

# WASHINGTON

## PSYCHOLOGIST

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## Fall Convention Highlights

Jeri Carter, PhD

**W**SPA's 2008 Fall Convention was held at the Coast Hotel in Bellevue November 7-9. From flying saucers to pizza pies, the convention had something for everyone. The convention theme of "Encompassing Potential: Exploring Our Growing Edges and Voyaging Beyond" was realized through a wide variety of presentations.

The convention kicked off on Friday with multiple break-out sessions throughout the day. In the morning, participants chose from presentations on self-care, advocacy, and evidence-based practice, followed by sessions on collaborative divorce, using intuition in psychotherapy, and companioning clients through grief. The afternoon brought opportunities to learn about working with difficult adolescents, disclosure of gay identity by men as fathers, or great tips on private practice.

Friday's luncheon honored this year's winner of WSPA's Psychologically Healthy Workplace, Farrelli's Gourmet Wood Fired Pizza, in Dupont. A family-owned chain in the south Sound area, Farrelli's (and the Dupont branch in particular) was recognized especially for the ways in which they treat *all* their employees as family, extending a helping hand when it's needed most, and being a truly great place to work.

Saturday, WSPA was honored to welcome as the convention keynote speaker the internationally acclaimed researcher, teacher, and author, Dr. Mihaly Csikszentmihalyi, for a full day of training on two of his favorite topics. In the morning, he mapped the foundation of his ideas on flow and optimum performance, and in the afternoon, he spoke about creativity and the creative process. Dr. Jeri Carter, the convention chair, ended her introduction with a brief YouTube video clip of three children giggling while attempting to pronounce Dr. Csikszentmihalyi's name. The video



concludes with the statement, "Just pronouncing his name is a learning adventure." After learning how to pronounce his name ("Me HIGH CHICK Sent Me High"), participants were offered a richly anecdotal introduction to the core concepts and supporting research of flow psychology. A highlight of Dr. Csikszentmihalyi's presentation was his story of how he became interested in the field of psychology, a tale that perhaps echoed the convention's theme. He related

**"...how to pronounce his name ('Me HIGH CHICK Sent Me High')..."**

that, at age 16, while on a skiing holiday in Switzerland, he saw an advertisement for a free presentation in the evening on the topic of flying saucers. Having no money for the cinema, he decided to attend the event, which turned out to be a talk by Dr. Carl Jung! What he heard motivated him to begin reading Jung's books, eventually leading him, at age 22, to study psychology in the United States, and fueling his lifelong interest in the creative process and

optimal performance. After lunch, Dr. Csikszentmihalyi discussed his research on creativity and the creative process, and illustrated his points with contrasting images of art from the Middle Ages and the Renaissance.

Saturday's luncheon honored winners in eight categories. WSPA was pleased to present the Distinguished Public Service Award, in recognition of an elected or appointed official who has advanced mental health policy and legislation, to Senator Patty Murray; the Public Citizen Award, in recognition of significant contributions to the psychological well being of the community, to the Institute for Family Development; the Distinguished Psychologist Award, in recognition of significant contributions to the field of psychology, to Dr. Marsha Linehan; the Sustained Service Award, in recognition of outstanding work in support of WSPA's mission, to Dr. Jane Harmon Jacobs; the Distinguished Service Award, in recognition of outstanding work in support of WSPA's mission, to Dr. Bill Proctor; the G. Andrew Benjamin Award, in recognition of

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The Mission of WSPA is to support psychologists and psychologists-in-training and to promote the practice of psychology in order to maintain the vitality of the profession in the public interest.

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The *Washington Psychologist (WP)* is a bimonthly publication. Article and advertising submission deadlines are January 1, March 1, May 1, July 1, September 1 and November 1. *WP* invites news, feature stories, academic/clinical reports and creative works of interest to psychologists.

*WP* welcomes articles expressing the wide variety of views held by WSPA members. Authors' opinions do not necessarily represent the official position of WSPA. Readers with opposing points of view, or further information, on topics presented in the *WP* are invited to submit for possible publication or post on our website member forums.

WSPA reserves the right to refuse to print or to allow to appear on its website any advertisement, article, or other material which is deemed by WSPA to be contrary to the laws, regulations, and ethical guidelines applicable to the practice of psychology, or which is deemed to be contrary to the organization's goals and objectives. If WSPA determines that it cannot continue printing or carrying on its website a paid advertisement because of this policy, the balance of any prepaid advertising fee will be returned to the advertiser. Unless otherwise specified, WSPA does not endorse any advertiser.

Submissions are subject to editing for length and clarity. Article length must be a maximum of 900 words. Please submit articles of interest to the *WP* editors by email to [wpeditors@wapsych.org](mailto:wpeditors@wapsych.org).

## Meet WSPA Member

**Name:** W. Michael Rogers  
**Title:** Psychologist & Psychology Associate Supervisor, Western State Hospital, Tacoma, WA

**Current Hometown:** Tacoma

**Original Hometown:** Born & raised in Central Virginia; home of Thomas Jefferson's Monticello and the Rotunda at the University of Virginia

**Workplaces:** Western State Hospital; Pre-doc Intern at Central Washington University

**Educational Background:** BA Clinical Psychology; MA Clinical Psychology; PsyD Clinical Psychology

**How long a member of WSPA:** Since moving to Washington and starting graduate school—201

**Why a member of WSPA?** I'm a member of WSPA for many reasons. In addition to the importance of staying connected and/or networking with colleagues, I think it's part of one's professional development and identity. I believe in the importance of support an organization that supports, protects/ secures, enhances, and promotes the discipline and work that I love.

**Who are you besides a psychologist?** Partner to a very special man, funny and goofy friend, 'Uncle Mike,' 'Mikey,' a



*Michael Rogers, PsyD*

spiritual person, traveler, shopaholic (grin), Southerner, food connoisseur (to my own detriment I'm sure...)

**What do you do for fun?** Travel, spend time talking and being with friends, watching movies, gardening, people-watching.

**Guilty pleasures:** I don't allow myself to feel guilty for pleasure! Okay, sleeping late I suppose, causes a wee bit of guilt.

**If you weren't in the field of psychology what would you do?** Graphic design or computer programming.

### PsychoBabble by Joe Mills, PhD



"On the one hand, if you leave great presents at my house, it can complicate the therapeutic relationship; on the other hand, if you leave nothing, I'll be resentful as hell."

# Shrinking Budgets & Psychology

Alex Suarez, PhD, WSPA President

This month I'd like to reflect on the typhoon of fear that is wracking the nation and the state. At the time that I am writing this column the financial crisis is blasting through everyone's savings, pensions, available services and job opportunities. Presidential and gubernatorial elections have not taken place and everything is still a big unknown except this: no matter who gets to hold the leadership offices, the public trust is broken, and we will feel the reverberations of the financial earthquake for a long, long time. At a time when money is short, everyone seems to be focused on it. These are the times when human values and psychological well-being tend to be pushed to the background. Paradoxically, these are the times when psychologists have the most to offer in terms of hope, peace, equanimity and a different approach than Wall Street's mad rush to despair and retrenchment.

Now more than ever the voice of the value of humans and the importance of emotions, cognition and psychological factors need to be kept in the forefront. This is a great opportunity to remind ourselves, our sponsors and our clients that there are values in life beyond making money for investors. WSPA can be a community that is simultaneously a reminder of human values as well as a shelter for those in fear. This is the time to remember that every moment is

miraculous and beautiful when we live fully and freely. We will be truly impoverished only if the financial fears make us contract and withdraw. We have the profound opportunity to reaffirm and contribute.

Historically, tough financial times have brought cuts in social services, a tendency to undervalue the importance of human dignity and a retrenchment into self-involvement and aggression towards outsiders. Knowing this WSPA will have to pick up the pace to make sure that we stay funded and competitive, well represented in the healthcare system, that our research endeavors are not forgotten and that the well-being of our clients is not sacrificed in the name of efficiency. We tend to regress during times of stress. It is during these times that psychological practices are most important than ever. This is the time when we most need your help and participation.

We are living through a collective crisis. As you know, some folks will blame themselves individually for their financial troubles, and try working harder and more efficiently, trying to achieve a modicum sense of individual control, even if it is a false perception. This is too bad, since this collective crisis must be met collectively. This is the time to reaffirm the value of community and organized action in order to remain viable. WSPA is aware that it holds our collective voice. We will work very hard

to provide and foster perspectives and practices that allow us all to flourish, deal with the stress, engage with power, passion and presence.

We are so glad to be here to be able to face these challenges as a community. Truly this is the only way we can exert sufficient influence. We do not have to fight this battle as lonely individuals because, surely, that way we will be overcome and defeated. These are the times when it is more likely that WSPA members may be tempted to focus exclusively on their personal concerns. It would be a mistake. Collectively we have a huge task and a great responsibility. Acting collectively is how we can pull forward.

Please remember that we can face the future with a sense of how profound the power of community really is. Remember that WSPA is your professional community. Together we can encourage lives of love, freedom and fullness. People need it more

than ever. We all need support more than

Alejandra Suarez, PhD  
Email: Alejandra\_suarez@hotmail.com

## Notice of the President-Elect's Resignation and Transition Plans

These have been times of extreme hardship for Jeri Carter, and she has been serving on executive board positions at WSPA at a great cost and personal sacrifice. We are very grateful for her generosity, her work and her heroic effort. So it is with great sadness that we notify you that she has tendered her resignation as president-elect of WSPA.

In accordance to our bylaws, the Executive Board has appointed our vice-president to assume the duties of the president-elect. Tim Popanz will serve WSPA very well as he continues on to the presidential track and becomes president of WSPA in January 2009. This creates a vacancy in the president-elect position for 2009. We think the most democratic way of filling the vacant position is to put it up for election by the general membership.

Since the regulations requires that 60 day notice be given to the association's members before any position can be put up for a vote, we cannot simply place an extra slot in this year's upcoming ballot. In order to follow the rules, we plan to:

- Hold this year's election as originally planned, with no changes to the ballot. It is now available online and paper ballots will be included with your 2009 dues mailing now on the way.

- We are calling for nominations for president-elect. This announcement serves as the required 60 day notice to membership.

- We will hold a special election for the president-elect position in February 2009.

Alex Suarez  
President of WSPA

Carla Bradshaw  
Past-President of WSPA

Tim Popanz  
President-elect of WSPA

Leslie Anne Savage  
Secretary of WSPA

Peter Scontrino  
Treasurer of WSPA

John Moritsugu  
Representative to APA Council

# Transformation

**Lucy A. Homans, EdD**  
**Director of Professional Affairs**  
**and Lobbyist Report**

I began to write this article on November 4<sup>th</sup>, Election Day, wondering with all of you if indeed this election would bring “transformation.” I finish the article on Wednesday, November 5<sup>th</sup> and the answer is clear: yes it has, in ways both large and small. Our nation has

electd its first President of color, the western states have shifted significantly away from conservative politics, and in Washington State, we have definitively relected the Governor who signed the two mental health parity bills, and we have joined Oregon in passing a death with dignity law.

This last brings me to a more personal transformation: that of WSPA and our involvement in the political process. First, under the leadership of members Judith Gordon and Renee Katz, WSPA generated well-researched balanced information about the Death with Dignity initiative. As a result, we will take the lead in educating our state’s residents about the new law. The impact of the work by Drs. Gordon and Katz will be apparent for many years as psychologists use this knowledge to assist our patients. It is a wonderful example of how psychology supports good public policy. Additionally, UP PAC has supported winning candidates as never before. First, we “maxed out” our allowable contribution to Governor Christine Gregoire who has been predicted to win reelection. Second, in addition to a 100% winning track record of support in the August primaries, WSPA supported several new winners in the general election: David Spring (D. District 5), and Tina Orwall (D. District 33) are new state Representatives, and Kevin Ranker (D. District 40) is a new state Senator. Third, the PAC supported Darcy Burner in a race still too close to call in the 8<sup>th</sup> Congressional District. Finally, Washingtonians had the opportunity to vote for not one but two psychologists running for Congress: Brian Baird, PhD, has been reelected to Congress in the 3<sup>rd</sup> District, and R. Mark Mays, PhD, whom the PAC also supported, ran a hard race in the 5<sup>th</sup> District. I hope this is predictive of a future of informed and passionate

advocacy by WSPA members!

But, the morning after the night before always brings reality with it even with new faces in Washington, DC and Olympia. In 2009, our state Legislature will face a 2 billion plus budget shortfall. It is already clear that a WSPA supported effort, to fund the 2007 Family Leave law, is not likely to occur. Most suggested methods for funding the law have included an employee payroll tax, an unpopular option in this economy. The Legislature will have a full agenda as it attempts to fund basic state services, our public education system and those ever present transportation issues. As a reminder, the Legislative session in 2009 begins on the Monday after New Year’s and runs 105 days. Odd numbered years are “long” sessions to enable passage of the biennial state budget. In the January issue of the WP, I will

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**“The morning after the night before also brings with it a WSPA member problem...”**

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report about what is likely to be included in the budget, with particular emphasis on mental health service delivery.

The morning after the night before also brings with it a WSPA member problem to which I want to alert you. Many of you have alerted me to reimbursement reductions by both Premera and Regence, in addition to one or two smaller insurers. You have asked me what WSPA can do about this. We must remind you that WSPA is an association of psychologists who are competitors. Therefore, WSPA cannot represent its members as a union would to collectively bargain about fees. Competitors cannot set or appear to engage in any sort of effort to fix the price of services, nor can they appear to discuss or support a boycott. An example of a boycott can include an effort or even an implicit threat to boycott an insurance company in order to fix fees. These are all illegal activities under federal antitrust laws. The results of a guilty verdict on a federal antitrust charge are severe and include both fines and jail. WSPA is working with APA staff to determine what specific actions we might legally take to address the fee reductions. But, it is important that each of you know how you can individually respond.

You should know how rate cuts affect your own practice. Know the percentage of your practice that is covered by different insurance plans. Know when cuts go into effect. Most provider contracts in Washington State have a clause requiring the company to give 60 days’ notice of any changes to the contract. The fee schedules are considered part of your contract. If proper notice has not occurred, you may be able to collect the difference between what you were paid and what you should have been paid for the duration of the contract violation.

Do you fill a special gap in an insurers network? Perhaps you are bilingual in a geographic area that is in need of bilingual mental health services. Be willing to negotiate directly with the insurer, and emphasize the impact to the insurers subscribers were you to be unable to care for them.

What are your other sources of revenue? WSPA is loathe to remind members that one option is to resign from panels because we work so hard to provide appropriate and effective mental health services AT PARITY that are covered by insurance. However, private pay is always an option. Additionally there are many services provided by psychologists that are not covered by insurance, including forensic work, some types of testing services, custody evaluations and couples counseling. We recommend that members be aware of your practice mix – that is the percentage of your income that is generated by insurance and by other non third party based revenues. Finally, please know that the APA Practice Organization has available a managed care reimbursement toolkit. Please go to [www.APAPractice.org](http://www.APAPractice.org) and check it out.

Please remember my new email address: [lucy.homans@gmail.com](mailto:lucy.homans@gmail.com) Thank you – and congratulations on becoming such active participants in such an historic election!

Lucy A. Homans, EdD  
 Email: [lucy.homans@gmail.com](mailto:lucy.homans@gmail.com)

# 2008 Fall Convention



# Health Care Reform, Whole-Person Health & The Practice of Psychology

Timothy Popanz, PhD  
 Judy Weber, PhD  
 Co-Chairs, Social Issues &  
 Human Rights Committee

**T**he future of health care is whole person health, or empowering individuals with knowledge to manage their health and lives. Most people already realize that their health is not separately defined by their body or mind or environments, but by the inter-relationships of these and many other significant factors. Even with this knowledge, our health care system is currently non-integrated. For instance, in the United States, primary care physicians (PCPs) provide

60% of all mental health "interventions" without the direct collaboration of psychologists.

Clearly, PCPs have become the default "gatekeepers" for mental health in this country. Our fragmented health care system is based on a disease-focused, reductionist paradigm that forces people to un-naturally choose what are the *causes* of my condition rather than ask how do I achieve optimum health? This is especially true for marginalized populations, and in the management of bio-psycho-social chronic illnesses, such as chronic pain, diabetes, and HIV.

One example of the evolution from a cause/ disease model to a bio-psycho-social model is public health's response to HIV/AIDS. In the early 1980s, finding the cause of AIDS was paramount to understanding its transmission routes in order to educate the public. Once HIV and its transmission routes (e.g. semen, blood) were determined, ways to reduce these transmissions (e.g., use of condoms, routine testing of blood, providing clean needles and works) could be offered to the public. The only long-term problem was that these approaches did not include other very important factors related to HIV transmission, most especially culture. "Use a condom every time!" fit well on a public health campaign poster, but these reductionist, disease-focused messages did not take into consideration how people make decisions about intimate sexual behavior, embedded in issues of class, gender, sexual orientation, country of

origin, politics, laws prohibiting IV drug users from accessing health care or clean needles. Not surprisingly, these interventions worked well to educate people in a crisis but did not help them make lifelong decisions about how to relate to a virus, a disease, and their health.

Beginning in the early 1990s, HIV prevention programs began using Harm Reduction, a bio-psycho-social theory. Harm reduction challenges the traditional social service provision and moral, criminal, disease models of sex and drug use by focusing on maximizing individual and community health through participation and ownership rather than repression and incarceration. Harm reduction identifies practices and beliefs which endanger individuals and

**"Our fragmented health care system is based on a disease-focused, reductionist paradigm..."**

communities, and works in a collaborative and nonjudgmental manner. The theory is based on a primary concept of health. Namely, by supporting people in gaining access to the tools which improve their health and lifestyles, it recognizes people's competency to protect and help themselves, others, and their communities. Harm Reduction has been used as a long-term intervention with many hard-to-reach populations, including men who have sex with men (i.e., non-gay identified), IV drug users, methamphetamine users, and persons in countries of origin where political, class, ethnic, or gender barriers exist and prohibit adequate access to health care information.

The Health Field Model of the Determinants of Health proposed by Evans and Stoddart (1990) provides an even broader conceptual framework for considering the factors that influence health in a community. Unlike a biomedical model which views health as the absence of disease, the Field Model includes functional capacity and well-being as health outcomes of interest. The model also emphasizes general factors that affect many diseases or the health of large segments of the population, rather than specific factors that account for small changes in health at the individual level. The Field Model takes a multidisciplinary approach, uniting biomedical sciences, public health, psychology, statistics, and epidemiology, economics, sociology, education, and other disciplines. Social, environmental, economic, and genetic factors are seen as contributing to differences in health status, and, therefore, as presenting opportunities to intervene.

MTBI 2009

## MTBI 2009

An International Conference on Mild Traumatic Brain Injury

August 12 - 15, 2009 | Vancouver, BC | Canada

Fairmont Hotel Vancouver



**Keynote Speaker:**  
 Dr. Gregory O'Shanick  
 President & Medical Director  
 Center for Neurorehabilitation Services, P.C.

**Deadline for Abstract Submission:**  
**February 15, 2009**

For registration information or to view our blog please visit our website:  
[www.mtbi2009.org](http://www.mtbi2009.org)  
 Or email your questions to:  
[info@mtbi2009.org](mailto:info@mtbi2009.org)

# CE Article: What Is A Betrayal Trauma? What Is Betrayal Trauma Theory?

Jennifer J. Freyd, University of Oregon

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The phrase "betrayal trauma" can be used to refer to a kind of trauma (independent of the reaction to the trauma). E.g. This definition is on the web: "Most mental health professionals have expanded the definition of trauma to include betrayal trauma. Betrayal trauma occurs when the people or institutions we depend on for survival violate us in some way. An example of betrayal trauma is childhood physical, emotional, or sexual abuse." from <http://www.loyola.edu/campuslife/healthservices/counselingcenter/trauma.html>

The phrase "Betrayal Trauma theory" is generally used to refer to the prediction/theory about the cause of unawareness and amnesia as in: "Betrayal Trauma Theory: A theory that predicts that the degree to which a negative event represents a betrayal by a trusted needed other will influence the way in which that events is processed and remembered." This definition is from: Sivers, H., Schooler, J., Freyd, J. J. (2002) Recovered memories. In V.S. Ramachandran (Ed.) Encyclopedia of the Human Brain, Volume 4.(pp 169-184). San Diego, California and London: Academic Press. Also see definitions provided by the Cooperative Online Dictionary of Trauma - <http://www.codt.org/>

## History of Terminology

Jennifer Freyd introduced the terms "betrayal trauma" and "betrayal trauma theory" in 1991 at a presentation at Langley Porter Psychiatric Institute: Freyd, J.J. Memory repression, dissociative states, and other cognitive control processes involved in adult sequelae of childhood trauma. Invited paper given at the Second Annual Conference on A Psychodynamics - Cognitive Science Interface, Langley Porter Psychiatric Institute, University of California, San Francisco, August 21-22, 1991. From that talk: "I propose that the core issue is betrayal -- a betrayal of trust that produces conflict between external reality and a necessary system of social dependence. Of course, a particular event

may be simultaneously a betrayal trauma and life threatening. Rape is such an event. Perhaps most childhood traumas are such events." Betrayal trauma theory was introduced: "The psychic pain involved in detecting betrayal, as in detecting a cheater, is an evolved, adaptive, motivator for changing social alliances. In general it is not to our survival or reproductive advantage

to go back for further interaction to those who have betrayed us. However, if the person who has betrayed us is someone we need to continue interacting with despite the betrayal, then it is not to our advantage to respond to the betrayal in the normal way. Instead we essentially need to ignore the betrayal...If the betrayed person is a child and the betrayer is a parent, it is especially

essential the child does not stop behaving in such a way that will inspire attachment. For the child to withdraw from a caregiver he is dependent on would further threaten his life, both physically and mentally. Thus the trauma of child abuse by the very nature of it requires that information about the abuse be blocked from mental mechanisms that control attachment and attachment behavior. One does not need to posit any particular avoidance of psychic pain per se here -- instead what is of functional significance is the con-

trol of social behavior."

These ideas were further developed in talks presented in the early 1990s and then in an article published in 1994. A more definitive statement was presented in Freyd's 1996 book. A more recent update on the theory and research was presented by Freyd, DePrince, and Gleaves (2007).

Freyd, J.J. (2008). What is a Betrayal Trauma? What is Betrayal Trauma Theory? Retrieved November 4, 2008 from <http://dynamic.uoregon.edu/~jjf/defineBT.html>.

*Please go to the WSPA website  
At [www.wapsych.org](http://www.wapsych.org) to  
read the rest of this article and  
to register for CE Credit.*



ANTIOCH UNIVERSITY SEATTLE

## Core Faculty, School of Applied Psychology, Counseling & Family Therapy

Antioch University Seattle, a national leader in innovative higher education, is recruiting for 2 PsyD Core Faculty positions, starting 7/1/09, with teaching, practice, supervision, and research experience in clinical psychology. Join us as we expand our faculty in its diversity, broad interests and clinical experience to support a generalist model of professional psychology practice. Requires doctoral degree in clinical psychology from an accredited institution, licensed or license-eligible in WA State as a clinical psychologist. Experience teaching at the university level and experience in professional practice preferred. Send letter of application (including a statement of teaching, research, and specialty practice), vitae, AUS application & applicant data form to: [aushr@antiochseattle.edu](mailto:aushr@antiochseattle.edu), fax: 206-441-3307, or mail:

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*For information, contact Martha Mihaly, PhD, [mmihaly@apa.org](mailto:mmihaly@apa.org); 202-336-6042, or see us online at <http://www.apa.org/pi/eol/homepage.html>*



# Washington State Psychological Association & the APA Insurance Trust

present

## Legal and Ethical Risks and Risk Management in Professional Psychological Practice

Sequence I: General Risk Management Strategies (6 Ethics CE Credits)

Friday, January 9th 2009 9:00 AM– 4:30 PM (Registration at 8:00)

Heathman Lodge Vancouver, WA



### Presenter

**Jeffrey N. Younggren, Ph.D., ABPP**

A Fellow of the American Psychological Association and a Distinguished Member of the National Academy of Practice, Dr. Younggren is a clinical and forensic psychologist who practices in Rolling Hills Estates, California. He also is an associate clinical professor at the University of California, Los Angeles, School of Medicine. Dr. Younggren served as a member and chair of the Ethics Committees of the California Psychological Association and the American Psychological Association. He consults to various licensing boards on ethics and standards of care, and he qualifies as an expert in criminal, civil, and administrative proceedings. Dr. Younggren testified regarding the fallibility of memory secondary to trauma and post traumatic stress disorder before the United Nations Bosnian War Crimes Tribunal in the Hague.



committees, however, has increased significantly. As managed care continues to dominate third-party reimbursement, any adverse disciplinary event can seriously damage a psychologist's career. In these difficult times, knowledge of legal and ethical standards and an effective risk management strategy have become crucial for psychologists. Based on an analysis of the ethical and legal rules governing professional practice, the workshop will provide practitioners with specific information about how to identify and analyze risk, how to identify situations that pose the greatest risks, and how to identify the legal and ethical standards appropriate in these situations. It will provide practical and effective strategies for identifying and effectively managing those situations in order to minimize the possibility of legal and ethical complaints, and maximize practitioners' ability to effectively defend themselves when complaints are unavoidable.

The workshop will also consider controversies still unresolved by the HIPAA Privacy Rule, as well as provide an introduction to the Security Rule governing electronically stored PHI, which took effect on April 15, 2005. The workshop will also describe how practitioners can utilize the free confidential Trust Risk Management. Consultation service as part of their own risk management strategies. The workshop includes comprehensive supporting materials.

### OBJECTIVES

- Learn what is new in the world of ethics
- Learn an approach to identifying and resolving ethical dilemmas that arise in professional practice
- Learn to identify practice situations that present the greatest risk to clinical practitioners, both now and in the future
- Learn essential information about disciplinary complaints and malpractice actions
- Review important HIPAA Privacy Rule issues and be introduced to the HIPAA Security Rule.
- Provide essential information about laws governing therapeutic confidentiality and exceptions
- Learn the distinction between privilege and confidentiality
- Learn how and when to consult with others to reduce the risk of disciplinary complaints and demonstrate compliance with the appropriate standards of care
- Learn what information should and should not be included in the patient's records

### WORKSHOP DESCRIPTION

Since 1994 the APA Insurance Trust ("the Trust") has been conducting Trust-sponsored Risk Management Workshops with the goal of increasing the knowledge of psychologists about basic risk management techniques. To accommodate the large number of psychologists who have already attended this workshop, while still providing training to those who haven't had the opportunity, we have updated this workshop incorporating material from the Trust Risk Management book, *Assessing and Managing Risk in Psychological Practice: An Individualized Approach*. While old material has been modified and new material added, the workshop retains the basic thrust of its predecessor: giving attendees risk management advice and procedures that protect them disciplinary events that could damage or destroy their careers.

Over the last ten years the number of reported claims has remained relatively static. The number of complaints to licensing boards and ethics

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# Pay for Performance Data Collection

Alex Suarez, PhD, MSCP & Richard R. Thomas, Jr., MA

An emerging insurance compensation program, pay for performance (also popularly referred to as P4P or PFP) is gaining popularity among insurance companies and is becoming widely instituted within healthcare settings. The program was originally designed by regulators (Medicare, JCHO) and insurance companies (particularly HMOs) with the aim of increasing quality and efficiency of services while also lowering their costs. In an effort to collect data for P4P, some insurance companies are asking providers to make a special request from their clients: to send detailed information about their psychotherapy progress directly to their insurance companies. Some ethical implications of the P4P data collection efforts are examined below.

The data collected directly from clients can become the main evaluative feature in behavioral health settings. It is important for clients and clinicians to consider that personal information submitted directly to insurance companies is no longer protected by privacy and confidentiality laws and regulations, since it no longer falls under the cover of psychotherapeutic relationship. Hence, clinicians may be unwittingly asking clients to disclose potentially punitive and/or damaging information. For example, HIV/AIDS status, severe psychopathology and marital discord could become publicly available information, or easily obtained by lawyers and/or other insurance companies. Further, clients may believe or assume that their

personal information is confidential and/or protected material as their trusted provider has asked them to submit it. Hence, it becomes imperative for clinicians to make sure that their clients are properly informed.

It is the duty of the clinician to educate him/herself about the safeguards that may exist to protect clients' sensitive information if they do decide to participate in this program, and to disclose such information to their clients. For example, since the data collected is part of an

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**“It is the duty of the clinician to educate him/herself...”**

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extensive research effort, it immediately falls under the research participants' protection regulations first put into place after the Nuremberg trial, later encoded in the USA's Belmont report of 1979. According to this report, there is a professional obligation to explain to participants how and why their information will be collected and used, and how the data's privacy will be protected, including for how long it will be retained and how it will be disposed of. The information provided to participants needs to be sufficiently explicit and clear so that they can make informed decisions as to whether or not it is in their best interests to participate in the research. It is also important to inform clients that no services will be denied if they choose not to participate, and that no negative consequences will be forthcoming if they

choose not to answer any of the questions. Participation must be entirely voluntary.

Clinicians who work at institutions with an internal review board (IRB) must obtain board approval before carrying out any studies that involve human participants. Government entities have the authority to shut down state and federal funding to institutions that do not comply with a review of every single research effort carried under their institutional auspices or in their premises.

It is important to note that neither the insurance company nor the clinician has the authority to decide if the P4P research activity is either exempt or appropriate—that is left solely to the discretion of the review board.

WSPA urges all clinicians considering the possibility of asking their clients to participate in the P4P data collection efforts to take time to study and consider its many ethical implications. If the clinician does decide to participate in the project, he or she is urged to create a detailed informed consent form for his or her clients and to have it vetted by his or her institutional review board where appropriate.

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## *Continued from page 1*

outstanding and tireless contributions to WSPA, to WSPA's Executive Director, Dr. Douglas Wear; the Social Issues Award, in recognition of outstanding applications of psychology to community mental health in the public interest, to the Reverend Dr. John R. Van Eenwyk; and the award for Outstanding Service as President to Dr. Alejandra Suarez. Congratulations to all awardees!

Sunday's offerings included a full day of ethics presentations, or the alternative of a track focused on biological psychology. A team of talented psychologists/actors, ably anchored by Dr. Laura Asbell, gave us "You Be the Judge," an ethics presentation that both entertained and informed.

Participants were offered creative skits of ethical dilemmas and challenged participants to decide on best courses of action. Who knew we had so much Oscar potential hiding among our ranks! Great sessions on "Cranial Electrotherapy Stimulation" and "Driving Brain Plasticity in a Positive Direction" rounded out the morning's break-out selections, providing cutting-edge contributions to participants in the biological track. In the afternoon, Dr. Lucy Homans, WSPA's Director of Professional Affairs, brought everyone up to speed on "Mandatory Reporting: What Psychologists Need to Know" concerning the complicated changes in Washington State's regulations governing psychologists and other health professionals. Continuing

the biological track, "Safety Considerations with Psychotropic Medications: Black Boxes and Other Hazards" addressed important safety concerns around psychopharmacological issues.

Kudos to Doug Wear and the WSPA staff, as well as the many presenters, and all the attendees who helped to make this year's convention a success!

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Continued from page 6

The Field Model of the Determinants of Health takes the following broad factors into consideration:

1. Social environment, which includes family structure, the educational system, social networks, social class, work setting, and the level of prosperity.
2. Genetic endowment are currently understood as contributing to a greater or lesser risk for health outcomes, rather than determining them with certainty.
3. Physical environment affects health and disease in diverse ways, including exposures to toxic substances, safety at home and work, housing conditions, transmission of infectious diseases, and mental health problems.
4. Behavior is a response to the other determinants and can be seen as an "intermediate" determinant of health.
5. Health care has a limited but not

negligible role as a determinant of health. For example, approximately 5 years of the 30-year increase in life expectancy achieved in the 20th century can be attributed to improved health services.

6. Linking the determinants: Some evidence is available to demonstrate that these interactions exist. For example, high socioeconomic status is a buffer against the negative impact of perinatal stress on developmental outcomes in children at age 20 months.

This multi-dimensional approach may be unfamiliar to health professionals because it relies on partnerships with people from disciplines beyond those traditionally encompassed by a medical model. Through health care reform, psychology is encouraged to consider all kinds of scientific communities in seeking solutions to health needs. The Field Model offers one example of how the science of psychology can evolve and participate in an interdisciplinary, collaborative health care delivery system based on a shared set of scientific values, including whole person health. Health itself becomes an egalitarian model that engages all of science and

their combined applications. The effectiveness of these applications is essential, not only to improve all markers of health, but to reduce barriers to care, especially for underserved and marginalized populations. In the end, global health becomes the ultimate goal of psychology's re-design and practice.

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Starfiled, B. and Shi L. (1999). Determinants of health: Testing a conceptual model. *Annals of the New York Academy of Sciences*, 896 (1), 344-346.

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## WSPA 2008 Annual Awards





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### Everett, WA - Looking for Psychologists

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### Member Happenings

Please send relevant "Member Happenings" info to [cynthiamasonphd@hotmail.com](mailto:cynthiamasonphd@hotmail.com)

On Friday, October 24<sup>th</sup>, Tim Popanz, PhD and Carla Bradshaw, PhD attended a fundraising event for Governor Christine Gregoire. Their attendance was sponsored by UP-PAC. Tim and Carla were able to meet members of The Coalition of Mental Health Providers and Consumers and spend time with other WSPA members. The key-note speaker was Vice-President, Nobel prize-winner, and Oscar winner, Al Gore. Mr. Gore spoke extensively on environmental issues. What a wonderful experience. Thank you UP-PAC and our table captain, Sue Wiedenfeld.

### "Anxiety Thursdays"

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# WSPA Vigilant Through Economic Crisis

Doug Wear, PhD  
Executive Director

**BACK FROM THE EXEC**

With 2008 coming to an end in such tumultuous economic times for our state and nation, as well as each and every one of us, it is a little more difficult than usual to look to the future with a sense of hope and optimism. Yet we will persevere and succeed. Throughout the current financial crisis, WSPA will be ever vigilant on psychology's behalf, looking out for you and those you serve as our governmental entities struggle mightily with difficult choices they must make. We are especially thankful for your membership and support in the coming year as we work to not erode the significant gains we have made in recent years.

Speaking more broadly, we psychologists are not shielded from this crisis and we struggle ourselves with the same issues

with which we are now assisting many of our clients. It may be a good time for us to take our own advice on how to cope with this extra stress and tension.

The APA Practice Public Education program's recent press release reports: Money is often on the minds of most Americans. In fact, money is a top source of stress for eight out of 10 Americans, according to the American Psychological Association's 2008 Stress in America survey. Add to the mix headlines declaring a looming economic recession, and many begin to fear how they can handle any further financial crunch."

While it was a national survey, results for Seattle were tabulated separately. This might shed some more specific light on stress right here in Washington. Although fewer Seattle residents report experiencing extreme stress than the rest of the country, the sources of stress are nearly the same. Stressors such as money, work, housing costs and the economy mirror the national average and cause significant stress for a majority of Americans.

The APA survey also found that Seattleites are handling their stress better and in more healthy ways; more than half of them (55 percent) report that they turn to exercise or walking to relieve their stress, compared to 47 percent nationally. Furthermore, 15 percent of Seattle residents play sports to manage their stress compared to 9 percent of the general population.

How Seattle fares with the rest of America:

- 24 percent of Seattle residents report experiencing extreme stress (30 percent nationally)

- 74 percent cite money as a significant cause of stress (72 percent nationally)
- 74 percent cite their work as a significant cause of stress (68 percent nationally)
- 63 percent cite the economy as a significant cause of stress (69 percent nationally)
- 49 percent cite housing costs as a significant cause of stress (47 percent nationally)

"Psychologists first recommend taking pause and not panicking. While there are some unknown effects in every economic downturn, our Nation has experienced

## We are especially thankful for your membership and support in the coming year...

recessions before. There are also healthy strategies available for managing stress during tough economic times." APA, with the help of Nancy Molitor, PhD, offers several tips to help deal with stress about money and the economy:

- **Pause, but don't panic.** There are many negative stories in newspapers and on television about the state of the economy. Pay attention to what's happening around you, but refrain from getting caught up in doom-and-gloom hype, which can lead to high levels of anxiety and bad decision making. Avoid the tendency to overreact or to become passive. Remain calm and stay focused.

- **Identify your financial stressors and make a plan.** Take stock of your particular financial situation and what causes you stress. Write down specific ways you and your family can reduce expenses or manage your finances more efficiently. Then commit to a specific plan and review it regularly. Although this can be anxiety-provoking in the short term, putting things down on paper and committing to a plan can reduce stress. If you are having trouble paying bills or staying on top of debt, reach out to your bank, utilities or credit card company for help.

- **Recognize how you deal with stress related to money.** In tough economic times some people are more likely to relieve stress by turning to unhealthy activities like smoking, drinking, gambling or emotional eating. The strain can also lead to more conflict and arguments between partners. Be alert to these behaviors — if they are causing you trouble, consider seeking help from a

psychologist or community mental health clinic before the problem gets worse.

- **Turn these challenging times into opportunities for real growth and change.** Times like these, while difficult, can offer opportunities to take stock of your current situation and make needed changes.

Think of ways that these economic challenges can motivate you to find

healthier ways to deal with stress. Try taking a walk — it's an inexpensive way to get good exercise.

Having dinner at

home with your family may not only save you money, but help bring you closer together. Consider learning a new skill. Take a course through your employer or look into low-cost resources in your community that can lead to a better job.

The key is to use this time to think outside the box and try new ways of managing your life.

- **Ask for professional support.** Credit counseling services and financial planners are available to help you take control over your money situation. If you continue to be overwhelmed by the stress, you may want to talk with a psychologist who can help you address the emotions behind your financial worries, manage stress and change unhealthy behaviors.

On a positive note, the APA survey also found that Seattleites are handling their stress better and in more healthy ways; for example, more than half of them (55 percent) report that they turn to exercise or walking to relieve their stress, compared to 47 percent nationally. Furthermore, 15 percent of Seattle residents play sports to manage their stress compared to 9 percent of the general population.

We will all get through this. Let's make 2009 a year we succeed by sticking together. The very best to you and yours.

Doug Wear, PhD  
Email: [dwear@wapsych.org](mailto:dwear@wapsych.org)

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# Calendar of Events

For more information, other meetings and updates, check the Calendar of Events at [www.wapsych.org](http://www.wapsych.org).

- Jan 7 Executive Board Meeting– Seattle, WA
- Jan 9 CE—Legal/Ethical Risks & Risk Mgt– Vancouver WA  
(see page 9)



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