications, failing to create appropriate clinical privileges for psychologists, and failing to develop criteria for granting privileges. Finally, CPA expressed its concern that the proposed regulations frequently fail to use the relevant term "psychologist." Instead, the language of the proposed regulations includes frequent generic references to "Licensed Healthcare Practitioners" which CPA believes fail the test of Necessity to effectuate the clear purpose of Section 1316.5 of the California Health and Safety Code which is to clarify psychologists' authority in Title 22 and CAPP v Rank.

The entire letter filed by CPA on behalf of its members can be found online at:
<http://www.cpapsych.org/associations/6414/files/files/publications/progressnotes/2009/> ◊



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CCPA Newsletter Interview with Dr. Howard J. Friedman: Responses

1. Where are you from originally and where did you get your training?

I am originally from Northern New Jersey. I completed undergraduate studies in biological science, and MS and PhD degrees in psychobiology with a research focus on animal models of alcoholism – all at Rutgers University. I also studied at the Center of Alcohol Studies, which allowed me to dabble in clinical work with a cognitive behavioral training program at the New Jersey Neuropsychiatric Institute, doing group therapy with alcoholics. Then I accepted a postdoctoral NIH fellowship at UCSF split between the departments of pharmacology and psychiatry. This position offered no clinical opportunities and made me realize that what I truly liked was the little bit of clinical experience I had through graduate school. So I eventually quit the fellowship and went back for clinical work in a doctoral retraining program at the California School of Professional Psychology – I became a retread. Because my original degree was in psychology, thankfully, I didn't have to complete another full program (the dissertation, PhD); I had to complete all the clinical coursework and obtain all the supervised hours for licensure. The advantage of my postdoctoral level experience was that I could add as many hours to my schedule as I chose each year. As a result, I set up an accelerated program and completed everything in two and a half years instead of five years or more.

Later, I added diplomat degrees that I could only do post licensure. I took a large number of courses and gained clinical exposure to qualify for the exam process. I elected to obtain diplomats in neuropsychology from both of the available boards: the American Board of Clinical Neuropsychology and the American Board of Professional Neuropsychology.

2. What sort of changes have you seen in the practice of psychology over your career?

The biggest factor is managed care. I started my practice during what I considered the golden years of psychology – pure fee for service. I set my fee, increased it appropriately it each year, and received it. All of a sudden, in the early 1990s, managed care came in and set the fees, and told us that if we wanted access to “their” patients, we had to agree to accept their fee structure. By 1994, about 50 of us formed a small practice group to contract directly for managed care agreements. We didn't want to be at the bottom of the food chain as individual providers. We were reasonably successful for a couple of years until the hospital got into the act and muscled us out, again dumping us to the bottom of the food chain. I became fed up and opted out of all managed care contracts. They were effectively paying 50 percent of our original fees, and never allowed for cost of living or inflation increases. Since I provide a specialty service, at least one company still comes back to me and writes single case agreements for me to see my patients at full fee.

3. What kind of practice do you have and how has it changed over your professional life?

I began my practice with the idea of splitting my time between doing therapy and assessment. I quickly found that I could fill a much needed niche for assessment. I realized I was very skilled in doing assessments, evaluations and consultations, but only average as a therapist, so it made sense to play to my strengths. I liked assessment, I was good at it, and it paid well. Eventually, I stopped doing therapy because the scheduling and pacing of doing therapy began to conflict with my availability to do psychological and



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neuropsychological assessments. I also found that if I was more flexible in terms of availability, I could build my evaluation practice more effectively. For many years, I provided evaluations with inpatient populations at Walnut Creek Hospital, and I consulted with other inpatient programs involving substance abuse and brain injury.

Over the years, the focus of my evaluations have been based on the referral sources such as insurance coverage issues, availability of hospitals, etc. In the last few years, I have seen many more forensic cases (worker's comp, criminal, personal injury, fitness for duty, competence and disability). Although these cases are more lucrative, I still love doing clinical assessments because I feel that I am helping people directly.

4. You have decided to join the CCPA Board again. Could you talk about your long history of involvement in the association and how it is that you have decided to rejoin now?

I was recruited to the CCPA Board in 1983 when I was first licensed. I figured it was a good way to meet my colleagues in the community. I served as secretary to the Board with the responsibility of putting out the newsletter, so it's ironic that I'm back on the Board being interviewed for the newsletter. Within a year, I became the CCPA president. At that time, we had a very small membership, only three Board members, and we met in a donated room at the back of a bank in Rossmoor. I had to bring a coffee pot from my house for the meetings. I ended up serving as president for three consecutive terms and taking on committee chairmanships in program planning, hospital practice, and government affairs, in addition to being the representative to the CPA Board. We gradually evolved into a larger and stronger membership based on active Board efforts. We also initiated dinner meetings - usually at the Lafayette Park Hotel - and turnout to our meetings improved. At the time, hospital practice issues were accelerating. Walnut Creek Hospital selected me to be part of their credentials committee and chose me and three other psychologists to re-write the by-laws for psychologists. In that committee, I immediately announced that in my role as CCPA president, the committee would be discussing admitting privileges for psychologists, since the CAPP v. Rank ruling came out a few months earlier. After many grueling months of negotiation and my practice taking a nosedive from resentful psychiatrists, we gained admitting privileges. Around that time, issues were heating up with the CPA Board because in my first three years on that Board, chapter representatives had no vote. Before I served on the CPA Board, I was told that chapter representatives were supposed to sit at separate tables as observers - they were allowed to speak, but not to vote. A number of us felt a true disconnect between CPA goals and chapter needs. I was involved in a revolt in which the chapters considered pulling out of CPA. Then, the CPA executive director stepped in and proposed changing the entire CPA structure and bringing in chapters. I was appointed chair of the task force to re-write CPA by-laws, and the chapters finally obtained their vote on the Board and a seat on the executive committee. I ended up on the CPA Board for seven years and the CCPA Board for 11 years. In 1994, I needed to stop my involvement because of professional and family time commitments. In the past three years, I have been involved with the Neuropsychological Forum, and recognized how much I enjoy professional contact. I am looking for my involvement with CCPA to enhance my professional contacts. I get a lot from my colleagues and feel I have a lot to offer them. ♦

www.cocopsych.org

The Contra Costa Psychological Association is an active group of professionals committed to advancing the science and profession of psychology and serving Contra Costa County.



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SAVE THE DATE

Dementias and Implications for Clinical Practice

Howard J. Friedman, Ph.D., ABPP

When: March 18th

Where: Lafayette Park Hotel

6:30 No Host Social Hour

7:00 Dinner

7:00 Presentation

\$40 member

\$50 non members

1.5 CEU's, dinner included

RSVP by phone or mail

No walkins

Please contact Dr. **Alissa Scanlin**

3468 Mount Diablo Blvd. Ste B203

Lafayette, CA 94549

925-283-3902

Check CCPA Listserve for more details.

Autism Spectrum Disorders: Practicalities for Practitioners

Ellin Sadur, Psy.D

When: June 10

Where: Lafayette Park Hotel

6:30 No Host Social Hour

7:00 Dinner

7:00 Presentation

\$40 member

\$50 non members

1.5 CEU's, dinner included

RSVP by phone or mail

No walkins

Please contact Dr. **Alissa Scanlin**

3468 Mount Diablo Blvd. Ste B203

Lafayette, CA 94549

925-283-3902

Check CCPA Listserve for more details.

CCPA 2010 Board of Directors

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(925) 938-6786

HISTORIAN: Dierdre Moriarty, Ph.D.

Breakthrough Weight Loss and Maintenance Group

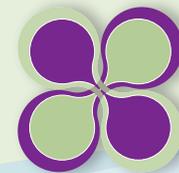
THE ADVANCED THERAPY CENTER (Orinda, CA) is pleased to announce a new **Breakthrough Weight Loss and Maintenance Group** beginning in January 2010. The group will address the psychological and physiological issues that usually impede effective weight loss. Participants will engage in group process and support, awareness techniques, and nutrition and weight loss education to attain and maintain their healthy body weight.

Group members will also have the opportunity to participate in a pilot study of the impact of LENS Neurofeedback on weight loss. LENS Neurofeedback is an FDA-approved, advanced methodology that can heal cognitive functioning and treat chronic patterns that lead to weight gain.

WEDNESDAYS from 6:00 - 7:30 P.M.
at
THE ADVANCED THERAPY CENTER,
61 Moraga Way, Suite 6, Orinda, CA.

THE COST IS \$150/ MONTH;
a minimum three-month commitment is requested.

Dr. Candia Smith, DMH, clinical psychologist and founding director of the Advanced Therapy Center, will lead the group. A licensed psychologist, she is the president of the Contra Costa Psychological Association. Dr. Smith specializes in combining breakthrough treatments with psychodynamic psychotherapy, and has more than 25 years of clinical experience in a wide range of settings.



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Breakthrough Weight Loss Group

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Members Corner

Groups Offered in Contra Costa County

Group Title: Men's Group
Group Leader: Bruce H. Feingold, Ph.D.
 Location: Walnut Creek
 Group Size: 6-8
 Age Range: 35-80
 Meeting Day & Time: Mondays, 7:30 p.m. - 9:00 p.m.
 Length of Meeting: 90 Minutes
 Contact Info: (925) 945-1315

Group Description: This is a long-term support/process groups for high functioning men. The goals of the group are for the men to discuss their lives in a meaningful and authentic way and to gain insight, feedback and support. The range of issues includes marital problems and divorce, depression and anxiety, work difficulties, fathering, and forming intimate male friendships. The men work on fundamental emotional and cognitive patterns and challenge the limitations of conventional definitions of masculinity. As the men integrate into the group they experience it as highly rewarding and make profound changes in their lives.

Group Title: Chronic Medical Illness Support Group
Group Leader: Ann Steiner, Ph.D., MFT
 Location: Lafayette, near BART - Wheelchair Accessible
 Group Size: Maximum 6-7
 Age Range: 30-60
 Meeting Day & Time: Thursdays, 3:30-5:00
 Length of Meeting: 1.5 hours, long term, ongoing
 Target Population: Adults dealing with chronic medical conditions and or chronic pain, does not include terminal illnesses.
 Gender: Male, Female, Both
 Contact Info: (925) 962-0060 Email: DrSteiner@DrSteiner.com Website: www.DrSteiner.com

Group Description: Isolation and loss of connection with others is a major issue for most people dealing with chronic pain and illness. This wonderful, warm, long-term support group which addresses hidden disabilities, chronic pain, and life-altering medical challenges is designed to enrich your current individual therapy and help expand your client's support network. Members of this unique group inspire each other to make the most of life with limitations, reduce their isolation and add more compassion for themselves.



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Members Corner

Groups Offered in Contra Costa County

Group Title: Relationship – Focused Psychotherapy Group

Group Leader: Ann Steiner, Ph.D., MFT

Location: Lafayette

Group Size: Maximum 6-7

Age Range: 30-65

Gender: Male, Female, Both

Meeting Day: Wednesdays

Meeting Time: 5:00 – 6:30

Length of Meeting: 1.5 hours, long term, ongoing

Contact Info: (925) 962-0060, Email: DrSteiner@DrSteiner.com, Website: www. DrSteiner.com

Target Population: Adults interested in learning about and improving their process and relationships

Group Description: This ongoing, long-term, supportive group addresses relationship issues, trust, intimacy and improving self-care. This group provides a safe environment where they can benefit from getting honest feedback from others who have dealt with or are dealing with similar life challenges. Designed for psychologically aware members who want to look closely at what is getting in the way of more meaningful, satisfying work and personal relationships.

Group Title: Therapy Group for Therapists

Group Leader: Ann Steiner, Ph.D., MFT

Location: Lafayette, near BART - Wheelchair Accessible

Group Size: Maximum 6-7

Age Range: 30-50

Gender: Male, Female, Both

Meeting Day: Thursdays

Meeting Time: 9:00 – 10:30am)

Length of Meeting: 1.5 hours, long term, ongoing

Contact Info: (925) 962-0060, Email: DrSteiner@DrSteiner.com, Website: www. DrSteiner.com

Target Population: Psychotherapists interested in learning about and improving their interpersonal skills and enhancing their self-awareness as individuals and therapists.

Group Description: This process-oriented co-ed psychotherapy group offers a safe environment for personal and professional growth. This group has been meeting for over eight years, and is a powerful antidote for the isolation of private practice. Members learn more about the healing power of group interaction, increase their interpersonal skills and enhance their self-awareness as individuals and therapists. We currently have openings for one or two male therapists who are interested in doing this deep work in a supportive group setting.

*** Note:** This group is designed for therapists who are interested in working on their own issues and have been in, or are currently in, individual therapy.



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Members Corner

Groups Offered in Contra Costa County

Group Title: Consultation Group for Licensed Psychotherapists
Group Leader: Ann Steiner, Ph.D., MFT
 Location: Lafayette
 Group Size: Maximum 6-7
 Age Range: 30-55
 Gender: Currently Female, open to men as well
 Meeting Day: Thursday's, twice monthly
 Meeting Time: 10:30am – 12:15 pm
 Length of Meeting: 1.5 hours, long term, ongoing
 Contact Info: (925) 962-0060, Email: DrSteiner@DrSteiner.com, Website: www. DrSteiner.com

CE Credit available for MFTs and LCSWs, CE for psychologist is pending

Group Description: This twice monthly, facilitated consultation group is designed for therapists who want to look closely at their clinical work, deepen their understanding of their client's processes and sharpen their skills. This case consultation group combine's member's case presentations, informal didactic presentations and discussion. Presentations include therapeutic framework, working diagnoses, client's history and cultural context, different diagnostic and treatment planning issues as they relate to treatment challenges, family of origin issues, and impact of medical issues if any. The quality and meaning of the transference is explored, while acknowledging the informative value of counter-transference.

Office Available

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

\$175/day/mo with less for more than one day.

Pam Rudd
650 348-8829

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.

The following dates are submission deadlines for future publications:

April 15, 2010 (Spring Newsletter)
July 15, 2010 (Summer Newsletter)
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 sarahwoodphd@yahoo.com



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2010 Winter Newsletter



Ellen B. Lev, Ph.D.

October 29, 1949 – January 8, 2010

It is with great sadness that I am writing this memorandum for my friend and colleague, Dr. Ellen Lev. I have known Ellen for over 25 years; we met when she first moved to Contra Costa County and started her private practice in Lafayette in 1983. Ellen died Friday, January 8, 2010 after a 16-month battle with Pancreatic Cancer.

She underwent many weeks of chemotherapy and then radiation therapy and remained positive and continued to enjoy life. Throughout her life, Ellen was very optimistic and caring and was always available to help others.

Ellen had a M.Ed. from Tufts University in Boston and a Ph.D. in Counseling Psychology from The University of Southern California. She was a California Licensed Psychologist since 1982.

Her main practice was in Lafayette. She saw couples, families and counseled those that were proceeding with divorce. Her focus was on protecting the children of divorcing and divorced parents and working towards an amicable agreement. Ellen also specialized in Women's Issues, with a primary focus on Post-Partum depression and adjustment. She also taught and integrated meditation techniques in her practice.

Ellen closed her practice in October of 2008 after being diagnosed with Pancreatic Cancer in September of 2008. This was a very difficult decision for her after practicing in Lafayette for over 25 years. She was able to see a few of her clients at my office until this October when she found out that the cancer had spread.

Donations to the Pancreatic Cancer Society (pancam.org) or Temple Isaiah, 3800 Mt. Diablo Blvd, Lafayette, Ca. 94549 – tel.: 925-283-8575 may be made in her memory if you so wish.

Carolyn F. Hokanson, Ph.D. ♦



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Task Force Notes

After much discussion and considering membership feedback, the CCPA board has recently decided to make some changes to the I&R and the CCPA website and to provide a suggestions about the use of the listserv.

Historically, CCPA has paid for an ad in the Yellow Pages directing individuals to an answering service staffed by a rotation of the **Information & Referral** (I&R) members. Given the cost of the phone service and yellow page ad, the small number of referrals made, and the widespread use of the internet, the Board voted to drop the traditional I&R service.

Starting in 2010 (the specific date has yet to be determined,) a free one-line Yellow Page phone listing will refer callers to the website and to a telephone number picked up by our administrative assistant, Annette Taylor. Ms. Taylor will screen calls and direct people to the information on the CCPA website. Callers whose needs cannot be met by the website will be directed to an on-call service chaired by Dr. Michael Cheney. This service will be available for questions that need to be addressed by a psychologist and will be staffed by a rotation of volunteers from the CCPA membership.

Instead of having the practice information listed only for I&R members, all members who are licensed psychologists will have the opportunity to be listed under **Find a Psychologist**. For an annual fee (initial recommendation- \$50), those members can also opt to have an enhanced listing on the website. Annual fees will be invested towards increasing public awareness of and therefore increasing usage of the CCPA website.

In addition to the [Find a Psychologist](#) feature, the website will list a Membership Directory which will list all members, including those psychologists who choose not to be listed in the [Find a Psychologist](#) and members who are not licensed psychologists.

The board has also decided have a section on the CCPA website to list psychologists who wish to speak to the public. It will look something like this:

“CCPA operates a **Speakers Bureau** that lists psychologists who speak to community groups for fee and as a free public service. A list of psychologists and possible topics are provided below. In addition, you may request any topic of related interest to your group, and our chair will attempt to find a psychologist prepared to speak on that topic. “

If you are interested in having your name, and the topics you have experience speaking about, please send your name, and the topics (up to six), along with contact information to: Susan O’Grady, Ph.D., susan@ogradywellbeing.com or call me if you have any questions: 938-6786.

The final addition will be a **Frequently asked Questions** link that will answer common questions about psychology and psychologists such as “how to choose a psychotherapist” or “whether to see a psychiatrist, a psychologist, or a counselor.”

Listserv Protocol

As a result of the survey, it appears that a number of our members do not know how to back-channel when using the list-serve. Be courteous to other folks on the CCPA list-serve. When you want to send an email reply to everyone on the list-serve, click Reply, enter your message, and click send.

But if you want to respond to only one individual member, you must enter that person’s email address in the address bar. That way you send your message just to one person, not the whole group. In this way you show kindness to your colleagues by not burdening them with irrelevant email. ♦



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Results of the 2009 Membership Survey: How is Business?

By Susan O'Grady, Ph.D.

Goals

The survey had several goals: (1) Characterize the practice patterns of our membership with regard to work setting, referrals, services provided, income and professional satisfaction; (2) Solicit opinions regarding specific CCPA issues (e.g., the I&R); and (3) Solicit opinions regarding general satisfaction with CCPA and how it can be improved.

Scope

The survey was conducted online using SurveyMonkey and consisted of 23 questions. Respondents answered anonymously. Respondents totaled 35. The current CCPA membership is 68 making for a response rate of 51%.

Results

Practice Patterns

On average, respondents have been in practice for 23.6 years; 94% work primarily in private practice. Of all referrals received, major sources include insurance companies (38%), physicians (21%), other mental health practitioners (18%), former clients (18%), and own website (14%). About half our respondents offer adult psychotherapy (47%). Many offer forensic consultation and assessment (24%). Other services provided include couples therapy (18%), child therapy (18%) and family therapy (12%). Our respondents are also engaged in assessment, teaching, professional writing and clinical training. About 59% say they feel mostly satisfied with their professional life; 38% feel very satisfied. Just one of 35 respondents expressed feeling somewhat dissatisfied.

How much do respondents work providing direct service? The modal response was 16-20 hours per week (12 of 35 respondents; 34%). About 43% work half time (16 to 25 hours per week). About 20% work full time (31-40 hours).

Sources of Referrals

The majority of referrals come from insurance or managed care. Other mental health practitioners, former clients, and physicians are all sources or referrals after health insurance referrals. Many members also reported that they receive referrals from "other", which possibly means legal, since that category was not listed in the survey. The lowest percentage of referrals come from the I&R.

Fees and Income

The average hourly fee each respondent charges ranges from a low of \$66-80 to a high of \$201-250. About 42% of respondents receive fees averaging in the range of \$126-\$155. About 27% average \$125 or less. About 21% receive \$156-\$185. About 9% average \$186 or more. Fifty-four percent of the members are the primary breadwinners for their household.

Two out of three accept Medicare. The most popular PPO panel is Blue Cross with 35.5% participating, with Value Options close behind at 32.3%. But about 26% do not accept any insurance assignment.

The downturn in the economy has affected many of our members' practices, but for most practitioners business is not drastically slower. About 47% say their practice has declined 20% or less, while about 13% have been hit hard with a decline of 21% or more. A



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fortunate 41% say they have been unaffected by the downturn. About 9% say they've lowered fees for at least a third of their clients; about 42% have lowered fees for a handful of clients; 49% say they have not lowered fees.

For the question "Has there been a change in how busy your practice is as a result of the downturn in the economy in the past year?" members were able to write personal comments. They wrote:

- 1) Summer has been somewhat slow this year.
- 2) Somewhat slower, more folks coming less frequently, more talk of money issues, more sliding fees.
- 3) I am getting fewer calls and fewer direct pay clients. Most people want a provider on their plan.
- 4) Volatile – getting better as I continue Internet marketing.
- 5) My practice has suffered, as clients have lost jobs, insurance, and moved.

Gross income from private practice varies considerably and ranges from less than \$25,000 per year to more than \$350,000 per year. Of the 15 respondents who work about half time (16 to 25 hours per week), gross income clustered in the \$81,000 to \$125,000 range. There were 4 of 35 respondents who reported grossing \$200,000 or more. Not surprisingly, the highest income was associated with forensic consultation. Just looking at the 13 practitioners working full time (26 or more billable hours per week), reported gross income still varied greatly. Eliminating outliers, the middle 10 practitioners ranged from \$100,000 to \$300,000. Variations in the total hours worked as well as fees charged probably account for the differences.

For the question, "Thinking about your professional life overall, how satisfied are you feeling with your work at this time?" the responses were thoughtful and varied.

- 1) I still have a ways to go to be where I really want, yet remain optimistic.
- 2) My life is more balanced than ever before (i.e. between practice and family).
- 3) Managed care has damaged my ability to work with patients but I have substituted that with other professional activities.
- 4) Hoped to retire, can't yet.
- 5) I continue to have a great group of clients.
- 6) Blessed to love what I do during the last 32 years to present.
- 7) I love my work, even after 25 years, I never tire of it.

For the question "What is the single most important factor that determines the level of satisfaction you get from your work?" there were thirty comments:

- 1) Client change.
- 2) The kinds of clients and whether I see that they are benefiting.
- 3) Progress of patients.
- 4) Seeing patients heal.
- 5) Keeping a practice full.
- 6) Ability to manage my work time based on other needs and preferences.
- 7) Interesting clients, I'm my own boss.
- 8) Helping my patients.
- 9) Interesting/challenging clients.
- 10) Patient improvement.
- 11) Connection and seeing positive changes in patients.
- 12) Fees.
- 13) More private pay patients, fewer insurance patients.
- 14) My perception of client improvement.
- 15) Consultation on difficult clients.



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- 16) Challenging forensic work.
- 17) Feeling effective.
- 18) Figuring out challenging problems.
- 19) Quality and volume.
- 20) Feedback from clients that they are better.
- 21) Types of activities.
- 22) The privilege of connection in such a meaningful way with my clients.
- 23) Successfully helping others.
- 24) Great clients and colleagues and good training.
- 25) Collaborative work with patients.
- 26) Clinical effectiveness, how much I feel I am helping.
- 27) Client improvement and feedback.
- 28) My own engagement with the process.
- 29) Client benefit.
- 30) The work itself, seeing results in clients, highly satisfied.

CCPA Organization Issues

Most members responding to the survey regularly read CCPA listserve emails (53% read all or nearly all emails, 38% read more than half the emails, and 6 percent read the email occasionally, while one member stated s/he rarely reads email). People find the listserve valuable but they say they want the emails to be less chatty, shorter, and on topic (use “back channel” for personal communication). But almost one third don’t know that “back channel” means you reply only to one individual, not the whole list. There were a variety of responses to the question “What would make the CCPA listserve more useful or interesting to you?”

- 1) People should respond directly to the sender when it is a personal comment, and not the entire listserve. It “clogs” up email and causes me to not want to read CCPA. Also there are sometimes multiple emails regarding CPA.
- 2) People stop using it for personal chatter.
- 3) More emails from different members than the usual cast of characters.
- 4) I’m a member of two psych associations, so I get duplicates.
- 5) Less social/personal emails meant for a single person sent to everyone.
- 6) Shorter.
- 7) New information about meds or other treatment modalities.
- 8) Listing of all psychologists in CCPA, to refer to, not just ones in I&R.
- 9) If people would stop posting personal messages.
- 10) Less chatty material, i.e. social.
- 11) People should respond back channel if the message does not apply to the whole group.
- 12) More book and research reviews.
- 13) Sharing of helpful resources of every variety and having a place you can look up key referrals for specialized services (drawing upon past listserve responses).
- 14) Less personal interface, i.e. individual to individual, and more information for the group as a whole.

Most respondents (65%) are in favor of eliminating the current structure of the Information & Referral service and switching to a web-only I&R. Just 12% (four respondents) want to keep the current system. (About 24% have no opinion.) Nearly all respondents (88%) like the idea of having their practice featured on the CCPA web site under the “Find A Psychologist” section. About 65% said they are willing to pay \$100 per year for this service. About 35% say would not be willing to pay \$100 for the service.



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Sixteen of 35 respondents said they would like to be listed as speakers in a CCPA Speakers Bureau that would be included in the CCPA website.

Opinions were sought regarding the proposal to recruit non-psychologists (MFTs, LCSWs) to join CCPA. A large majority (65%) oppose the idea of recruiting non-psychologists. Just 18% are in favor of the idea. (18% have no opinion.) Many people commented that the identity of the Association should remain “by and for psychologists,” and that adding other professionals would dilute our purpose. Individual responses were:

- 1) No, I don't think it is a good idea. Should keep our identity separate, especially with the state trying to lump us together.
- 2) CCPA is a psychological association not a mental health practitioner association. Introducing other degrees to our organization not only creates more competition for psychologists but it can also confuse or mislead the public with regard to differences in degrees and training.
- 3) Absolutely not. It would dilute our purpose as a separate and not equal professionals.
- 4) I feel very strongly about this. This organization is for psychologists and doctoral level DMHs. Its mission is to support the status of our profession and to network within the psychological community. I cannot comfortable do this if we also represent and include other levels of mental health practioner.
- 5) Suggest recruit more psychologists, invite other professionals to presentations, etc., but don't make them members.
- 6) I like the organization to be of and for psychologists.
- 7) I don't see anything to be gained by having non-psychologists members even affiliates. Other professionals can always be invited to meetings without being members.
- 8) I think the value of the CCPA is that it gives psychologists the opportunity to cross-refer, and to get information on important issues for the profession.

Finally, I asked the question “How can we make CCPA more relevant to your interests?” The responses were:

- 1) Broad representation from members who aren't necessarily on the board; more focus on consultation and marketing.
- 2) I am already impressed with the group and programs.
- 3) More and longer CEU workshops on mind-body healing.
- 4) You're doing fine.
- 5) Try a survey about topics of interest for presentations.
- 6) I like the group. It too provides for my satisfaction. I think it might be helpful to hear what other associations are doing. San Mateo is doing some fun things, but it's too far to drive if I'm not already down there.
- 7) Seems like there is a small number of active members. Rather than open it up to “affiliate members” I would like to have more psychologists involved.
- 8) Nothing.
- 9) More CE conferences that are a full day and not just a one-credit dinner meeting.
- 10) We've had some good CE. Don't have much sense of history such as distinguished past members/board members who soon seem forgotten. Maybe I'm just getting old. Remember Joan Roth-Puckett? She went on to lecture at Yale.
- 11) Thanks for all your work.
- 12) I think you are all doing an outstanding job and I really appreciate it!
- 13) Improving the website for increased referrals, networking with psychiatrists and neurologists in CCC, increasing opportunities for CEU's, CE topics: local group descriptions and referrals, other resources, sensorimotor work, PTSD, adult ADHD, marital affairs and trust.
- 14) Marketing, marketing, marketing. Skills development.
- 15) I am pleased with what the board has done. The listserve is a great way to stay informed, and I appreciate the paperless newsletters. Keep up the good work! ♦



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ANNUAL MEMBERSHIP RENEWAL 2010

It's that time again. Summer has ended, fall is nipping at our heels and the Membership Renewal Drive is upon us again. Given the "interesting" economic times of the last year, it is even more important for us to maintain our connections to each other and what better way than renewing your membership to the Contra Costa Psychological Association.

As usual, in addition to being able to download the Renewal Application from our website (www.cocopsych.org) a Renewal Application is included with this Newsletter.

We continue to try to provide for the needs of our members through our collegial, friendly and supportive networking community. This past year, in addition to our Quarterly Dinner meetings, we held our usual social events and have added an ongoing event:

- The Annual Holiday Party at Temple Isaiah in Lafayette
- The 3rd Annual BBQ, warmly hosted by Dr. Karyn Goldberg-Boltz
- First Friday social networking, a monthly get-together at Scott's in Walnut Creek.

Please think about joining us and having a great way to wind down from the week to kibitz and schmooze with your colleagues. We had great turnouts for the events and hope more of you will join us in the future.

MEMBER BENEFITS

Each year, CCPA hosts a series of **events** for the membership. This year CCPA hosted these Continuing Education events:

- Dr. Andrew Pojman speaking on the Raging Adolescent: Containment, Confrontation, and Compassion
- Dr. Robin Yagenah speaking on Cognitive Behavioral Therapy and Mindfulness: The Third Wave
- Dr. Richard Pollack, Dr. Susan O'Grady and Dr. Sarah Wood speaking on The Homework Battle
(more details in this newsletter)

CCPA provides access to information about colleagues and the latest thinking and treatment advances in an interesting and challenging environment through our **Newsletter**.

The CCPA **listserv** makes it possible to:

- Be in easy contact with your colleagues
- Seek information and referrals to better serve your clients
- Let others know what your area of expertise is
- Keep up on the latest legislative actions affecting psychologists
- Find or offer office space
- Other ideas you may have that we haven't thought of yet

You also have the availability to join the **Information and Referral Network** where Contra Costa County residents can find psychologists with the expertise they are seeking through our state-of-the-art searchable database.

For those of you who have psychological assistants, we hope you encourage (or perhaps require?) them to become members of CCPA. The association provides an excellent opportunity for them to meet and **network** with established members in their field. What better way to let others know they are in practice and taking referrals in their particular area of expertise.



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Most importantly, we want to thank the membership for continuing to support CCPA. It would be much more difficult to offer the services that you have come to expect, without it. As an organization, we are trying to add value by exploring ways to bring in new members, experts able to speak on a variety of cutting edge topics and to set up functions designed to meet the dynamic needs and interests of the membership. Many of you have responded to the survey about your practices. With this information, we will be better able to assess the specific needs of the membership. Thanks to all of you who have taken the time to do so. And, thank you all for continuing to be members of CCPA and helping to make it the successful Association it is today.

HOW TO RENEW

There are a number of options for renewing your memberships this year.

1. **You may send in your check or pay with PayPal** without including a Renewal Application unless there are changes to your information such as your address, email address, etc. If there are any changes that we need to make to our records, please use the Renewal Application included in this Newsletter or at our website to let us know.

Please send your checks to:

Shendl Tuchman, Psy.D. , 2 Crow Canyon Court, Suite 200, San Ramon, CA 94583

2. **To renew from the website, go to www.cocopsych.org**

- Log in through the Members' Corner. (Instructions to get into the Members' Corner are below)
- Click on Renew Membership
- Review the online renewal application
- If there are any changes, make the corrections and click on the Submit button
- You may download a Word document or open an Adobe Acrobat file to print, fill out and mail it
- You may send a check or use PayPal to make your payment

3. **You may use PayPal to pay your dues without doing it from our website if you have your own PayPal account and provide the CCPA payment email address:**

- Log in to your PayPal account at www.paypal.com
- Select "Send Money"
- Enter the CCPA payment email address (ccpapaypal@yahoo.com) and the amount to be paid
- Select "Services/Other" under "Send Money for", and click Continue
- Choose a funding source and click "Send Money"

To get into the Members' Corner, please do the following:

- Click on CCPA Members' Corner at the bottom left side, you will be asked for a User ID and password
- If you do not know what your User ID or Password are, follow these directions:
 - Click on Forgotten User ID just below and to the right of the fields asking for this information
 - You will be asked for your email address, please type it in and click on Send User ID
 - Your User ID will be sent to you via email in a few minutes
 - Click on Forgotten Password just below and to the right of the fields asking for this information
 - You will be asked for your email address again, please type it in and click on Send Password
 - Your Password will be sent to you via email in a few minutes.
 - If there is a problem, it could be because the email address you entered does not match the email address in our files
 - Once you have entered your User ID and Password, you can renew your membership

Please contact me should you have any questions. **Shendl Tuchman, Membership Chair, 925.201.3435**



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Contra Costa Psychological Association A member of the California Psychological Association Membership Renewal Application

Name _____

License No. _____

Mailing Address _____

Email _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Are you a current CPA member? __Yes __No Are you a current APA member? __Yes __No

Membership in the California Psychological Association (CPA) and the American Psychological Association (APA) is recommended, but not required, for membership in CCPA.

Return completed application plus dues to:

Shendl Tuchman, Psy.D.
2 Crow Canyon Court
Suite 200
San Ramon, CA 94583

Full Member: California Licensed Psychologist or Doctoral Degree in Psychology/Educational Psychology or Diplomat of the American Board of Professional Psychology (\$100 – Up to February 28th; \$120 – After February 28th)	\$100	<input type="checkbox"/>
New member: Joining between July 1 st and October 1 st (next year renewal period starts in the Fall)	\$50	<input type="checkbox"/>
Student Member or Psychological Assistant*: Please attach a copy of your current school I.D. or Psychological Assistant Certificate	\$50	<input type="checkbox"/>
Emeritus Member: Must be retired full-time (additional conditions apply, please contact us)	\$00	<input type="checkbox"/>
Voluntary CPA-PAC Contribution: The CPA-PAC supports legislative activities to protect and promote the practice of psychology in California. This contribution is a non-deductible expense.	\$50	<input type="checkbox"/>
TOTAL AMOUNT REMITTED:		\$

* Students and Associate members are non-voting until licensed. Requests for hardship dues reduction will be reviewed on an individual basis by the Board. In such cases we request the applicant to volunteer time to committee activities and special projects.