



# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



## 2011 Fall Newsletter



## The President's Message



By Susan O'Grady, Ph.D.

You don't appreciate *not* having a toothache until you have a toothache. Sitting in the dentist's chair last week, I was asked if my tooth ached. I paused for a long moment, and then replied, "ache is a very vague term". We both laughed. Pain is difficult to measure. Equally difficult to measure is joy-- elusive and fleeting.

Thich Nhat Hanh used the toothache analogy when he spoke to a group of therapists many years ago. "When you have a toothache, you are enlightened—you know something very important—that not having a toothache is a wonderful thing. "

He further elaborated; "when you do not have a toothache, you don't seem to enjoy it—peace is there in the present moment, but we find it boring and that is why we look for something more exciting". It feels so good when a toothache finally goes away. If only we could appreciate the absence of that pain all the time.

Not all pain can be resolved by a dental procedure. We are surrounded by pain in our work. We see so many varieties of suffering, some themes repeated like a familiar chorus, others particular and unique to a single human being. Our hearts ache with the daily news from places both remote and in our own backyards. But when we experience extraordinary pain, we remember how fortunate we were for the time when pain was absent. Most of the time, however, we slug through our days, not noticing the absence of pain.

During the root canal, I listened to a favorite playlist on my iPod. Steve Jobs had died a few days before. I could not help but silently thank him for the music that distracted and entertained me, drowning out the sound



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of the drill. Like many, I shed tears when I heard the news of the great man's death. Grief is too strong a word for my feelings. Rather, I felt a tender softness for the man I never met, for he enhanced my life at almost every turn. From the podcasts that enrich me, to the MacAirbook that keeps track of my notes and projects, power points and photos, to the iPad that keeps me from double booking my clients (most of the time) and gives me a library full of books, and finally to that most magical of devices, my iPhone—that lets me check the weather, the news, the map, and gives me countless sources of entertainment.

Technology has enhanced our lives. We have become experts at multitasking. But it is in the moments of quiet, when our senses are awake, that we can feel the absence of ache.

Autumn has arrived. October is my favorite month. It is the month of my birth, but that is not the main reason I love it. I love the long shadows and the harvest moon. The light and the darkness meld into one another as the center of day holds until it succumbs and leaves the evenings long, for soup, for hearth, for stories.

And with the arrival of autumn, the holiday season approaches. Our clients feel the tug of opposing emotions—joy, gratitude, resentment, disappointment. We listen. And we try to help integrate their dark and light.

But at the end of the day, we must shed our helping selves for a time, so that we can appreciate the absence of ache. So that we can enjoy the moments that, when strung together, give us that delicious taste of all that is good in our lives.

“Be hungry, be foolish.” Mr. Jobs spoke that advice at Stanford after hearing of his cancer diagnosis. As we head into this holiday season where autumn fades into winter, let's remember to be hungry for creative urges, for love, and for all that feeds us around the hearth. In

our consulting rooms as we listen deeply to our clients as they work with their pain let us be present.

I remind myself to be playful, and look for newness even if it seems foolish. Mindful living is to be in touch with life—in order to enjoy the presence of your non-toothache.

CCPA has had a full year. We have sponsored some notable workshop. Many thanks to Drs. Scalin and Stager for their coordination of these events. We have hosted social gatherings, including our holiday party, the summer BBQ, and monthly first Fridays. We continue to develop networking opportunities and mentoring relationships for early career psychologists. Our two past presidents, Dr. Goldberg- Boltz and Dr. Smith, are feverishly sending out emails to recruit members for their newly forming groups. Consider joining them as they develop these important services to our community.

Dr. Friedman, our GAC chair, is organizing a Meet & Greet with our representative, Joan Buchanan, for the annual Business Meeting and CE workshop. Please join us in welcoming her. You will have the opportunity to ask questions, and to discuss issues that impact psychologists and our clients in this county.

We look forward to our holiday party on December 2, and to our annual business meeting and CE workshop on January 27. We are planning another membership survey to get input and suggestions for 2012 programs. Our membership is strong, and we continue to attract new members. Dr. Tuchman, Membership Chair, manages the membership data, which is no small task. The Find-a-Psychologist page on the website is not only a valuable resource for the public; it is a vehicle for our membership to find colleagues and groups for referrals. Dr. Wood, our Newsletter Editor, and Dr. DiDomenicis are tweaking the website to include the ongoing and newly forming groups, so they can be easily found on our website. I hope to see you at our holiday party! ♦



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### Notice to CCPA Members

We are going green!

After much discussion, the board has decided to publish the quarterly newsletter in electronic form only. We will continue to send an access link out to the listserv with each new publication.

Please notify Sarah E. Wood, Ph.D. at [sarahewoodphd@yahoo.com](mailto:sarahewoodphd@yahoo.com) if this poses a problem for anyone.

This edition and all future editions will be electronic- also always available on our association website, [www.cocopsych.org](http://www.cocopsych.org).

Thanks,  
Your Editor

## Government Affairs

### Helmet Bill

The major news that we have in this area is, unfortunately, disappointing. As many of you are aware, Governor Brown vetoed a bill requiring children to wear helmets while skiing or snowboarding. This was a bill that had been developed by CPA and promoted over a two year period. It was a major legislative goal at CPA based both on our concern about public safety and as a means of developing a positive working relationship with the legislature. We were able to obtain legislative support along with endorsements from a variety of other groups, including medical associations and ski industry associations. In fact, the only negative view of the bill came from Governor Brown, despite information that more than 60% of children's ski injuries on the slopes could be prevented by use of helmets. Governor Brown was not swayed by this information. Instead, he commented that all public problems do not need a law, and he characterized this as "nanny" government.

It is uncertain where this endeavor may head in the future. The legislative sponsor of the bill, Senator Yee, is now running for Mayor of San Francisco, so it is questionable whether he would devote effort into it for the coming legislative session.

For the future, we, as psychologists, can continue to counsel parents of children that it is in their best interest to enforce a parental decision that children use helmets. It is also, obviously, not a bad idea for the parents to use helmets as well.

We do have some future planning regarding governmental affairs activities. We will be inviting one of our state legislators to meet with us at our January CE meeting. We can anticipate a brief presentation from a legislator as part of what CPA terms a "Meet and Greet". Our goal in inviting a legislator is to, again, develop a better working relationship with the people who define the scope of our practice. ♦



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## Early Career Group



### A Blockbuster in the Making!

Friday Oct 14 the Early Career Psychologists' (ECP) Group met from 5 – 6 pm in the office of Dr. Candia Smith. There were 6 ECPs and 3 Mentors there. A great start! There are other mentors who were not able to make this meeting.

What is an ECP Group for? CCPA has begun this service to support those members who have been out of school just a few years. We also welcome members who are still students thinking ahead to their shift into professional careers. Seasoned members of CCPA have volunteered to be mentors, available for complimentary brief consultations and to share their expertise in our field.

The meetings allow some time for networking and getting known, a presentation and discussion of the presentation. Meetings will be 60 – 90 minutes depending upon the topic.

The Group will meet once month (with the exception of July and August) on the second Friday of the month. Our format will trade between clinical topics and business topics as follows

- November 11 – Dr. DiDomenicis on Marketing.
- December 9 – Dr. Sucre a case and her consultation process.
- January 13 – Dr. DiDomenicis on use of the Web for Marketing
- February 10 – Dr. Smith on Informed Consent a Neurofeedback case.
- March 9 – Dr. Bernstein on Practice Management
- April 13 – Dr. Orzech a case
- May 11 – The topic will be Insurance, speaker TBA
- June 8 –Various perspectives on the treatment of Anxiety

This group will have their own listserve to keep us connected. Dr. Nicole Sucre has graciously volunteered to manage the Google Group for that list serve. If you plan to participate in future meetings you can email Dr Sucre at [nicolesucre@gmail.com](mailto:nicolesucre@gmail.com) to be included in the listserve.

The group will continue to generate the topics from our interests. The group has expressed an interest in having a senior member come in to talk about working within larger facilities. Is there anyone out there who would like to take this topic? The offices of The Advanced Therapy Center are available to this group. If any member would like to host in their own office we will travel!

We are also looking for people to serve as Ambassadors to the local Graduate Programs in Psychology. Dr. Sarah Woods is our Ambassador to JFK. Anyone interested in approaching the Wright or Alliant?

If you know any students or ECPs who are not members of CCPA already, please pass the word to them of this valuable educational and networking service. Don't forget to mention the lower dues for students and ECPs! This is a great group of earnest and motivated people! Join us. ♦



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### The New Professional Network Meetings

Current economic conditions have stressed our clientele and our practices. Most of us find that we are working harder to obtain quicker results, charging lower fees, and looking for strategies to increase business. For those of us who practice independently, the work can be isolating and draining. Increased pressure to compete in the market-place can be stressful and alienating. But if we work together, we can generate new strategies to meet these challenges.

The Professional Network is a new forum for CCPA members to meet in a casual atmosphere to discuss such issues, share resources and support, and strengthen our professional community. The objectives of the meetings are to:

- develop peer-support and opportunities for networking
- discuss professional issues, including difficult cases, literature and new interventions, legal and ethical issues, avoiding burn-out, etc.
- exchange resources and information
- generate strategies to promote our practices and adapt to the pressures and changes in our profession

The meetings take place at the office of Karyn Goldberg-Boltz, on the third Friday of each month, at noon. It will be a drop-in, brown-bag lunch format. Beverages and dessert will be provided, so please RSVP.

Karyn Goldberg-Boltz:

2930 Camino Diablo, Suite 305; Walnut Creek 94597

RSVP: [\(925\) 788-7888](tel:9257887888) or [karyn@drgoldbergboltz.com](mailto:karyn@drgoldbergboltz.com) ♦

## CPA Corner

### Progress Notes

#### Private Exchanges Offer Yet Another Alternative to Group Plan

**Companies that want to continue providing benefits to employees while keeping a tight rein on costs are the target audience.**

*Excerpts from [amednews.com](http://amednews.com) article*

**By Emily Berry, [amednews](http://amednews.com) staff**

With potentially more than 50 state-based versions of a public health insurance exchange set to emerge by 2014, another version of a post-health reform insurance market is emerging: the private exchange.

A private exchange is an existing concept taking on a new name. The idea also has been pitched as a "defined benefit" plan and has been part of a package with a health reimbursement account. Simply put, a private exchange is an alternative to a group health benefit plan. Rather than paying a portion or all of a premium, an employer pays each of its workers a flat amount and sends each to choose his or her plan.



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### Here's how a private health exchange works

An employer decides what it can afford to pay for health benefits -- for example, \$1,000 per employee per month. Rather than enrolling every employee in the same plan and using the \$1,000 to pay for a portion of a premium, the employer puts \$1,000 in an account for each worker.

Then one of two things happens: One, the employee works with a third party that acts as a clearinghouse. The worker chooses from any plan available in the individual market, with the clearinghouse administering the employee's HRA, and helping connect brokers and health plans with the employees who want to buy coverage.

Under the second scenario, the employer sends the worker to a third party that gives him or her a limited set of choices, for instance a range of plans offered by the state's Blues plan. (Sen) described this option as a kind of "walled garden" where employees can choose coverage.

The "supermarket" and "walled garden" options could be expanded in 2014, when state-sponsored public health insurance exchanges launch. Then the employee might choose between spending that \$1,000 in the public exchange and buying something in the individual market.

A private exchange would be a better deal for the employer than not offering health benefits, because the company can still reap the tax advantage of offering health benefits and avoid the penalty that would apply to companies with 50 or more employees if they decided not to offer benefits, analysts said.

Rick Lindquist, director of sales at Zane Benefits, a private exchange clearinghouse, said the private exchange option is likely to be attractive to employers in a few categories:

- Small businesses that do not offer health benefits.
- Any business struggling with annual increases in premiums.
- Large companies who want to stop spending so much on health benefits but don't want to lose workers or risk employees being sick and uninsured.

### Medicare Battles Depression: Payment Parity Aims to Increase Treatment

**The many Medicare patients who are depressed have had inadequate coverage for mental illness. That situation is changing.**

Excerpts from [amednews.com](http://amednews.com)

By Charles Fiegl, [amednews](http://amednews.com) staff

Medicare payment for mental health treatment, which for decades placed a higher out-of-pocket burden on patients than treatment for physical disorders, soon will be put on par with the program's other areas of coverage.

To professionals who are treating seniors and disabled people for depression -- or who want to be doing more -- the moves are long overdue. One in six persons older than 65 has the condition, according to a recent Centers for Medicare & Medicaid Services memo.

Elderly adults, particularly white males, have higher rates of suicide than younger men and women. There are 47 suicide



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deaths per 100,000 people among white men 85 or older in 2007 -- well above the national rate of 11.3 suicides per 100,000 people. The highest rates of suicide are among older white men who are divorced or widowed. Medicare always has covered treatment of mental illness. But starting Jan. 1, 2012, the program also will cover preventive screenings for depression and, in a separate policy proposal, alcohol misuse.

### Pay parity within sight

Congress passed a law in 2008 to change the 50-50 arrangement for mental health services. The Medicare Improvements for Patients and Providers Act transitions mental health patients from a 50% co-pay to a 20% co-pay by 2014. The co-pay is down to 45% this year.

Still, some say the current Medicare fee-for-service system is not conducive to tackling depression rates in the U.S. They say alternative payment systems, such as a medical home model in which a primary care physician closely coordinates care with nurses, social workers, psychologists and other professionals, would be more ideal.

### Highs and lows

Nearly one in four Medicare patients in the Miami area had a diagnosis of depression in 2008. Physicians point to local efforts aimed at identifying mood disorders, but fraudulent billing also might be helping to drive up the depression diagnosis rate. While seven other U.S. metropolitan areas had depression rates of 14% or more, eight had rates below 8%. Sources: Centers for Medicare & Medicaid Services, Institute of Medicine

### The road to fairness

Medicare is phasing in a 2008 mental health parity statute that lowers the 50% co-payment for outpatient mental health services that has been program policy since 1965. Patients already pay only a 20% co-pay for most outpatient services covered by Medicare. Source: American Psychiatric Assn. Carlsbad, California

Metropolitan Area	Rate Highest	Metropolitan Area	Rate Lowest
Miami	22.6%	Honolulu	5.7%
McAllen, Texas	15.2%	San Mateo County, Calif.	7.0%
Akron, Ohio	14.7%	San Jose, Calif.	7.0%
Corpus Christi, Texas	14.5%	Phoenix	7.5%
Bangor, Maine	14.3%	San Luis Obispo, Calif.	7.6%
Worcester, Mass.	14.2%	Florence, S.C.	7.6%
Covington, Ky.	14.0%	Anchorage, Alaska	7.6%
Portland, Maine	14.0%	Mesa, Ariz.	7.6%

Year	Medicare pays	Patient pays
2009	50%	50%
2010	55%	45%
2011	55%	45%
2012	60%	40%
2013	65%	35%
2014	80%	20%



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### Antipsychotics Increasingly Prescribed for Anxiety

**Jonathan Wolfe**

**Excerpts from Psychiatric News**

Researchers find a significant rise in antipsychotic prescriptions for patients diagnosed with anxiety disorders, despite limited studies on safety and efficacy of the medications for these disorders.

Antipsychotic medications that have been approved for use in treating serious mental illnesses such as schizophrenia and bipolar disorder are increasingly being prescribed by office-based psychiatrists in an off label use for patients with a range of common anxiety disorders.

This finding, published online July 28 in *AJP in Advance*, may signal psychiatrists' increased willingness to explore alternative medication regimens for patients resistant to more conventional forms of treatment for anxiety disorders, noted study authors Jonathan Comer, Ph.D. of Boston University's Center for Anxiety and Related Disorders; Ramin Mojtabai, M.D., Ph.D., of the Mental Health Department at Johns Hopkins Bloomberg School of Public Health; and Mark Olfson, M.D., M.P.H., of Columbia University's Department of Psychiatry.

However, the researchers also encouraged psychiatrists to monitor their non-approved use of antipsychotics and called for further studies investigating the risks and benefits associated with this form of treatment for anxiety disorders.

The complete article is available online at:

<http://pn.psychiatryonline.org/content/46/17/20.1.full?roi=echo3-9727672573-6633003-c00940b9f4fb153fcc79fc0bde2381a4&etoc> ◊



## Disaster Response



### They Expect Us to Be There

Not long ago, few people recognized the need for psychologists to be among the first responders at disaster sites. But this year, as APA's Disaster Response Network marks its 20th anniversary, a psychologist at the scene is a regular and welcomed sight.

**By Christopher Munsey**

*Monitor Staff*

September 2011, Vol 42, No. 8

Print version: page 80

Valerie Cole, PhD, arrived in Joplin, Mo., on May 24, less than 48 hours after a tornado plowed through the town, killing more than 130 people, injuring hundreds more and destroying thousands of homes and businesses. When she arrived, rubble stretched as far as she could see.

"You could just feel the despair, and the sadness and fear," says Cole, senior associate for disaster mental health for the Red Cross.



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For four days, Cole organized disaster mental health training sessions for local psychologists and licensed mental health professionals, and psychological first aid instruction for Red Cross volunteers. She also visited shattered neighborhoods and talked with survivors at shelters and assistance centers. Just listening to people tell their stories can give them the strength to keep going, Cole says.

"It really helps them cope, in a very fundamental, basic way," she says.

Listening is central to the outreach APA's Disaster Response Network has provided since it was established in 1991. In the past 20 years, DRN members have responded to the country's greatest disasters, from the 9/11 attacks to 2005's Hurricane Katrina to this spring's onslaught of tornadoes and floods.

"We've definitely become more integrated into the disaster response system, and they expect us to be there," Cole says.

### **3,000 psychologists strong**

The DRN started in 1991 as a statement of understanding between APA and the American Red Cross. The two groups pledged to work together to address the mental health needs of people affected by natural and other disasters.

One of the events that prompted the DRN's creation was the 1989 crash of United Airlines Flight 232 at the Sioux City, Iowa, airport. A total of 111 people died, but 185 passengers and crew survived. When he heard the news of the crash, Gerard Jacobs, PhD, a psychology professor studying stress at the University of South Dakota, and colleague Randy Quevillon, PhD, called the Sioux City chapter of the Red Cross to ask whether they wanted a psychological response team at the crash site. "They said, and I quote, 'As many as you can, and as quickly as you can,'" remembers Jacobs. Quevillon led the more severely injured to the hospital while Jacobs led more ambulatory survivors. "We were basically the only mental health effort going on at that point," Jacobs says.

Red Cross officials remember the Sioux City crash as a key moment when attention shifted to addressing people's mental health after a disaster, says Rob Yin, who directs the American Red Cross Disaster Mental Health program. "There was significant emotional distress observed in the Red Cross volunteers who were responding, and it was significant enough, and above average enough, to cause people to think maybe we need a specific activity to support volunteers and survivors," Yin says.

Today, the DRN is a nationwide network of 3,000 volunteer psychologists who respond nationally and locally when disaster strikes. These psychologists don't deliver a 50-minute hour of therapy when they encounter survivors. Rather, they impart coping skills, offer emotional support and help survivors restore their individual problem-solving skills.

DRN psychologists played a critical role in responding to the 9/11 terrorist attacks, helping survivors, family members and responders at the World Trade Center and the Pentagon. So far, though, DRN's largest response came in the wake of hurricanes Katrina and Rita in 2005. Almost 900 psychologists traveled to the Gulf Coast for two-week stints to assist survivors and Red Cross workers. A few hundred more psychologists worked with local governments and Red Cross chapters offering shelter and support to hurricane evacuees nationwide.

### **Evolving to meet the need**

As a result of these and other crises, the DRN has evolved to improve its coordination and services. For instance, the



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DRN has focused more of its efforts on working with state and local governments. DRN volunteers are also helping local Red Cross chapters respond to specific events in their communities, such as fires that displace families, workplace shootings and industrial accidents. Such local work allows DRN psychologists to use their training to help people, but doesn't demand a two-week commitment away from home, says DRN Director Margie Bird. For example, DRN volunteer Kit O'Neill, PhD, of Fargo, N.D., helped organize psychologists throughout North Dakota to be on hand for flooding victims this spring and summer. Working with the state's department of human services, O'Neill organized psychologists to provide telephone support for families in rural counties that lacked access to mental health care.

In another shift from 20 years ago, the DRN focuses on building resilience before a disaster, not just during and after. The latest version of the Red Cross Psychological First Aid course—designed with input from DRN psychologists—teaches resilience and coping skills to everyone for the stresses of everyday life and disaster. Incorporating content from APA's Road to Resilience material, the course's goal is strengthening individual and community resilience before a disaster strikes, and giving people tools to help themselves, and their neighbors, cope better if the worst happens, Yin says.

Today's DRN is also helping to better address relief workers' needs. Last year, the DRN's Advisory Committee helped design a self-screening tool for Red Cross volunteers to identify those having trouble after working at a disaster scene, in order to offer follow-up assistance. DRN psychologists are also working on a predeployment screening for Red Cross volunteers to identify those who might not be in a good position to spend two to three weeks at an out-of-state disaster scene, Yin says.

In another psychologist-driven change, the Red Cross is also using PsySTART, a psychological triage tool that helps volunteers and responders identify survivors who might need more long-term help. Developed by DRN psychologist Merritt "Chip" Schreiber, PhD, who also serves as the Red Cross co-state disaster mental health adviser for southern California, PsySTART also tracks where mental health resources are needed most by mapping the number of people exposed to multiple risk factors.

The DRN is a vital "force multiplier" for the Red Cross's efforts, says Yin. "We have more volunteers, happier volunteers and better-informed volunteers because of the DRN." ♦





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### LIST OF GROUPS

#### A Healthy Divorce/Separation Group

Meeting Day: Monday's  
Meeting Time: 6:00 – 8:30pm  
Group Leader: Shendl Tuchman, Psy.D.  
Contact Number: 510-201-3435  
Email: dr.tuchman@earthlink.net

#### Chronic Pain/ Illness Support Group (ages 30–65)

Meeting Day: Wednesdays  
Meeting Time: 12:15-1:45pm  
Group Leader: Ann Steiner, Ph.D., MFT, CGP  
Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)

#### Breakthrough Weight Loss and Maintenance Group

Meeting Day: Wednesday's  
Meeting Time: 6:00- 7:30pm  
Group Leader: Candia Smith, DMH  
Contact Number: (925) 254-7823  
Email: candia.smith@comcast.net

#### Consultation/ Support Group for licensed psychotherapists

Meeting Day: Bimonthly Thursdays  
Meeting Time: 10:45am-12:15  
Group Leader: Ann Steiner, Ph.D., MFT, CGP  
Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)

#### Men' s Group

Meeting Day: Monday's  
Meeting Time: 7:30 -9:00pm  
Group Leader: Bruce H. Feingold, Ph.D.  
Contact Number: (925) 945-1315

#### Therapy group for psychotherapists (ages 28–60)

Meeting Day: Thursdays  
Meeting Time: 9:00am-10:30  
Group Leader: Ann Steiner, Ph.D., MFT, CGP  
Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)

#### Mindfulness–Based Stress Reduction Class

Group Leader: Susan O'Grady, Ph.D.  
Contact Number: 925-938-6786

#### Dialectical Behavior Therapy Group (ages 19+)

Meeting Day: Tuesday  
Meeting Time: 5:30-7 PM  
Group Leaders: Elizabeth Rauch Leftik, Psy.D.  
Sarah E. Wood, Ph.D.  
Contact Numbers: Dr. Rauch (415) 531-7638  
Dr. Wood (925) 680-1844

#### Women in Sobriety

Meeting Day: Wednesday's  
Group Leader: Sara E. Fisher, Ph.D.  
Contact Number: (925) 256-8280  
Email: saraefisherphd.com

#### Dialectical Behavior Therapy Group (ages 13–18)

Meeting Day: Tuesdays  
Meeting Time: 3:30 – 5:00 PM  
Group Leaders: Elizabeth Rauch Leftik, Psy.D.  
Sarah E. Wood, Ph.D.  
Contact Numbers: Dr. Rauch (415) 531-7638  
Dr. Wood (925) 680-1844

#### Over 50 Relationship Focused Process Group (ages from 50 to 65)

Meeting Day: Wednesdays  
Meeting Time: 5:00-6:30pm  
Group Leader: Ann Steiner, Ph.D., MFT, CGP  
Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)



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## Contra Costa Psychological Association Annual Membership Renewal

2012

The end of the year is upon us. Time to renew your memberships in a host of associations you belong to. We are so happy that you count us among them. In these economic times it is so important to keep our connections to each other and support the profession. There are so many unknowns and so many opportunities for connection.

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

- The Annual Holiday Party (December)
- The Annual BBQ (September)
- First Friday social networking, a monthly get-together at Scott's in Walnut Creek. Please think about joining us and having a great way to wind down from the week to kibitz and schmooze with your colleagues on the first Friday of every month. It is a great way to get to learn about the resources in the area and to let others know about yours.

We had great turnouts for the events and hope more of you will join us in the future.

We are always thinking of ways to increase the value of CCPA for our members. Two new opportunities for connection and growth are getting under way:

**Early Career Psychologists** - Under the guidance of Dr. Candia Smith, seasoned psychologists will meet with early career psychologists to mentor them through getting their practices under way. The 2nd Friday of the month at 5pm.

**Networking Meeting** - Dr. Karyn Goldberg-Boltz has organized a meeting for members to discuss many aspects of our work together and to create a supportive and discuss the various issues facing us. The 3rd Friday of each month.

**Check the listserve and the newsletter for more information about both.**

### MEMBER BENEFITS

You can keep on top of the Continuing Education events through the CCPA listserve as well as at our website: [www.cocopsych.org](http://www.cocopsych.org).



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

The CCPA listserv makes it possible to:

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

**For those of you who have psychological assistants, we hope you encourage (or perhaps require?) them to become members of CCPA. The association provides an excellent opportunity for them to meet and network with established members in their field. What better way to let others know they are in practice and taking referrals in their particular area of expertise. I'm happy to talk with you more about this as we are well aware that bringing new psychologists is important to maintaining the lifeblood of the Association.**

**This year we have reduced the Student fee from \$50 to \$20. We are hoping this will make it easier for students to find CCPA a place they can afford. We are working on establishing programs for them that will help them get a head start on the work they have chosen.**

Most importantly, we want to thank the membership for continuing to support CCPA. It would be much more difficult to offer the services that you have come to expect, without it. As an organization, we are trying to add value by exploring ways to bring in new members, experts able to speak on a variety of cutting edge topics and to set up functions designed to meet the dynamic needs and interests of the membership. Thank you all for continuing to be members of CCPA and helping to make it the successful Association it is today.

### HOW TO RENEW

There are a number of options for renewing your memberships:

1. Renewing through the US mail:

You may send in your check without including a Renewal Application unless there are changes to your information such as your address, email address, etc.). If there are any changes that we need to make to our records, please use the Renewal Application included in this mailing

Please send your checks to:

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



# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



## 2011 Summer Newsletter

2. To renew from the website, go to [www.cocopsych.org](http://www.cocopsych.org)
- Log in through the Members Corner. (Instructions to get into the Members' Corner are below)
  - Click on Renew Membership
  - Review the online renewal application. If there are any changes, make the corrections and click on the Submit button. You may download a Word document or open an Adobe Acrobat file to print, fill out and mail it.
  - You may send a check or use PayPal to make your payment
3. You may use PayPal to pay your dues without doing it from our website if you have your own PayPal account and provide the CCPA payment email address:

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

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

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

Please contact me should you have any questions.

Shendl Tuchman  
Membership Chair  
925.201.3435 ♦





# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



## 2011 Summer Newsletter



### Contra Costa County Psychological Association 2011 Board of Directors & Committee Chairs

**President:**

Dr. Susan O'Grady, Ph.D.  
925-938-6786  
susan@ogradywellbeing.com

**Past President:**

Candia Smith, DMH  
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**President Elect:**

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**Secretary:**

Barbara Peterson, Ph.D.  
925-939-4147

**Treasurer:**

Marley Middlebrook, Psy.D.  
925-352-1038  
marleym@earthlink.net

**Membership Chair:**

Shendl Tuchman, Psy.D.  
925-201-3435  
dr.tuchman@earthlink.net

**Member at Large:**

Karyn Goldberg-Boltz, Ph.D.  
925-788-7888  
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**Program Committee Chair:**

Alissa Scanlin, Psy.D.  
925-283-3902  
drscanlin@pacbell.net

**Co-Chair:** Marc Komori Stager, Psy.D.

925-325-5022  
dr.marc@eastbayfamilytherapy.com

**Website Chair:**

Fran DiDomenicis, Ph.D.  
510-915-2647  
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**CLASP Representatives:**

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925-939-4147  
Ellin Sadur, Psy.D.  
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**CPA Representative & Government Affairs:**

Howard Friedman, Ph.D.  
925-933-5594  
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**Ethics Chair:**

Edward Abramson, Ph.D.  
925-299-9011  
abramson@jps.net

**Disaster Response Chair:**

Elizabeth Leftik, Psy.D.  
415-531-7638  
elizrauch@yahoo.com

**Historian:**

Andrew Pojman, Ph.D.  
925-944-1800  
apojman@pacbell.net



## Letter from the Editor



The CCPA newsletter is a forum for sharing information. I invite submissions about 1) groups that you offer, 2) reviews of workshops you have attended or book that you have found useful or 3) a variety of other topics relevant to the community. I also try and include an interview with a CCPA member in every edition, so if you would like to respond to a list of questions about yourself and your practice, please contact me. It is a great way to be better known within the organization.

Please consider contributing to future newsletters. The following dates are deadlines by which I must have your submission. Thank you in advance!

**January 1, 2012- Winter edition**

The following prices are in effect for advertisements:

1/4 Page Ad \$30                      1/2 Page Ad \$60

3/4 Page Ad \$100

(Advertisement for office space is free to CCPA members)

Email submissions by the deadline to

sarahewoodphd@yahoo.com ♦

# Contra Costa Psychological Association

## A member of the California Psychological Association

### 2012 Membership New and Renewal Application

Name \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**New Members:**  
**License#:** \_\_\_\_\_ **Year Licensed:** \_\_\_\_\_ **Clinical Experience:** \_\_\_\_\_ **License State:** \_\_\_\_\_

Are you a current CPA member?  Yes  No      Are you a current APA member?  Yes  No

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

**Return completed application plus dues to:**  
 Shendl Tuchman, Psy.D., 2 Crow Canyon Court, Suite 200, San Ramon, CA 94583

New members who are licensed two years or less are invited to attend one quarterly meeting free of charge.

<b>Full Member:</b> California Licensed Psychologist or Doctoral Degree in Psychology/Educational Psychology or Diplomate of the American Board of Professional Psychology ( <b>\$100 – Up to February 29<sup>th</sup>; \$120 – After February 29<sup>th</sup></b> )	\$100	<input type="checkbox"/>
<b>New member:</b> Joining between July 1 <sup>st</sup> and September 30 <sup>th</sup> (next year renewal period starts in the Fall)	\$51.50	<input type="checkbox"/>
<b>Student Member or Psychological Assistant*:</b> Please attach a copy of your current school I.D. or Psychological Assistant Certificate	\$20	<input type="checkbox"/>
<b>Emeritus Member:</b> Must be retired full-time (additional conditions apply, please contact us)	\$00	<input type="checkbox"/>
<b>Find-A-Psychologist:</b> This is a one-time fee for setting up your Enhanced Listing	\$50	<input type="checkbox"/>
<b>Voluntary CPA-PAC Contribution:</b> The CPA-PAC supports legislative activities to protect and promote the practice of psychology in California. This contribution is a non-deductible expense.	\$50	<input type="checkbox"/>
<b>TOTAL AMOUNT REMITTED:</b>		\$

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

**PLEASE READ THE FOLLOWING DECLARATION OF PROFESSIONAL ETHICS, AND THEN INDICATE YOUR CONFORMITY BY CHECKMARK AND SIGN AND DATE BELOW:**

I have never had action taken against me for unprofessional conduct by a licensing agency or professional organization. True  False

I have never been convicted in a court of law of a criminal charge. True  False

I am not currently being investigated by any of the above. True  False

The information that I have provided is true and verifiable. Yes  No

I adhere to the APA Code of Ethics. Yes  No

If you have answered false or no to any of the above, please attach a detailed letter of explanation.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_