The California **Psychologist**

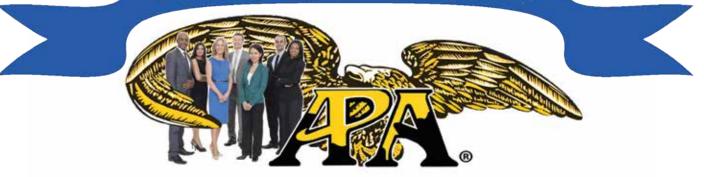
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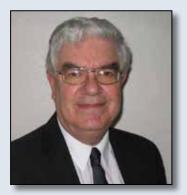
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Dr. Charles A. (Chuck) Faltz

a clinical psychologist, native Midwesterner, longtime Palo Alto resident and loyal 49ers fan passed away on January 19, 2015.

huck served as Chief of Forensic Mental Health Services with the San Mateo County Courts and Corrections, and after retiring from that

position he served as the Director of Professional Affairs for the California Psychological Association for more than 20 years. It was in this role that he made what he considered to be his greatest contributions to psychology. He was a passionate advocate for the profession. He worked tirelessly to force state-operated institutions to allow hospital privileges for psychologists, as prescribed by law. He was a champion for patient confidentiality, and he was a strong supporter of prescribing privileges for psychologists. His knowledge was broad and deep on all topics related to psychology, especially those related to the laws and ethics that guide practice. In his role as Director of Professional Affairs he provided consultation and advice to a multitude of California psychologists, and he was an integral component of CPA's advocacy on behalf of all psychologists in California. Over many years he influenced policy related to psychology at both the national and state level, and he earned the respect of his colleagues, and his occasional adversary, because of his authenticity and integrity.

Chuck was the recipient of many awards during his career that were a reflection of the respect and esteem felt by his colleagues. These awards included the CPA Silver Psi award for service and the CPA Lifetime Achievement Award, CPA's Division of Clinical and Professional Practice (Div. I) Distinguished Service Award, the APA Division of State, Provincial, and Territorial Psychological Association Affairs



(Div. 31) Distinguished Service Award, and APA's prestigious Heiser Award for Advocacy. He also received a Presidential Citation from the American Psychological Association for his "Herculean efforts" on behalf of psychologists across the country. The CPA Division of Clinical Psychopharmacology is renaming their distinguished award in his name, and CPA has created the Chuck Faltz Spirit of Psychology award that will be given to a psychologist who exemplifies Chuck's passion for psychology and his spirit of kindness and generosity in mentoring so many psychologists throughout his career.

Chuck was known for his modesty, but his colleagues will concur that he was a "rock star" in psychology. We at CPA are gratified by so many kind expressions of sympathy. Chuck is survived by his wife of 53 years, Judy, and his 4 children and 4 grandchildren. We share their loss, we continue to miss him, and we will always remember the singular role he played in the history of the CPA.



FROM THE EDITOR

Advocacy: Doing one more 'something'

Valerie B. Jordan, PhD

o much has been written here and elsewhere about the necessity of advocacy for our profession that I feel uncertain about writing something new that has not already been said so eloquently by so many esteemed colleagues. I hope this issue inspires you to personally examine what this topic means to you and what one thing you can do differently from this day forward that starts or expands the advocacy path you are on. My pathway has evolved gradually as I imagine it has for many, from uncertainty to occasional hopelessness to now clarity about the reality that something must be done; a stance must be taken on behalf of our beloved profession as well as for the greater good.

This issue examines this topic from leaders on the advocacy pathway both at the state and national level. First we hear from Dr. Judy Chu's first hand experiences as a member of Congress and her accomplishments at both the state and national level that directly impact psychologists. Next Dr. Brian Baird shares his Congressional experience and perspectives as to what activities psychologists might engage in that really matter to elected officials. Dr. Joel Lazar tells his story of becoming involved with the CPA Political Action Committee. Next Dr. Jo Linder-Crow describes the importance of financial support for the CPA-PAC in California, given the realities of the costs of political office at the state level and the necessity of protecting psychologist's interests in California. Finally, Drs. Gilbert Newman and Anastasia Kim provide a historical perspective on California advocacy efforts over the past 15 years and the accomplishments these efforts have inspired and produced.

While it is sometimes discouraging when we are reminded of colleagues who do not belong or contribute to CPA or the PAC, I prefer to focus on what those of us who do can do more of to further the advocacy path we have chosen. So I am going to start doing at least one more thing – whatever that might be – today and during this year, and continue to do so onward. I hope you will too!



Valerie B. Jordan, PhD

(editor@cpapsych.org) is Emerita Professor of Psychology at the University of La Verne from which she retired after 30 years of graduate teaching, program administration and clinical supervision. She served on the CPA Ethics Committee and is currently on the CAPIC Board of Directors.

BE SURE TO CHECK OUT



Page 22

Advanced Level Institutes (pre-convention) Three days of Master Lecturers, Keynotes, CE sessions, Posters, Networking and more in sunny San Diego.

Continuing Education Regulations

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Jo Linder-Crow, PhD, CPA's Chief Executive Officer, updates you on recent actions by the Board of Psychology and what proposed changes might mean to you.

FROM THE PRESIDENT

Joe the Psychologist: The Importance of Political Action by Psychologists

Stephen M. Pfeiffer, PhD



Stephen M. Pfeiffer, PhD

(stephen@pfeifferphd.com) is in private practice for more than 30 years in La Jolla, Marin, and Berkeley, California, Dr. Pfeiffer has worked as a consultant to corporate clients, as a forensic psychologist, and psychotherapist. He was President of the San Diego Psychological Association in 1993, and is the 2015 President of the California Psychological Association.

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ost CPA members are comparatively sophisticated about the importance of legislative and political action. The following is offered to assist you in disseminating the message to those of our colleagues who have not, as yet, gotten "on board."

I know that some of you may believe that involvement in the political process is offensive or distasteful. Some may even think

that politics has no impact on your life. Below is a snapshot of parts of a typical day in the life of a "cynical-about-political-involvement" psychologist: "Joe the Psychologist," not to be confused with "Joe the Plumber."

Joe gets up at 6 a.m. and fills his coffeepot with water. The water is safe to drink because avid political activists fought for minimum water quality standards. He then takes his daily statin. His medications are safe because zealots in Sacramento fought to insure their safety and their effectiveness. Joe dresses, walks outside and takes a deep breath. The air he breathes is clean because environmentalists fought for laws to stop industries from polluting our air. You get the picture?

Joe drives to his office where his practice has grown despite the fact that his income has flattened in recent years. He is able to practice without need of a psychiatrist supervisor because a relentless group of psychology leaders fought for the right to practice independently in the '70s. He can bill his patients' health insurance for services he provides because a similar group of psychologist activists fought to establish a law requiring inclusion of psychology treatment benefits in third party payor health plans. Beginning some 25 years ago, providing psychology services to his elderly patients became a covered benefit under Medicare because of the battles fought by psychologists in the late '80s. Of note, psychologists had been excluded as providers when Medicare was first enacted in 1964 due to the narrow mindedness of the APA dominated by non-practitioners at that time.

On his drive home from the office, Joe listens to a radio talk show. The radio host is ranting about the perils of government involvement in our lives. Joe agrees and believes that: "big government is ruining our lives! There's no need to get involved in politics whatsoever because, everyone should take care of themselves, just like I do."

Regrettably, Joe is not alone among the ranks of our non-CPA colleagues in these beliefs. I remind you that 16,000 of the 20,000 licensed California psychologists are NOT members of CPA. Ironically, survey data reveals that "advocacy for the profession" is one of the highest valued activities among the membership of most professional associations.

Effective advocacy for psychology in Sacramento requires three operating components: 1) an energized grass-roots network at the local level (CPA's Legislative Area Network), 2) an effective professional lobbying team in Sacramento (Amanda Levy ably leads this team), and 3) a political giving arm to allow greater access to Sacramento lawmakers (CPA-PAC serves this purpose).

This issue of the CP focuses on the broad topic of Advocacy in hopes of enlisting you to become more fully engaged in the advocacy process. About 50% of all health-care is currently paid for by the government. Psychology can't afford not to be at the table when healthcare debates take place. It requires very little effort to reach out to non-CPA member colleagues to bring them into the "fold."

Always Look Both Ways

FROM THE CEO

Jo Linder-Crow, PhD

e all know that flexibility and adaptation are good and necessary things. Things change in life and without the ability to adapt to change we are left mired in what was and what is, to the detriment of what can be. I am typically good with change; it keeps things exciting and creates oppor-

good with change; it keeps things exciting and creates oppor tunities for creativity.

I have to say, however, that when we lose someone like Chuck Faltz it creates a change that changes things in ways we hadn't wanted. Chuck was, I know, familiar to so many of our members. He provided consultation and wise counsel to so many of you over the years, and he was a sturdy presence in so many aspects of CPA's work on your behalf. We will adapt, of course, but it won't be the same without him. We honor him in this issue, and we will announce an award in his name at the upcoming CPA convention, an award that will honor his spirit and his many contributions to CPA and to psychology.

Other changes, and much less significant in comparison, are the changes to the CE requirements proposed by the Board of Psychology. As with many controversial matters there are two sides to the coin. The changes would open up many more opportunities for psychologists to meet their CE requirements for re-licensure by allowing CE credit for many things you are already doing in your professional life. That is an attractive feature for many of our members and responds to years-long requests that activities such as case consultation and convention attendance be acknowledged as having value in professional development.

Looked at another way, the proposed regulations are viewed by some as being restrictive by imposing a limit on the number of credit hours that would be allowed through what we think of as traditional CE courses. Viewed through this lens, some of our members feel that the requirement to engage in additional activities other than traditional CE courses is an unwelcome mandate that will be hard to meet.

The final decision is still to come by the Board of Psychology. The article on page 30 provides the background and the details of the proposed changes, and CPA will continue to keep you informed about the evolution of this change.

Thank you for your continued support with you membership. I hope to see you in San Diego at the CPA convention. Please stop and say hello!



Jo Linder-Crow, PhD

(jlindercrow@cpapsych.org) is the Chief Executive Officer of the California Psychological Association. You can follow her on Twitter at http://twitter.com/jlccpa. You can "like" CPA on Facebook at www.facebook. com/cpapsych, and join the CPA Linked-In group at www.linkedin.com.

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Psychologists as Advocates

Judy Chu, PhD, US Congresswoman



FEATURE

Judy Chu, PhD

(http://chu.house.gov/) earned her doctorate from the California School of Professional Psychology and taught clinical psychology in the Los Angeles Community College District for 20 years. Dr. Chu served as the mayor of Monterey Park for three terms before representing California's 49th District in the Assembly. She was elected to the

U.S. House of Representatives in July 2009. She represents the 27th Congressional District, which includes Pasadena and the west San Gabriel Valley of Southern California.

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have served in government for 30 years now, having gone from Mayor to Assemblymember and now to Member of Congress. But the role that I have most valued over my lifetime is that of psychologist. Because of my background, I know that there are many demands on today's professional psychologists. There are medical, ethical, academic, and often business obligations. Psychologists face a vortex of responsibilities to patients, their families, and peers. But today, one of the most important roles that California psychologists can take is that of advocate.

Having been on both sides, I understand and depend upon the voices of experts in shaping and enacting good policy. As the quality and delivery of health care dominates our political discussions, psychologists are uniquely positioned to ensure an integrated model of care, which includes mental health care. That requires speaking up.

While serving in the California State Assembly I came to understand the challenges that psychologists face in being treated equally in the mental health system. Psychologists poured out their stories of frustrations to me. They told me about trying to release a patient early from an involuntary hold, and how they would have to wait for a psychiatrist to sign off on their decision. A psychologist in a prison mental facility talked about having to put the whole unit together and administer it only to have to wait for a psychiatrist to okay an early release of a patient in prison. It delayed the decision, yet they had a desperate need of beds.

It is because of these stories that I agreed to carry a bill to allow psychologists to release a patient from an involuntary hold. It faced incredible hurdles, particularly from psychiatrists who questioned the qualifications of psychologists to make such judgments. But we persevered and persuaded, and walked up and down the halls of the State Capitol to make convincing arguments. Finally, the bill passed. Today, California psychologists can release patients from an involuntary hold.

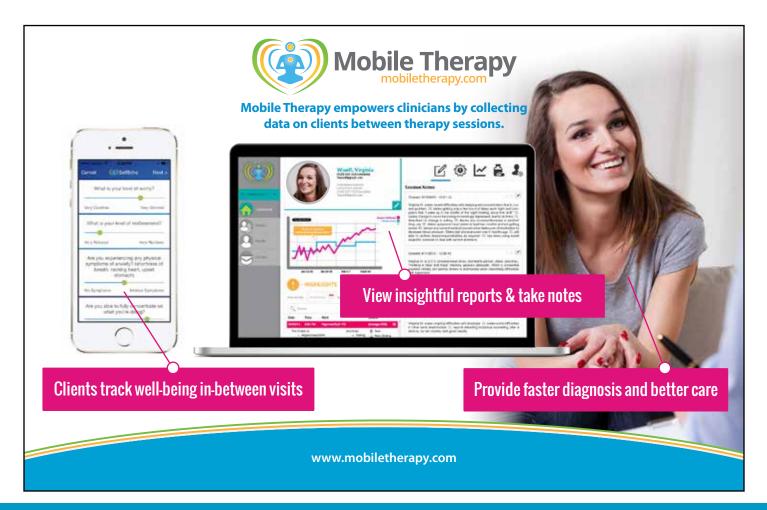
Now that I'm in Congress, I want to make sure psychologists are treated equally not just in California, but throughout our nation. Today, clinical psychologists deliver around 40% of Medicare outpatient mental health services. But they are the only doctoral-trained Medicare provider not included in the Medicare definition of a physician. Podiatrists, dentists, optometrists and chiropractors are included, but not psychologists. It is not right that the clinical psychologists who provide so many Medicare services are singled out as the ones who have to be supervised by psychiatrists. This must change. That is why I was an original cosponsor of a bill that would include psychologists in the Medicare physician definition. This change is crucial to increasing access to mental health services for Medicare patients at affordable costs.

I am also working to get more mental health resources to our schools. Currently, there are about 1,000 students for every school psychologist. The situation is even worse in lowincome areas, where there can be an even greater need for mental health services. And yet when there are budget cuts, many times these employees are the first to be laid off.

This is why I introduced the Partnership for Achieving Student Success (PASS) Act in Congress. The PASS Act would create a competitive grant program to foster partnerships between low-income Local Education Agencies (LEAs) and schools that offer graduate programs in school counseling, school social work, school psychology, or psychology. The goal is to increase the number of graduates in the fields of psychology and social work who will go on to work in high-poverty school districts.

These are a few of the initiatives in Congress that would elevate our profession. But, Congress must hear from the psychologists at the front lines. Given that the CPA is the only organization that speaks for this profession in California, your When it comes to shaping policy and creating a better health care system, your stories matter, and your experience matters.

voices are so important. Your work is critical to moving the issues of mental health and psychology forward. When it comes to shaping policy and creating a better health care system, your stories matter, and your experiences matter. Your advocacy can result in change, just as it did years ago when those psychologists told me about being second-class citizens regarding involuntary holds. I encourage you to be in touch with Members of Congress and State Legislators, and to participate in the political activities of the CPA. Together, we can protect the rights of psychologists while building a better health care system for all.



Your Future is in Your Hands

Brian Baird, PhD, Former US Congressman



FEATURE

Brian Baird, PhD

(brianbairdphd@gmail.com) a clinical psychologist with more than two decades of professional experience, served six terms in the United States Congress, representing Washington State. Currently the President of Antioch University Seattle, Dr. Baird also consults and does public speaking on policy, communication, education, energy and other topics.

hink of three things that you would like to change to improve psychology or your professional work. Now, take a moment to consider how public policy decisions can play a role in helping bring about the changes you identified. The fact is, nearly everything you do in your profession as a psychologist is in some way the result of or impacted through policy advocacy by other psychologists.

It's worth thinking about that for a moment. Professional education and training, the research that informs your practice, health insurance (whether public or private), licensure, all this and much more are the result of advocacy. Realizing this is a little like having driven a car for many years without really pausing to consider all the pieces and parts, who made them and how they were assembled so you could get to where you want to be.

At the risk of overextending that simile, the ability of our profession to continue to function and the possibility of making things even better depends on you. That's where advocacy comes in and why it's important to you both personally and to the profession that all psychologists be involved.

As a psychologist who spent 12 years serving in the U.S. Congress, I cannot overstate how important it is that psychologists are active participants, not just passive observers or recipients of policy work.

The level of involvement is of course up to you, but if you ask yourself, "What's the least I could do?" consider this. Given the essential importance of advocacy to your work and our profession, would it be too much to ask each psychologist to dedicate at least one quarter of one percent of your time to advocacy? For most psychologists, that would mean a total of just eight hours each year to advocacy – not all that much when the future of the profession and the well-being of the people we serve is at stake.

How would that time be spent? There are many possibilities. What matters most is to first make the commitment to yourself and your colleagues, then choose something that is most meaningful, interesting and suits your talents.

Here are some suggestions that I know from personal experience can make a real difference:

1. Identify an elected official or candidate for office who you respect, then volunteer to support his or her campaign with your time and money. If you want to volunteer, there are multiple avenues, ranging from phone banks to doorbelling and all the other 'on the ground' campaign work. Another exceptionally important activity is being involved in fundraising, either by donating personally, hosting events with colleagues, or otherwise raising money. Believe me, I understand this is difficult and we urgently need to change campaign finance, but for the present it is how the system works and we have to be effective within that system.

2. Select an area of policy that you have some knowledge or expertise in, then follow what policy relates to that and what new initiatives are being considered, or perhaps should be considered by policy makers. One key caveat about this. Often, psychologists believe their biggest contribution should be not their time, money or support for policy makers but, rather, an academic white paper. The assumption behind this seems to be that what policy makers need most is more information. The truth is, most policy makers are overwhelmed by too much information, not too little. In addition, even with the very best information, a policy maker can't do anything constructive with that unless they are in office. If you want your information to have an impact, first make sure people who will care about it are actually in office and vice versa. That takes you back to number 1 above.

Finally, work with and support your state and national associations. You may not have time or expertise personally to track issues or interact with candidates but the associations do. They need your help in advocacy and you need theirs. The good news is that positive change can and does happen for psychologists and the people we serve. You are an essential part in making that change a reality.

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I Back the PAC: Do You?

Joel Lazar, PhD



FEATURE

Joel Lazar, PhD

(doctorj7989@gmail.com) is a licensed psychologist in San Diego and is a member of APA, CPA and SDPA. He has taken leadership positions in CPA and SDPA, particularly regarding his specialty area, Men's Psychology. He has a private practice where he treats adults, teens and children in individual, couples and family therapy, and utilizes humor to help clients cope with stress in a more light-hearted manner.

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he calendar read 1/2/10 and I went through a mental checklist. APA membership renewal? Check. CPA renewal? Check. SDPA renewal? Check. I looked at my bank statement and thought "That's a lot of checks."

I noticed that as part of my CPA and SDPA renewals I could also include a voluntary donation to the CPA-Political Action Committee (CPA-PAC). At the time I thought the PAC duplicated the actions of CPA and I passed on donating. Later on I discovered that the majority of CPA members also choose not to donate.

Skip to 2011 and as the President of the San Diego Psychological Association I attended the CPA Leadership and Advocacy Convention. I don't recall what else they served, but the Kool-Aid was amazing ©. It was so intoxicating that I am now proudly one of nine state-wide CPA-PAC Trustees.

I learned how important it is to get face time with California legislators and support the campaigns of those who advocate for the interests of psychologists and our clients. I learned that CPA is not legally allowed to do this: only Political Action Committee donations can directly support candidates for political offices. Our scope of practice is determined at the state level. California legislators control the public's access to our services, as well as the existence of the California Board of Psychology. It is important for the public to understand the rigorous training required for a doctorate and that we bring a level of expertise that differs from Masters level mental health providers. There is strength in numbers, and the CPA-PAC is the only organization that advocates to legislators on behalf of California psychologists. I heard someone observe that if you are not present at the table of decision makers, you are probably on the menu!

I encourage you to meet our lobbyist, Amanda Levy. With limited resources, she brings our concerns to legislators with an engaging mix of intelligence and enthusiasm. Some bills result from her combining forces with lobbyists from other mental health professional groups, while others involve raising awareness among legislators when bills are introduced that would limit psychologists' ability to practice at the full extent of our training. Recent battles have addressed the role of psychologists in hospitals and the prison system, and regarding the diagnosis of mental illness and holding leadership positions. CPA-PAC donations also allow us to encourage legislators to introduce bills that could improve community safety and well-being. A neuropsychologist and CPA member encouraged a recent bill to require minors to wear a protective helmet when skiing or snowboarding, which is already the law when they bike or skateboard.

Given the dearth of donations, I can only assume that the majority of psychologists believe as I did. If I am well-trained and do good work, the community will want me to contribute all I can and reimburse me well for my services. Wouldn't that be nice! Sadly it is not the case, so I am reaching out to you to join me in donating to the CPA-PAC, and as generously as you can. Even \$25 or \$50 helps, and I encourage each licensed psychologist to consider donating an amount equal to the lowest amount you currently accept for one session of therapy or one hour of your time. Also, San Diego will host the CPA convention starting April 23, with the annual CPA-PAC fundraising dinner occurring April 24. I strongly encourage you to support the PAC by buying a ticket and attending. It is always a night to celebrate our field, and you are bound to leave with a warm feeling of optimism. If you are unable to attend but would like to support the PAC, you can facilitate an early career psychologist or student member to attend by making a donation of any size towards the dinner through the CPA website or your local Psychological Association. On behalf of the Trustees and Amanda, thank you for considering making a donation and for your support. We welcome you to contact any of us if you have any questions.

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Same Song, Second Verse

Jo Linder-Crow, PhD Chief Executive Officer, California Psychological Association



FEATURE

Jo Linder-Crow, PhD

(jlindercrow@cpapsych.org) is the Chief Executive Officer of the California Psychological Association and Executive Director of the CPA Foundation. Previously, as the Associate Executive Director for Education at the American Psychological Association, she was responsible for APA's Continuing Education Program. She is past Chair of the

Council of Executives of State, Provincial, and Territorial Psychological Associations and is a current member of the APA Committee for the Advancement of Professional Practice (CAPP). She serves on the Board of Directors of the California Society for Association Executives and currently chairs the CalSAE Professional Development Committee.

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Pericles

t's a challenge to approach another article on advocacy. We talk about it so often, and I accept the fact that you might want to move on to the next article because you have "heard it all before." On the one hand, it seems a bit obvious. To practice as a psychologist you must have a license. The scope of practice granted by that license is dictated by the California legislature. Other groups can challenge that license by suggesting that they should be able to do exactly what you do, or even by suggesting that a distinct psychology license isn't that necessary (remember the idea a few years before of just one big mental health board?) Someone needs to protect your interests so that bad things don't happen to your license and therefore your livelihood. You're busy - you're a psychologist and you work hard. So who is going to watch your back? CPA, of course. Does anyone else do that? No - just CPA.

You get it, and so you join CPA (and we're grateful for that). Your dues help support CPA's day to day operations so that we can focus full-time on fighting for you, answering your questions, and making sure you get what you need when you call on your professional organization. You feel good that you are doing your part by supporting your profession with your membership dues. Many of you also take the extra step of offering us your time as a volunteer, which means the world to us.

And then it happens. A colleague asks you to donate some of your hard-earned money to the CPA Political Action Committee (PAC), or maybe they are asking you to take the time to attend a political fundraiser. You might be surprised that we even have a PAC, and maybe you think that this is not really what you want to be spending your money on. It's possible you have never been to a fundraiser, and maybe even possible that you have never spoken to a legislative candidate or elected official. So you pause, and in the end you say no as politely as you can. And that moment, when you say no, represents one of the biggest challenges we have as we try to position psychology as a more powerful presence among mental health practitioners and other independent non-MD providers in California.

There are two components of the political system that impact you as a psychologist and that require CPA's consistent efforts on your behalf. The first is our daily work to ensure that the elected officials in Sacramento know what psychology is, what you do, and why what you do is different from other mental health professionals. We visit them, we educate them, and when necessary we lobby them on issues that are vital to the profession. This ongoing responsibility is one that we take very seriously; we can't let up because there is always another challenge around the corner.

The second component is political giving. That is why we have a Political Action Committee; it's the legal mechanism we use to contribute to political campaigns. It's naive to think that we exist outside the political system. The truth is that we need the help of elected officials to ensure that the interests of psychology, psychologists, and the clients you serve are on their minds when they are making important policy decisions. After all, it is those policy decisions that play out in very real ways in your everyday life as a psychologist. Protections that you enjoy as an expert witness or child custody evaluator, confidentiality

of patient information, and the broadest scope of practice in the country (with the exception of states with prescribing authority) are there because at some point in time legislators listened to us and voted our way.

Money is a vehicle; it's the coin of the political realm. An Assembly race in California can top \$4 million. Candidates reach out for support, and when we offer that support we have an opportunity to introduce ourselves and talk about the great work that psychologists do. We teach the candidates about our issues, and we cultivate relationships with individuals who learn to understand and respect the profession. These same individuals, we hope, will later be willing to stand up for those policy decisions that we believe in. Naturally we're not the only profession who wants to be heard, so we need to strongly position ourselves.

We need to fully participate, as a profession, in the political process. Things might not always go our way, but we need the resources to stay the course. The CPA-PAC raised \$60,000 in 2014, and although that's the highest amount the PAC has ever raised it's a small amount comThe truth is that we need the help of elected officials to ensure that the interests of psychology, psychologists, and the clients you serve are on their minds when they are making important policy decisions.

pared to some other healthcare professions. Less than 10% of licensed psychologists in California have ever made a donation to the CPA-PAC, and we rank near the bottom of per capita giving among the healthcare professions. If just 25% of all licensed psychologists in California gave \$25 each we would raise \$112,500. Think about how that would increase psychology's visibility!

An investment in advocacy is an investment in your profession. When that phone call comes asking for a contribution, say yes! When you are offered the opportunity to attend a local political fundraiser, say yes! Give a little or a lot, with your money or your time, but please give. Your participation does make a difference!



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Fifteen Years Later... A Report from the Education Advocacy Front Line

Gilbert H. Newman, PhD and Anatasia Kim, PhD



FEATURE

Gilbert H. Newman, PhD

(gnewman@wi.edu) is Dean at the Wright Institute. He is an APA Federal Education Advocacy Coordinator; a medical staff member at Contra Costa Health Services; and an APA Commission on Accreditation member occupying the Board of Educational Affairs (BEA)/National Council of Schools and

Programs of Professional Psychology seat. He was President of CPA (2006); Chair, BEA (2007-2008); Chair, Committee of State Leaders (2010), and recently served on the APA Good Governance Project Team and the Implementation Work Group.



Anatasia Kim, PhD

(akim@wi.edu) is an Associate Professor at the Wright Institute. She is the current President of Alameda County Psychological Association (ACPA) and chair of CPA Immigration Task Force. She is also the CPA Diversity Delegate and participates in federal lobby day through APA State Leadership Conference. She previ-

ously served as chair of ACPA Governmental Affairs Committee and member of CPA Governmental Affairs Steering Committee. She has taught an Advocacy and Public Policy course at the Wright Institute.



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n 1999 the first author published his first articles for The California Psychologist (Bani-Taba & Newman, 1999; Collins & Newman, 1999; Ferguson & Newman, 1999). These articles promoted student advocacy and called for public recognition of student service contributions through their training experiences. At that time, there was widespread concern about psychology losing ground in public mental health. This was underscored by the imminent defunding of a major psychology internship in San Francisco. In response, students and faculty worked together staging a graduate student rally in San Francisco. The event featured many speakers including the student founders of the newly organized California Psychological Association (CPA) of Graduate Students (CPAGS), graduate programs and internships faculty, CPA, the American Psychological Association (APA), local congressional districts, State assembly members, San Francisco Supervisors, and the Mayor of San Francisco, Willie Brown, who offered the following (personal communication, 1999):

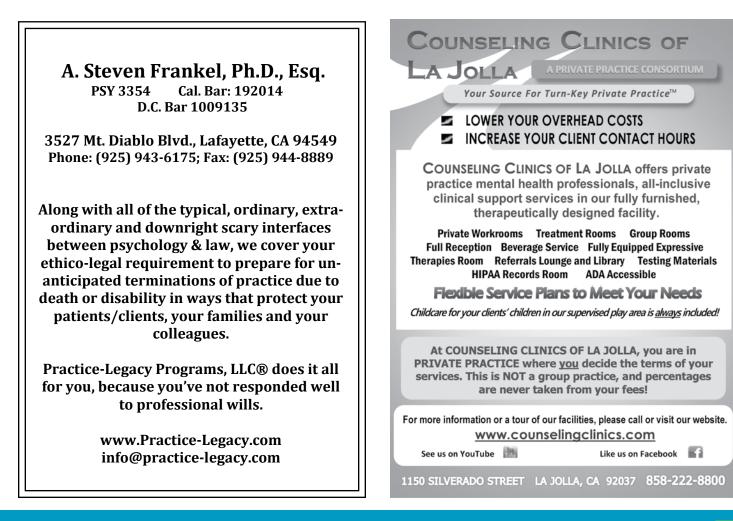
Someone... told me... there had never been an occasion when there was actually a public acknowledgment of the level of your service and your participation. I am here to tell you that you may not have heard the voices of those of us who make public policy, those of us who do the appropriating and who do the budgeting... I can assure you, however, that some of us are fully and completely conscious of what you do, and each time we make our decisions we know we're making it with a group of essential volunteers that are invaluable and totally necessary... when I served in the legislature I spent a lot of time... advocating on behalf of psychology and the science of psychology as a part of the delivery system... and at whatever point we get to where the training component of which you speak becomes as equally recognized as has been the training component of the medical delivery system, it will be because you have left the consultation room with the patient and commenced to consult with the real patient, those of us who make these decisions that leaves that component out. Increased political activism must become a part of your portfolio. I know that that adds an additional responsibility, but I also know that your limit of assuming responsibility has frankly never been reached.

Mayor Brown skillfully acknowledged the rally – made everyone feel noble about our work – encouraged us to advocate, but in the end, straightforwardly asserted there was no money for training. The rally was not able to save the internship or improve public funding for psychology training. However, the event sparked a movement boosting student involvement in organized psychology advocacy.

At APA's request, rally organizers staged a similar event the following year on the West steps of the US Capitol (http://www. apa.org/monitor/oct00/rally.aspx). Psychologist and Congress member Ted Strickland (D-Ohio), who later became Governor of Ohio, was the featured speaker. In preparing the rally, students from the American Psychological Association of Graduate Students (APAGS) and organizers fanned out through the Capitol meeting with congress members to extol the importance of psychology training and the benefits of student services in meeting the needs of the public. The advocacy and lobbying that continued through the following year was an important grassroots component leading to the passage of the Graduate Psychology Education Program (GPE), a competitive federal grant program available to APA accredited programs established in 2002. The GPE is the only line item of the US budget solely devoted to the education and training of psychologists. The program is unique in featuring the two-for-one value of bolstering psychology training and simultaneously furnishing psychology services to underserved public populations.

The organizing effort to establish the GPE program also inaugurated the Federal Education Advocacy Coordinators Network (FEDAC), the grassroots advocacy arm of the Education Public Policy Office of APA. FEDAC has been involved in advocating for GPE, National Health Service Corps, Minority Fellowship Program, Garrett Lee Smith Campus Care and Counseling, and more. This year, the GPE program grew from a tepid \$2.1 million dollars to \$7.9 million (http://www.apa. org/about/gr/education/news/2014/gpe-increase.aspx).

In March 2011, the APA Board of Educational Affairs (BEA) affirmed "that graduation from an APA/CPA [Canadian Psychological Association] accredited doctoral and APA/CPA internship training program must be a prerequisite for licensure for independent practice as health service psychologists" (retrieved February 3, 2015 from http://www.apa.org/monitor/2011/06/soe.aspx). Separately, throughout the last 15 years there has been a significant shortage of accredited APA internships. Inspection of APPIC match statistics over the past 15



years indicate increases in the number of programs and positions, as well as both the number of matched and unmatched applicants between 2000 and 2014 (http://www.appic.org/ Match/Match-Statistics).

The internship shortage is health service psychology's most pressing concern. APA's Commission on Accreditation (CoA) has set a minimum standard for doctoral programs to send 50% of their students to accredited internships. Informal conversations with colleagues at many California APA-accredited doctoral programs indicate some variability at this time with this APA guideline. In support, the APA Council of Representatives approved a \$3,000,000 internship stimulus fund, for

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shovel ready internships to receive a \$20,000 grant to support program costs in becoming accredited. Looking at the match rates above suggest evidence that this fund has had a positive impact. However, there is growing concern that doctoral programs that have not been involved in the match will soon begin participating and raise the number of students seeking internship by perhaps hundreds.

One of the most compelling reasons for BEA and CoA to take the stand they have is related to changes in health care. The Patient Protection and Affordable Care Act (2010, Patient Protection and Affordable Care Act, 42 U.S.C. § 18001) creates an expectation that the health care workforce will be qualified and to a greater degree, credentialed. Similarly to when accreditation in psychology was established following World War II, the federal government wants to assure the public that healthcare workers are skilled and competent. Accreditation is the mechanism they use to assess quality. Furthermore, this is a standard used by federal grant makers such as HRSA and SAMSHA to assure that funding is provided for the development of a qualified workforce. This helps to explain, to some extent, the change in designation - where we once referred to ourselves as professional psychologists, the current trend is to identify the duty of our doctoral training as preparation of health service psychologists. The Health Service Psychology Education Collaborative (2013), an APA taskforce, writes:

[H]ealth service psychology (HSP) is an overarching conceptual framework that encompasses a number of the recognized specialties in professional psychology... The term reflects the reality that most of the accredited doctoral education and training currently conducted in professional psychology is for health care services, including those for prevention, early intervention, treatment, and rehabilitation (p. 413).

Though GPE and the other federal reauthorizations will remain a focus of FEDAC and education advocacy, there is an emerging issue likely to occupy the attention of psychology education advocates for years to come. In many jurisdictions and service settings, the work performed by psychology interns has not been eligible for Medicaid funded reimbursements. For example, psychology interns working in Federally Qualified Health Centers (the roughly 9,000 public primary care clinics throughout the nation) cannot generate billings for their services. Therefore, since there is no revenue generated for their service, there are fewer incentives for an FQHC to invest in doctoral internship training. This has been a concern in the education and training community for many years. Recently, the BEA authorized \$250,000 of the internship stimulus funds to create a congressional fellowship aimed at initiating a state-by-state effort to allow interns' work to be reimbursed.

In many ways, the issues today are similar to 1999. So,

where do we go from here? How do we ensure future advocacy for doctoral training and the invaluable services provided by doctoral students? Simply, doctoral programs must begin teaching and educating students about the vital importance of legislative advocacy to our profession and the communities we serve. Currently, such opportunities to increase awareness and develop skills are sorely lacking in most psychology doctoral programs. The following offer some suggestions for integrating legislative advocacy education and participation in graduate training: (a) offer a course on legislative advocacy / public policy and require students to develop and/or get involved in an advocacy/policy project; (b) increase awareness of and participation in existing education/training and activities – e.g., CPA Legislative and Advocacy Conference and Lobby Day, CPA county chapter's Local Advocacy Network; (c) encourage and provide incentives for faculty members to get trained and involved in advocacy/policy activities – we need role models; (d) finally, organize/host fundraising events for the CPA Political Action Committee – political giving is critical to the protection of our profession and the communities we serve.

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Friday Opening Keynote



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Friday, April 24, 2015

8:30 a.m. to 10:30 a.m. Forced to Choose, I'd Hitch My Wagon to Mindfulness

Emiliana Simon-Thomas, PhD

Dr. Simon-Thomas will discuss how mindfulness, from simple breath-awareness iterations to its richest wisdom-and-compassion infused form, may be the most promising means to support the trajectory towards wellness across life domains.

Emiliana Simon-Thomas, PhD is the Science Director at the Greater Good Science Center at UC Berkeley. She earned her PhD at Berkeley, studying the interplay between emotions and thinking, then shifted her scope towards pro-social states. Dr. Simon-Thomas currently focuses on how connecting with others, being kind, grateful and cooperative improves health, well-being and psychosocial functioning.

Sunday Closing Keynote





Sunday, April 26, 2015 10:00 a.m. to 12:00 noon

Friendship with a Twist: Forging a Relationship, Negotiating a Psychosis Stephen H. Behnke, JD, PhD, MDiv and Elyn R. Saks, JD

Professor Saks and Dr. Behnke will explore the meaning of psychosis in a relationship such as theirs and examine how their professional lives and training affected

the dynamics of an illness that is a focus of their academic work. The format of the program will be a moderated discussion followed by audience questions and comments.

Stephen H. Behnke, JD, PhD, MDiv earned his JD from Yale Law School, his PhD in clinical psychology from the University of Michigan, and his MDiv from Harvard Divinity School. In 1996, Dr. Behnke was made chief psychologist of the Day Hospital Unit at the Massachusetts Mental Health Center, a position he held until 1998, when he was named a faculty fellow in Harvard University's program in Ethics and the Professions. In November of 2000, he assumed the position of director of ethics at the American Psychological Association.

Elyn R. Saks, JD is Orrin B. Evans Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the University of Southern California Gould School of Law; Adjunct Professor of Psychiatry at the University of California, San Diego, School of Medicine; and Faculty at the New Center for Psychoanalysis in Los Angeles. She has degrees in Philosophy from Vanderbilt and Oxford Universities, a law degree from Yale, and a PhD from the New Center. Professor Saks has written five books and over 40 articles on mental health law and ethics. Her memoir, *The Center Cannot Hold: My Journey Through Madness*, powerfully describes her struggles with schizophrenia and has won widespread acclaim.



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Ethics, Law, and the Board of Psychology: Navigating the Complexities of Practice



Bram Fridhandler, PhD has been a member of the CPA Ethics Committee since 2006 and is in his third year as Chair. He is an Expert Reviewer for the California Board of Psychology.

Elizabeth Jenks, PhD has been the Director of Training for two APA-accredited internship programs in Southern California. She is currently the Director of Clinical Intern Training at Pacific Clinics, a large community mental health agency in Southern California.



Stephen C. Phillips, JD, PsyD is one of the five licensed members of the California Board of Psychology. He was appointed by Governor Brown in 2013. Dr. Phillips is a licensed psychologist and member of the State Bar of California. He maintains a private practice in clinical and criminal forensic psychology in Beverly Hills.



Ellen Stein, PhD is Vice-Chair of the CPA Ethics Committee and provides Law/Ethics CE trainings across the State. She maintains a private practice in San Diego as a forensic/ clinical psychologist, providing expert witness testimony in Civil, Criminal and Courts Martial matters, as well as Board complaint consultation.

Integrating Neuroimaging in the Practice of Clinical Psychology and Neuropsychology: Contemporary Methods of Analysis



Erin David Bigler, PhD is a Professor of Psychology and Neuro-science at Brigham Young University where he also serves as Director of the Magnetic Resonance Imaging Research Facility. He is Board Certified in Clinical Neuropsychology by the American Board of Professional Psychology and co-directs the clinical neuropsychology sub-specialty training in BYU's APA-approved clinical psychology PhD program.

Engaging Male Withdrawers in Couple Therapy using Emotionally Focused Therapy



Scott R. Woolley, PhD holds the rank of Distinguished Professor in the Couple and Family Therapy Masters and Doctoral Programs in CSPP at Alliant International University. He is a founder and Director of the San Diego Center for Emotionally Focused Therapy and the Training and Research Institute for EFT affiliated with Alliant.

Master Lectures

Friday, April 24, 2015



Enchantment: A Sparkplug for Therapeutic Growth 11:00 a.m. to 12:30 p.m. (1.5 CE Credits)

Erving Polster, PhD, Director, Gestalt Training Center-

San Diego and Associate Clinical Professor, Department of Psychiatry of the School of Medicine, University of California, San Diego



Creating Lasting Change: Emotionally Focused Therapy

2:00 p.m. to 3:30 p.m. (1.5 CE Credits)

Scott R. Woolley, PhD, Distinguished Professor, Couple and Family Therapy Masters and Doctoral Programs, CSPP at Alliant International University; founder and director of San Diego Center for Emotionaly Focused Therapy

Saturday, April 25, 2015



Contemporary Threat Assessment: Psychologists' Response to a World at Risk

8:30 a.m. to 10:00 a.m. (1.5 CE Credits)

Reid Meloy, PhD, Clinical Professor of Psychiatry, University of California, San Diego, School of Medicine and faculty member, San Diego Psychoanalytic Institute



Ethnic Minority Differences in Mental Health: Is Everyone Equal?

10:30 a.m. to Noon (1.5 CE Credits)

Stanley Sue, PhD, Distinguished Professor of Psychology and Co-Director the Center for Excellence in Diversity at Palo Alto University, CA

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ETHICS CORNER

My Client, My Follower: Multiple Relationships on the Internet

Keely Kolmes, PsyD



Keely Kolmes, PsyD

(drkkolmes@gmail.com) is in private practice in San Francisco. She writes, does research, and provides consultation and training on clinical and ethical issues related to social networking. Her Social Media Policy has been taught and cited internationally across health disciplines. She has published a *New York Times* Op-Ed

on online consumer reviews of mental health services. Her website is www.drkkolmes.com and Twitter: @drkkolmes.

ne of the more nuanced aspects of the APA Ethics Code (2010) is the section on multiple relationships, which invites us to think critically about the type of relationship we have with a person.

On the Internet, it can be tricky to distinguish what exactly is a multiple role or whether such a relationship has the power to exploit or harm another person or influence our judgment. There are subtle ways in which adding psychotherapy clients as contacts on social media sites can blur the lines of our professional role(s) with them. Here are two examples:

1) Adding clients as contacts or friends allows them to connect and network with the other people in our social network. This means if we have other patients, friends, or family members as part of our connections, our clients can forge connections with those people on our Walls or via direct email. They may have no ill intent, but if we do not enforce online boundaries, we may be surprised to discover the relationships that blossom when we accept such requests.

2) On a site such as LinkedIn, it is common for people to request introductions to people in your network so that they may seek a job at their company. It could threaten confidentiality and boundaries if one of your close friends asks for an introduction to your client so that she can seek employment at his company.

Not connecting to your clients on social media is a quick and easy way to avoid getting into potentially harmful multiple roles with them.

Another interesting digital dilemma is when clinicians have

someone in their social media network contact them for therapy. Some of these people may be loose connections such as a person we met many years ago and added to our network. The APA Ethics Code does not distinguish between online and offline multiple roles but it does require us to consider to impact of entering into such roles.

People with this dilemma may wish to have a chat with the interested client and think through together whether their social proximity could cause problems. It may be worth noting "If we agree to work together clinically, we will need to disconnect from one another on social media, to avoid blurring of boundaries."

Another way a clinician can manage this is to tell the prospective client, "If we work together, it will preclude a friendship or business relationship, and I want to explain why. So why don't you choose what feels best for you? I can refer you to someone else if you'd prefer to keep a social or business connection with me." This takes into account the General Principles of autonomy and self-determination encouraged in the Preamble of the Ethics Code, while also educating potential clients about the boundaries of the psychotherapy relationship.

An especially challenging point of online overlap is when we find that we share space with a client on a personal or professional listserv. Here, we have not added or accepted a request, but just happen to co-exist in community. We may not even know of this overlap for some time if one or either party doesn't frequently post. Participating on listservs with clients may or may not be feasible. You may wish to shift what you share, or come to an agreement with the clients in your practice about how you will both inhabit such online spaces. The literature on working in rural communities (Schank, Helbok, Haldeman, & Gallardo, 2010) offers some applicable approaches to managing such overlap whether the list you share is a professional listserv or a local list for cycling enthusiasts.

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Are Child Molesters Necessarily Mentally Ill? Harsh Cross-Examination of Expert Psychologists is Permissible

Jack P. Lipton, PhD, Esq.

n the case of People vs. Shazier, the California Supreme Court reaffirmed that being subjected to cross-examination as an expert witness can be a rough experience for psychologists. This case involved competing psychological expert testimony regarding whether Dariel Shazier, a convicted sex offender, had a "diagnosed mental disorder" and thus could be categorized as a Sexually Violent Predator (SVP), as defined in law. Within this context, the California Supreme Court ruled that harsh cross-examination of a psychologist testifying as an expert witness was legally permissible.

Is Shazier a Sexually Violent Predator?

Shazier had an extensive history of sexual misconduct with post-pubescent boys, often involving violence. Shazier was repeatedly imprisoned, released on parole, and returned to prison after he engaged in sexual misconduct in violation of parole.

There was no question that Shazier was a repeat offender, having been convicted numerous times of sex offenses. But after he completed his prison sentences, the question was whether Shazier was an SVP, as defined in law, who should be confined involuntarily in a state hospital as a danger to others.

The law is quite specific as to how to categorize an offender as an SVP. The designation refers to a person not only who has been convicted of a sexually violent offense, but in addition, is one who has a *diagnosed mental disorder* that makes the person a danger to the safety of others in that it is likely that he will engage in sexually violent criminal behavior. The SVP law specifically defines a "diagnosed mental disorder" as including "a congenital or acquired condition affecting the emotional or volitional capacity that predisposes the person to the commission of criminal sexual acts in a degree constituting the person a menace to the health and safety of others." Also, there must be "probable cause to believe that the individual ... is likely to engage in sexually violent predatory criminal behavior."

Psychological Expert Testimony

The stage was set in Superior Court for the jury trial to determine whether Shazier is an SVP with a diagnosed mental disorder who is likely to engage in sexually violent predatory



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chology; he earned his law degree from the University of Arizona, and his PhD in Psychology from the University of California, Riverside. He is also an adjunct faculty member at the Graduate School of Education and Psychology at Pepperdine University and at Southwestern Law School.

criminal behavior. Central at the trial were psychological expert witnesses on both sides. Two psychological experts testified for the prosecution including Dr. Craig Updegrove. Dr. Theodore Donaldson testified on behalf of the defense.

Dr. Updegrove diagnosed Shazier with Paraphilia "Not Otherwise Specified" ("NOS"), characterized by the court as "a lifelong disordered sexuality that can be controlled, but not cured." Dr. Updegrove agreed that individuals who have molested children do not necessarily have mental disorders, as is required for the SVP designation. However, he indicated that Shazier's history revealed a "singular, intense, and longstanding pattern of compulsive behavior" such that Shazier has acted on his attraction repeatedly even after suffering severe and repeated penal sanctions for doing so. Such persistent, compulsive, and manipulative behavior, Dr. Updegrove opined, demonstrates a "disordered sexuality and an impairment of volitional control that predisposes Shazier to reoffend against the target group."

Testifying for Shazier, Dr. Donaldson disputed the conclusions of the prosecution's expert. His testimony stressed his view that Shazier does *not* have a diagnosed mental disorder as is necessary for commitment as an SVP. Dr. Donaldson asserted that, for purposes of categorization as an SVP, the offender must have some sort of paraphilic disorder that predisposes the person to sexual violence, and must also have serious difficulty in controlling his or her behavior, and according to Dr. Donaldson, Shazier exhibited neither characteristic. Although Shazier may have a personality disorder, Dr. Donaldson indicated that this did not predispose Shazier to sexual violence. Nor, Dr. Donaldson suggested, is there evidence that Shazier was specifically aroused by violence or by his victims' non-consent. And Dr. Donaldson generally criticized the diagnosis of Paraphilia NOS saying that it was an attempt to "shoehorn" mere criminal rapists into a category of committable mental disorder.

Dr. Donaldson emphasized that, from a mental health standpoint, a sexual behavior is not "deviant," and thus a sign of mental illness, simply because it is illegal, immoral, or in violation of current societal norms. Dr. Donaldson insisted that Shazier exhibited no evidence of internal conflict or dysfunction, and he saw no sign of a compulsive attraction and no indication that Shazier "was disturbed by his behavior, that it bothered him."

Cross-Examination of Expert

The prosecution tried to demonstrate that Dr. Donaldson was not a credible witness. On tough cross-examination, Dr. Donaldson conceded that he had been terminated from the expert panel because he was then "outside the mainstream" of professional opinion, and that he had since testified "hundreds of times," solely on the defense side. The prosecutor focused on such prior cases where Dr. Donaldson had consistently testified that a particular defendant was not an SVP, asking Dr. Donaldson about various prior cases, such as where: (1) an offender, after serving a prison sentence for raping a hitchhiker, tried to rape an 11-year-old girl in her home while her mother was absent, and then, after serving a sentence for that crime, met and married a woman upon whose two children he committed five counts of molestation; (2) an offender was accused of "molesting every child in his apartment complex, including his own 31/2-year old son"; and (3) an offender who engaged in a "forcible rape where several weapons were used, including a baseball bat that he shoved up a victim's rectum, that he used guns, that he pistol-whipped a victim."

Pressing home his point, the prosecutor asked Dr. Donaldson whether it was "fair to say" that "it wouldn't have mattered in any of these cases for your opinion, or in any SVP case, how absolutely repulsive the conduct is because that's just describing their criminality. It really just doesn't show that they have any sort of mental disorder." Dr. Donaldson replied that it was "true that criminal behavior does not identify a mental disorder."

In closing argument to the jury, the prosecutor made this statement about Dr. Donaldson: "He has a streak that would make Cal Ripken jealous. Cal Ripken the baseball player ... [who] played in something like 4,000 straight games. Dr. Donaldson's streak of 289 straight times testifying exclusively for the defense. ... His brilliance has yet to be fully appreciated by this society. It is appreciated by defense attorneys who pay him and he comes in, and 289 straight times testified for the defense." The prosecutor further commented that Dr. Donaldson was "completely biased and unhelpful."

The jury found Shazier to be an SVP. Shazier appealed on various grounds, including that the prosecution's comments about and cross-examination of Dr. Donaldson constituted prosecutorial misconduct.

Appeal to Court of Appeal

On appeal, the California Court of Appeal determined that the prosecutor did commit misconduct such as by questioning Dr. Donaldson about the facts of other cases in which he had testified that the defendants were not SVPs. The Court of Appeal reasoned that this line of inquiry was irrelevant and was thus calculated simply to inflame the jurors by placing before them the incendiary facts regarding other cases.

The Court of Appeal relied heavily on the prior case of People v. Buffington where Dr. Donaldson testified for the defense. In that case, Buffington was sent to prison after a spree of violent rapes. At Buffington's SVP trial, two psychologists testifying for the prosecution diagnosed him with Paraphilia NOS. Dr. Donaldson, though, denied that Buffington had a diagnosed mental disorder or was likely to re-offend. The prosecutor cross-examined Dr. Donaldson regarding his expert testimony in other cases, and the Court of Appeal in the Buffington case ruled that this line of questions was impermissible.

The Court of Appeal ruled in favor of Shazier.

Further Appeal to Supreme Court

The California Supreme Court, however, disagreed with the Court of Appeal, and affirmed that the original determination of Shazier as an SVP was not incorrect, finding that there was no prosecutorial misconduct because "The scope of crossexamination of an expert witness is especially broad." The Supreme Court further ruled that "the prosecution is entitled to attempt to discredit the expert's opinion." Moreover, a psychologist's testimony "in prior cases involving similar issues, is a legitimate subject of cross-examination when it is relevant to the bias of the witness." The Supreme Court thus concluded that the prosecutor's remarks, "though harsh and colorful, were fair comments on the evidence, and they validly assailed the witness' impartiality and professional credibility."

Conclusion

Within the context of a "battle of the experts" regarding whether a convicted sex offender had a diagnosed mental disorder, the opposing attorney was legally permitted to engage in harsh cross-examination of a psychologist testifying as an expert, including questioning him regarding details of prior cases in which he had testified.

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People vs. Shazier (2014) 60 Cal.4th 109.
Sections 6600 et. seq. of the California Welfare & Institutions Code.

DIVISION II – EDUCATION AND TRAINING

"What Can I do?"

Gabrielle Johnson, MS, Psychology Predoctoral Intern; Michi Fu, PhD and Beth Jenks, PhD

rom events within cohorts to events on the evening news, interns are increasingly asking, "What can I do?" to advocate for their communities. Gabrielle Johnson shares her thoughts regarding the question:

"Internship is a very transitional period. No longer students in the traditional sense, we are also not yet psychologists. As with most transitions, it's difficult to immediately know how to successfully navigate our new roles. This has been particularly true for me with regard to advocacy. As a student, I was often too fearful to ask what it really means to be a community advocate. A secondary rotation with Pacific Clinic's Statewide Prevention Projects has afforded me opportunity to work directly with, and be supervised by, community advocates. My understanding of advocacy has grown tremendously as I've attended statewide forums for reducing mental health disparities and been mentored by community psychologists. I've found two ways to address the question posed: What can I do?

Tell the Truth

It sounds simple, yet telling "the truth" can be one of the most difficult actions to take as a student. Fear of backlash or negative past experiences can cripple students from being honest with supervisors. Being honest and transparent with my supervisor about my perceptions of oppression and bias has led to systemic change, as well as allowed me to consider countertransference issues.

Use your Platform

All internships have required activities. Use those platforms to advocate! I chose to share in our diversity journal club articles about racism (Holoien & Shelton, 2012; Neville et al., 2013) in response to the racial inequalities we had seen on the news. I engaged my cohort in a difficult conversation concerning psychologist actions that may diminish the African American experience/engagement in therapy.

Although these are just two of many ways in which students can be community advocates, I have found them to be most rewarding. After years of wondering what it really means to engage in advocacy work, I finally feel like I am advocating for communities in need."

Dr. Fu reflects on her journey to become a community advocate supervisor. "My first opportunity to engage in advocacy as a mental health professional was as a practicum student at a community mental health center in Boston's Chinatown. We were to lead our consumers to the state capitol steps and chant "no justice, no peace!" in unison. For reasons still unknown to me, my supervisor asked me to lead the chant using a megaphone. It was scary, exhilarating and my introduction to using my voice on behalf of others. Years later, I participated in the Okura Mental Health Leadership Fellowship, resulting in a one-week crash course in Washington, DC. I was again encouraged to consider how I could speak on behalf of others by utilizing my education and experiences. Nowadays, I'm well-aware of the need to support students to find their own voice as a community/mental health advocate. As such, I teach a course regarding advocacy, resulting in students lobbying during the Cali-



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gram. She has held leadership positions within the National Association of Black Psychologists while a PhD counseling psychology student at Oklahoma State University. She recently served as a panelist discussing the Black Lives Matter Campaign at NMCS 2015.

Michi Fu, PhD



(drmichifu@ gmail.com) is the Statewide Prevention Projects Director of Pacific Clinics, working on projects aimed at reducing

mental health disparities. She is also Associate Professor in the Clinical PhD program of Alliant International University. She is a Public Education Campaign committee member and immediate past-Secretary of the California Psychological Association.



Beth Jenks, PhD (Bjenks@pacificclinics.org) has been the Director of Training for two APA-accredited internship programs. She is now Director of Clinical

Intern Training at Pacific Clinics, a community mental health agency in Southern California. She is Chair-Elect of Division II and also serves as a member of the CPA Ethics Committee.

Continued on page 32



Self-Care Through Advocacy

Kammy K. Kwok, MA, Toni Li and Jorge Wong, PhD



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(kkwok@paloaltou.edu) is a 3rd year PhD Clinical Psychology student in the Child and Family emphasis at Palo Alto University.

She is currently a trainee in the Family and Children Division at Asian Americans for Community Involvement. Her interests include working with children, adolescents and their families, community mental health and diverse populations.



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sychologists advocate for clients and we embrace this practice as part of our professional identity. Yet we do not advocate for ourselves. If we do, we do so poorly as compared to other professionals (Shadish, Pereira, & Wong, 2013). The Mental Health Services Act Workforce Education and Training (MHSA WET) Five-Year Plan (2014-19) is the blueprint for the development of mental health service providers in California's public mental health systems (PMHS) (Office of Statewide Health Planning and Development (2014). The career ladder for psychologists is limited, even when "California's PMHS suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse population they serve" (p. 3).

	Budgeted	% of Total \$114.7 m
Psychologists	\$1.8 m	1.5
Marriage & Family Therapists	\$12.4 m	10.8
LCSWs	\$13.6 m	11.8
Psychiatrists	\$9 m	7.8
Psychiatric Nurse Practitioners	\$6 m	5.2

*MHSA WET Four-Year Plan career ladders for qualified mental health professionals

It is time for psychologists to advocate professionally for ourselves or we will be squeezed out of the PMHS. Limiting the availability of licensed psychologists imposes access barriers to care and exacerbates the existing public healthcare disparity. If psychologists are complacent, we diminish the principles of our ethics code that expects psychologists to improve the condition of individuals, organizations and society (Preamble) and "...recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology (Principle D) (APA, 2002).

The modest level of professional advocacy in psychology is alarming and can negatively impact the future of the profession. Psychologists are unaware that the amount of time, work, and dedication they invest in their degree might be jeopardized by this disinterest in advocacy (Fox, 2008). To help increase the advocacy activity of psychologists, early intervention at the doctoral training may be essential (Fox, 2008). Developing an ethos of advocacy may not be an easy feat, but is necessary to preserve the future of psychology (Fox, 2008; Lating, Barnett, & Horowitz, 2010). The first step in the journey to advocacy is to instill in doctoral students an attitude or mind-set of advocating for the profession (Lating et al., 2010), early and throughout their training. Implementing advocacy training, providing mentorship and opportunities for advocacy throughout their professional training program may help increase their motivation and acceptance that advocacy is vital to the future of the profession (Fox, 2008; Lating et al., 2010).

As psychologists, we treat clients who struggle not only to have their mental health care needs met, but also their basic needs. While arguably other mental health professionals could also advocate for our clients, psychologists are exceptionally trained in research and evaluation, evidence-based practices, neuropsychological assessment, and outcome measures. Such education and roles come with expectations that psychologists will receive on-going training, and provide interventions supported by current research. With this highly specialized set of skills and knowledge, why do such a small percentage of psychologists advocate for the protection of these roles (DeLeon, Loftis, Ball, & Sullivan, 2006)? If psychologists are phased out of the changing health care workplace that favors less-expensive masters-level clinicians, our expertise in the psychological science and practice will be denied to those who need it most. If we cannot distinguish ourselves from other providers, what jobs will exist for psychologists? The journey to becoming a psychologist is most rewarding and also arduous. We cannot afford to not advocate for ourselves. Advocacy is our professional self-care!

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CONTINUING EDUCATION REGULATIONS

The Board of Psychology, Continuing Professional Development and You

Jo Linder-Crow, PhD



Jo Linder-Crow, PhD

(jlindercrow@cpapsych.org) is the Chief Executive Officer of the California Psychological Association and Executive Director of the CPA Foundation. Previously, as the Associate Executive Director for Education at the American Psychological Association, she was responsible for APA's Continuing Educa-

tion Program. She is past Chair of the Council of Executives of State, Provincial, and Territorial Psychological Associations and is a current member of the APA Committee for the Advancement of Professional Practice (CAPP). She serves on the Board of Directors of the California Society for Association Executives and currently chairs the CalSAE Professional Development Committee.

he recent proposed changes to the CE requirements by the Board of Psychology have galvanized CPA members and have generated a significant discussion about what the proposed changes might mean for psychologists in California. As we go to press with this issue of *The California Psychologist* the Board of Psychology has requested public comment on the latest draft of the CE regulations, with a deadline of March 24, 2015. The Board is required to consider any negative comment on the proposed language when they meet on May 14-15 in Los Angeles. Following discussion about those comments they will make a decision on whether to make more changes in the regulations or to send them forward for review by the Office of Administrative Law, and final approval.

Background

In June 2001, the Association of State and Provincial Psychology Boards (ASPPB) published their Guidelines for Continuing Professional Education. In 2009, in light of the competency movement and other recent developments in the field, the ASPPB Board of Directors determined that the Guidelines should be updated. The Board appointed a task force on the Maintenance of Competence and Licensure (MOCAL) and asked the task force to (1) Revise and update the 2001 ASPPB Guidelines for Continuing Professional Education with input from member boards and other interested stakeholders, (2) Study the role that regulatory bodies in psychology can have in assuring that licensed/registered psychologists maintain their competence, and (3) Make recommendations to regulatory bodies on how to implement maintenance of competence/ licensure procedures.

The task force produced the *ASPPB Guidelines for Continuing Professional Development* in August 2014. In the introduction, the guidelines state:

"These Guidelines address the broad concept of Continuing Professional Development (CPD). Not only is it expected that psychologists will continue to update their knowledge throughout their careers, but also that they will maintain and enhance their existing knowledge, skills and professional competencies. Further, it is anticipated that psychologists will maintain their competencies based on published advances in theory, practice and empirical research. Participation in continuing education is one way that psychologists maintain and enhance their knowledge and skills; however, it is not the only way, nor is it necessarily the most effective way." (p.2)

The term Continuing Professional Development, as described in the ASPPB Guidelines, describes a process intended to continue and update the training of psychologists in their current areas of practice (rather than the development of competencies in new areas (e.g., from general clinical to neuropsychology). According to the Guidelines, CPD is intended to maintain and build on existing competencies throughout a psychologist's career, and to keep knowledge and practice upto-date.

The ASPPB Guidelines, upon completion, were distributed to all licensing jurisdictions in the United States and Canada, including the Board of Psychology in California. Each jurisdiction was asked to consider the guidelines, but each licensing entity was free to determine whether or not it wanted to pursue changes to their current Continuing Education requirements.

What Did the California Board of Psychology Decide to Do?

The California Board of Psychology (BOP) has been discussing the ASPPB guidelines for the past two years and made the decision to move forward with the new model described by ASPPB. CPA was invited to be a part of the discussion, and attended committee meetings of the BOP during the development of the proposed regulations. During the 2012 CPA convention, Dr. Jo Linder-Crow, CPA's CEO, participated in a session with Dr. Jackie Horn (now a member of the BOP and then on the Board of ASPPB) that provided an overview of the ASPPB guidelines and how they might be used in California. Input from that session was shared with the Board of Psychology during their subsequent discussions. Ultimately, the BOP agreed with ASPPB that CPD could be seen as a broader concept that offered a new path to developing the multi-faceted competencies needed for quality professional performance in one's area of practice.

What is the Status of the Proposed Changes?

Following significant discussion at BOP meetings, and using the ASPPB guidelines as a starting point, the BOP proposed regulatory changes that would move from the Continuing Education (CE) model to the Continuing Professional Development (CPD) model of ensuring continued competence. Proposed changes were posted for public comment at various stages by the BOP, as required by law, and changes were made based on comments that were received. The BOP received very few comments when they posted the document for comment following revisions made in November 2014. However, subsequent to the January 19 deadline for comment, the Board received many comments, and they agreed to reconsider the proposed changes at their meeting in February 2015. At that meeting the BOP made a change to the proposed "cap" on the number of CE credits that could be earned through traditional ("sponsored") CE, and raised the limit to 27 credit hours (from the 18 proposed earlier).

On March 9, 2015, these latest revisions were made available for public comment. CPA alerted our members to the open comment period and kept the membership informed about the deadline for comment and about the regulatory process that the BOP is required to follow.

What Are the Changes?

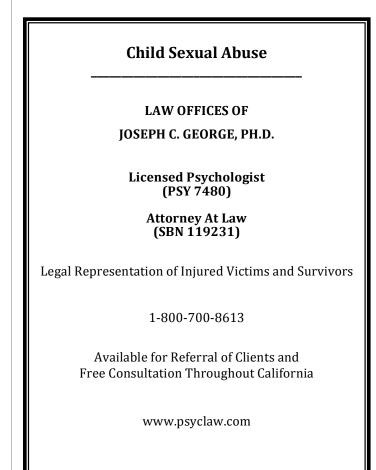
The current requirement of 36 hours per licensure period will not change. Currently, licensees may accrue all 36 hours through traditional CE courses. The proposed CPD model has four (4) ways a licensee may complete the CPD requirements for renewal of his or her license, and the new model would require that a licensee complete CE/CPD from at least **two** (2) of the **four** (4) CPD areas. There are also limitations on the maximum number of credit hours a licensee may use in each category, including the limit of 27 credit hours that could be earned through traditional CE courses.

The four areas described in the proposed regulations are (1) Professional Activity (Peer Consultation, Practice Outcome Monitoring (POM), Professional Activities, Conferences/Conventions, Examination Functions); (2) Academic (Academic Courses, Academic Instruction, Supervision, Publications); (3) Sponsored Continuing Education Coursework (including Independent/Online Learning); and (4) Board Certification (ABPP).

Practically speaking, a psychologist would have the option of utilizing any two of the four areas to accrue the required 36 credit hours for re-licensure. If the choice was to accrue the maximum number of hours allowed through traditional CE courses (27, as proposed), the other nine credit hours (over a two year period) could be accrued through peer consultation, conference attendance, or a combination of any of the other options available.

The maximum number of credit hours allowed in each subarea is outlined in the matrix below. Psychologists would also be required to certify that they have received a minimum of four (4) credit hours in both Ethics and Law and in Cultural Diversity, but these are not course requirements. These hours can be included in the required 36 hours and can be earned by attending a course or by attending a conference specifically targeting these content areas. For example, you were to take the CPA/Trust sponsored Risk Management course it would count as six CE credits (traditional CE) and you could also use it to meet your Ethics and Law requirement.

It should be noted that all of the details regarding implementation have not been fully detailed by the Board of Psychology. They stated at the February meeting that they would continue to examine the definitions and descriptions of the





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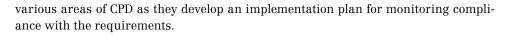
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When Will These New Regulations Become Effective?

The proposed regulations, if they are approved as currently written, would become effective on January 1, 2016. The new regulations would allow a phase-in period. Anyone whose license was active through November 2017 would be allowed to accrue the required credit hours by using either the current or the new system.

What Does This Mean for Me?

CPA will keep our members informed about the BOP actions taken at the meeting on May 14-15 in Los Angeles. As the regulations are currently written, you would still be required to earn 36 credit hours of continuing professional develop during the license period. You would be able to earn 27 credit hours by attending "traditional" or sponsored CE courses if you utilized that option, but you could also choose to meet your requirements through any of the other activities such as conference attendance, teaching, publications, volunteer service in a psychological association, or organized case consultations you might attend. While there would be limitations on the number of credit hours you could earn in any one area, you would not be *required* to participate in any particular activity. The flexibility you would have in choosing the activities you want to use to meet the requirements would be accompanied by a requirement that you participate in at least two types of activities rather than solely earning your credit hours through traditional courses.

Please contact Dr. Jo Linder-Crow with any questions about the details of the proposed regulations at jlindercrow@cpapsych.org.

The full text of the proposed regulations can be found on the Board of Psychology website at http://www.psychology.ca.gov/laws_regs/ce_proplang.pdf

The full text of the ASPPB Guidelines for Continuing Professional Development can be found at http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/guidelines/asppb_guidelines_for_continu.pdf

"What Can I do?" continued from page 27

fornia Psychological Association's Leadership Advocacy Day and writing op-ed pieces on current events to educate the public on how to apply our research to societal issues (e.g., effects of violent video games). At Pacific Clinics' Statewide Prevention Projects, doctoral interns have the opportunity to learn how to pull together legislative briefings and write press releases. One day hopefully, advocacy will be integrated as a mandatory part of graduate school curricula. Until then, I look forward to working with interns who choose our statewide platform to contribute to the larger community."

What can you do?

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CONTINUING EDUCATION (CE)/aka CONTINUING PROFESSIONAL DEVELOPMENT (CPD)SUMMARY VERIFICATION FORM

Please do not submit any CE documentation with your renewal. If you are selected for an audit, you will be notified; at that time, you will submit these logs and documentation to the Board.

CPD Category	Max Hours Allowed	Description of Activity(ies) Completed	Date Completed	# of Hours Awarded (Not to exceed max allowed)					
A. Professional Activity									
Peer Consultation	18								
Practice Outcome Monitoring	9								
Professional Activities	12								
Conferences/Conventions	6								
Board Meeting Attendance (Full Board or Committee)	12								
Examination Functions	12								
	B.	Academic Activity	I	I					
Academic Courses	18								
Academic Instruction	18								
Supervision	18								
Publications	9								
С.	Sponso	red Continuing Educatio	<u>n</u>	I					
Sponsored Continuing Education Coursework	27								
	D. <u>I</u>	Board Certification							
ABPP Certification	36								
"Senior" ABPP Certification	18								

Seeking a New Definition of Self-Care

Pearl Werfel, PhD



Pearl Werfel, PhD

(pwerfelphd@gmail.com) is Chair of the CARE Committee (care@cpapsych.org and www.care.cpapsych.org). She is a licensed psychologist practicing in San Francisco specializing in pain, stress and anxiety mitigation, wellness, chronic illness and self-care for professional helpers. She has presented at CPA conventions, local psy-

chological associations, universities and businesses on self-care and stress reduction from diverse perspectives.

ur complex world provides multiple opportunities for joy, connection and stress. Working in our amazing and challenging field of psychology brings additional unique opportunities and stressors. Awareness of stressors and how to mitigate their effects is a significant component of being an effective and content psychologist.

As our work can put us at risk for depletion, psychologists can benefit from special attention to self-care. Dr. Charles Figley, among others, noted the emergence of Secondary Traumatic Stress and Compassion Fatigue among professionals working with traumatized people. Secondary Traumatic Stress can result from knowing about a traumatizing event, repeated exposure to traumatizing material or helping or wanting to help a suffering person (Figley, 1995; 2002). Compassion fatigue is the experience of short-term exhaustion and traumatic stress reactions associated with exposure to the suffering of others (Figley, Boscarino, & Adams, 2004). Even if exposure is indirect, compassion fatigue can diminish our capacity to function in both our personal and professional lives.

Fortunately, there are antidotes: resilience, compassion satisfaction and self-care. Compassion Satisfaction is derived from experiencing the suffering of others and succeeding in helping to relieve their suffering in some way (Figley, 2002). Additionally, APA defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (APA, n.d.). This, in turn, increases our ability to weather life's more common stressors. Furthermore, the opportunities that our profession offers for fulfillment and inclusion as a valued member of an affiliation group can be potent stress relievers. However, the potential stressor of collegial relationships within our diverse profession is increasingly being discussed. Although the stressors and pleasures inherent in collegial relationships are not unique to the profession of psychology, who better to research and address it? In one illustration of problematic collegial relationships, the APA OEMA handbook *Surviving and Thriving in Academia* (1998) states that, "As in every part of society, many people in academia, faculty members and students alike, hold stereotypical role expectations based on gender, ethnicity, race, national origin, and all the other socially constructed identities of our culture." Of course, this can extend into our offices and professional associations.

It can be stressful to be the only one like you in the room most of the time. However, mutually beneficial relationships can develop when colleagues seek to value, appreciate, learn from one another and build bridges. Conversely, when colleagues fail to respect personal and cultural differences, it increases the stress for everyone in the environment. Therefore, self-care for us as a profession includes prioritizing collegial camaraderie.

What might personal self-care look like? Norcross and Guy (2007) gifted us with self-care strategies for psychologists that include valuing the person of the psychotherapist, refocusing on the rewards, nurturing relationships, creating a flourishing environment, undergoing personal therapy, cultivating spirituality and mission, and fostering creativity and growth. However, these pertinent strategies require some commitment to self.

Let's explore some misconceptions about self-care: "I need to make big changes, have a different body, or more time, money or energy." Seemingly supporting this perception, a Google search on self-care revealed images of young, thin, light-skinned women in yoga poses, fruits and vegetables with a tape measure and beautiful vacation spots. While no one can argue the benefits of exercise, a balanced diet and vacation, this narrow definition is exclusive, alienating and disempowering.

Self-care is not a one-size-fits-all proposition. Your self-care endeavors need to fit your shape, ability, age, culture, sexuality, budget, ethnicity, personality, time constraints and needs. Our self-care, as psychologists and students, may include energizing and restorative down-time activities, community and allybuilding, advocacy and personal and professional development.

What does a sustainable and robust self-care plan look like for you? I invite you to explore the possibilities with some colleagues.

Complete references for this article can be found at www.cpapsych.org – select *The California Psychologist* from the **Professional Resources** menu.

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Please note: These members joined CPA between 11/23/14 to 2/23/15. As a CPA member, you may access other member's contact information online in our Member Directory under the Members Only section of our website or by contacting CPA's central office at (916) 286-7979, ext 122.

CHAPTER AND VERSE

Alameda County Psych Assn In 2015 ACPA will be offering: (a) free CE workshops and ethics consultations; (b) more opportunities to get connected through our new website; (c) annual awards members recognizing their professional contributions including the Janet Hurwich Award for Service and Leadership; (d) doctoral student dissertation awards; (e) monthly Shrink Drinks especially for early career psychologists; (f) spring BBQ and an end of year holiday party; (g) diversity related resources; (h) self-care / colleague assistance resources; (i) legislative advocacy and public policy news; (j) news about disaster response activities and training; (k) recruitment and membership drives; and (l) resources for doctoral students.

Central Coast Psych Assn Earlier this year we sponsored the Journey of Hope, a community event to increase awareness and decrease stigma of mental health issues. Dr. Victor Silva-Palicios, as Chair of the CARE Committee, organized support and consultation groups for CCPA psychologists. CCPA members attended two "Members Dine Out" to enhance community involvement and networking. CCPA continues to be involved with CPA by attending the CPA Leadership and Advocacy Conference in March. Our membership continues to grow and we have plans to keep growing membership. DBT training is also planned to take place later this year.

Contra Costa Psych Assn Our January 2015 Annual Meeting was also a CE event, co-sponsored with the Alameda County Psych Assn and The Wright Institute. Former APA President Dr. Carol Goodheart spoke on *ICD-10 and DSM V Changes: A New Horizon*, presenting helpful information for the October transition to new coding. This collaboration was a great way to foster interaction among psychologists in our area. We will be creating more and new opportunities for our members to earn CE credits based on the regulation changes planned by the CA Board of Psychology. We are looking forward to increased opportunities for psychologists to interact.

Los Angeles County Psych Assn's 2015 theme is "Complexities of Culture." Various committees, Special Interest Groups (SIGs), and clubs continue to highlight the importance of integrating issues of diversity and social justice in the mainstream of our thinking. LACPA's community outreach efforts, through Mirrors of the Mind for the past three years, have been well received by the mental health community at large. The CE Committee has a great line up of presenters on subjects of wide interest. Apart from the intellectual, advocacy and networking related activities; LACPA is addressing the self-care needs of the members through hiking, book and film clubs.

Marin County Psych Assn has been very busy with four highly successful events. Our student event, organized by Gig Pagani, MA presented *Supervision: Collaboration or Conflict* with noted supervisory expert Joan Sarnat, PhD. Dr. Sam Jinich offered a special opportunity to learn EFT in a joint offering with The SF Center for EFT. Our March CE event featured Daniel Sonkin, PhD discussing *Boosting Attachment Security: Clinical and Neurobiological Perspectives*. Last but not least, MCPA hosted a series of mini-networking events (4-5 members each) offered by MCPA board members to encourage our members to discuss their practices in small and relaxed settings such as cafes.

Napa Solano Psych Assn invites you to our 4th Sunday networking brunches; locations vary, so visit our website (www. napapsychologists.org) and click "events and courses" for details. Recently two of our members provided *Distressed Constituents* training to county supervisor and state legislator staff members. NSPA worked with Alameda, Contra Costa and SF Psych Assns to host an informational meeting with students at JFK University. Future plans include a disaster mental health training in collaboration with the Red Cross. Check our calendar or email Napa-SolanoPA@gmail.com for more information!

Orange County Psych Assn works to educate both the people who need our services and the legislators who affect CA licensure requirements. Jaqueline Horn, PhD, and Carol Webb, PhD (both have served as Presidents of their state's licensing boards, and as Presidents of ASPPB) launched our 2015 efforts with an inspiring presentation in January. OCPA helps its members form and maintain professional alliances. We hold social hours with both pediatricians and psychiatrists, so that we can collaborate to make high quality mental health care available. Please join OCPA, and attend OCPA's Convention. Information can be found on our website, www.ocpapsych.org.

Pacific Cascade Psych Assn hosted "Mental Health Matters Week" in February. We offered workshops to assist students, faculty and staff locate free and low cost mental health services at CSU-Chico and in the surrounding community. In March, we partnered with the Brain Injury Coalition to present a CE workshop: Dr. Roland Ruff presented *Effective Psychotherapy for Individuals with Brain Injury*. PCPA is a small but growing chapter. We are looking to attract new members, especially colleagues in Humboldt, Del Norte and the many counties between Chico and the Oregon border. We have a new website under construction: www.pcpapsych.org.

San Diego Psych Assn Our 2014 Member Survey is prompting change this year. Survey results showed that our membership consists of a bimodal distribution of senior clinicians and early career professionals; so we will respond to our changing membership needs. We are currently planning a Fundraiser party, and CE course offerings are centered on practice building, coding changes, and evidence based practice docu-

CHAPTER AND VERSE

mentation. Our 2015 Fall Conference will focus more on these changes, including the new CE requirements we have been given by the BOP. We are an active chapter with involved Ethics and CE Committees, and over 500 members.

San Francisco Psychological Association is excited to expand its traditions of active networking, socializing, and CE opportunities. To both add value and increase our membership, this year's focus is on the interests of those not yet amongst us. Our goals include developing innovative ways of engaging our constituency by strengthening each member's sense of being a part of a professional community, increasing interest in the chapter's activities, and developing new traditions. SFPA's Past-President, Dr. Jorge Wong, is CPA's current President-Elect, and we are looking forward to sharing his talents with the larger community of psychologists throughout California and beyond.

San Gabriel Valley Psych Assn held our annual January Jubilee honoring Dr. Enrico Gnaulati as our Distinguished Member of Year. Advocacy was forefront in our minds, as SGVPA had a strong showing at the Leadership and Advocacy Day in Sacramento in March. We continue to focus on building strong professional networks with several events for early career and students including: social mixers, movie night with discussion, new member event welcoming event, and celebration of newly licensed psychologists.

Santa Clara County Psych Assn We are busy: In January, we held our new member welcome and networking luncheon and the Professional Development Book Study for both SCCPA and SMCPA met. In February, we hosted a networking get together at a local hospital and we held our annual leadership retreat. SCCPA also offered the workshop: *Procrastination for Psychotherapists* – led by Fabrice Nye, PhD in February. Our annual awards gala is April 17th where, among other awards, Dr. Paul Marcille will be honored as psychologist of the year and Dr. Chuck Faltz will be honored posthumously for his Outstanding Contribution to the Practice of Psychology

Division I (Division of Clinical and Professional Practice) reinstated a newsletter which provides a feature article, clinical tools, and legislative updates to our members. We also provided a free 6 hour CE conference on *Integrated Health Care*, as well as a series of webinars. This year, in concert with CPA, we will continue to offer webinars and CE events on relevant critical issues. The one hour complimentary attorney consultation remains a highly utilized member benefit. We have added new sections that not only provide homes for clinicians practicing in unique and niche areas, but also reflect the diversity of our profession. Please join us. **Division II (Education and Training)** held a conference for Training Directors in February titled *Supervisees who worry their supervisors: Ethical, culturally responsive, and strategic approaches for working with supervisees who do not meet professional competence requirements.* The keynote speakers were Nadine Kaslow, PhD, ABPP, 2014 President of APA and Stephen Behnke, PhD, JD, MDiv, Head of the Ethics Office of APA. The focus of the day was to identify and problem-solve approaches to prevention and remediation of competence *problems, with special attention to context, ecological framework, ethical aspects, and processes.* We are also working on a consultation program and developing webinars relating to training and supervision.

Division III (I/O Psychology and Consulting) We are very pleased that our division recently sponsored a webinar by Ken Nowack, PhD titled Ouch *That Hurt! The Neurobiology of Giving Feedback*. We also held a no-host social event this quarter in Northern California. We are planning an event in So Cal for later this year – stay tuned for details. We want to continue to grow our Division and welcome any suggestions for future events. We also encourage you to join our listserv to network, ask questions, and learn about the field. (for more information, please email me at eric@prenskyconsulting.com or reach out to any of our division leaders).

Division V (Clinical Psychopharmacology) Our mission: (1) educate psychologists in the scope and limits of psychopharmacology for collaborative treatment models and (2) work toward the development of a bill for prescriptive authority. For the first goal we delivered a cutting-edge conference on the psychopharmacology of addiction and are planning a February 2016 conference on psychopharmacology and severe mental disorders. At the CPA Convention we will present on the ethical application of psychopharmacology through collaborative models for diverse populations. We continue to work on implementing the strategy necessary to introduce a bill that would expand our scope of practice. We are working on specific targets of funding to support those efforts.

Div VIII (Neuropsychology) Erin Bigler, PhD will present an Institute at CPA's convention. His topic is Integrating Neuroimaging in the Practice of Psychology and Neuropsychology: Contemporary methods of analysis. Dr. Lin Nelson and Dr. Bob Tomaszewski created a program designed to motivate students from diverse backgrounds to enter neuropsychology and neuroscience. We are funding select students to participate in events, such as CPA's convention. We have been fortunate to have Dr. Nancy Hoffman and Dr. Delia Silva on our board and we thank them for their contributions. Dr. Hoffman helped start our Division. Dr. Silva provided us with social media tools that have contributed to our robust infrastructure.

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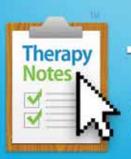
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To make your license renewal easier

Clip out the Psychology and the Law article and the accompanying Ethics Corner artice for each issue of The California Psychologist magazine and file them to create instant documentation of your ongoing training in professional psychology ethics and law.

Additionally, annually go to the Board of Psychology's website (under the Laws and Regulations tab) and print out the Recent Legislation section. Review and file that in the same folder.



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11:30AM Appt with Kyle Called in to say the may be a little late

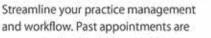
12:00PM Appt with Susan Remember books she borrowed

Create a Progress Note for your appointment on 9/29.

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Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

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