

2016 Summer Newsletter

The President's Message

By Alissa Scanlin, Psy.D.



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Happy Summer CCPA! It's hard to believe how fast time is passing. The days are already getting shorter, and that seems impossible to believe. My heart is heavy as I write this and reflect on the violence that abounds in our world. It's hard to believe that the tragedy of Orlando has been so overshadowed by so many other terrors in so short a time. The Orlando attack on members of the Latino, LGBT community in June, was horrific, and 49 people died. Young Black men being killed by police in two separate areas of our country reminds us that racism is a deadly problem. The deaths of 5 police officers in Dallas were further evidence of the hatred that plagues our world. But as I write this for our newsletter, I am devastated by the news of 84 people killed in Nice, France during their Bastille Day celebration, and then the attempted military coup in Turkey that resulted in the deaths of over 200 people. Our world is experiencing incredible horrors on a 'regular' basis. Of course there have always been conflicts, but now the "information age" brings us such news in the blink of an eye. These events are a challenge to our profession and to our own sense of the world we live in. These events elicit many different reactions: shock, anger, sorrow and fear, just to name a few. No matter what our thoughts, we must also think about how these experiences impact our lives as we go forward. My hope is that we will focus on bringing positive energy into the world in every way we can. As I tell my clients, this is not easy; I don't use the "e-word", but that doesn't mean it isn't important; in fact, perhaps that makes being positive even more important.

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On July 21, our 2 CE dinner meeting will examine what it is like to be on the 'frontlines of terrorism', from a Parisian psychologist's point of view. Her presentation will look at the impact of such events for us as witnesses to such suffering, as we work with people experiencing PTSD from their experience of being in the midst of such tragedies. She will also discuss the pros and cons of various intervention modalities, as well as examining traumatic events from both the clients' personal perspective and the broader socio-cultural context.

On June 21, I had the opportunity to connect with members of the Sacramento Valley Psychological Association (SVPA). We met with Amanda Levy, the CPA Government Affairs representative, and we attended a session of the Assembly. Several bills were presented during the time we were there, and it was great to see our government in action. I got to hear comments on various bills from Catherine Baker, one of our local assembly members. It was a great opportunity to see what our representatives actually do. A brief write up about it from CPA is included in this newsletter. It is an event that SVPA and CPA are looking at doing on a regular basis. If you are interested in expanding your view of psychology at the governmental level, or in developing connections to other local psychological associations, this may interest you.

Perhaps you would rather become involved at a more simple level. I wholeheartedly encourage you to participate more in CCPA. We are a volunteer based association, and we are striving to improve our organization. We are especially hoping to involve more Early Career Psychologists and more students. In this newsletter you will find articles about two recent

projects: Dr. Theresa Schuman's report on her work with the Disaster Response Network, and Dr. Susan O'Grady's summary of responses to our recent member survey. Also, in the last newsletter I mentioned that CCPA is looking at ways to improve our processes for membership and event registration, where we have certainly had some challenges. These functions are connected to our website, and this project continues; Dr. Marc Kamori-Stager, our membership chair, and Dr. Romi Mann, our website chair, are investigating a variety of options. If you have suggestions, concerns, or experiences to share please feel free to contact the board at ccpaboard@yahoo.com or me at drscanlin@gmail.com, and I will pass your thoughts on to the board.

Although your board takes a break during July and August, that doesn't mean things aren't moving behind the scenes. Please save the date for our End of Summer BBQ on September 11, and look for details about our fall dinner CE on Ethics and Self-Care coming in October. We are also still enjoying our casual First Friday get-togethers at Scott's in Walnut Creek. I have included some pictures from our July 1 event. Please plan to join us in August!

My hope is that CCPA is, and will continue to be, a valuable asset to your professional development, as well as offering you opportunities to connect with other local psychologists. Please feel free to share your thoughts and feelings about ways our organization can improve and/or any suggestions for our CE events. Wishing us all more peace in the world! ♦

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Members' Corner

CCPA would like to welcome new members
Dr. Douglas Haldeman and Dr. Brandon Brawner

Douglas C. Haldeman, Ph.D., is a licensed psychologist and Chair of the doctoral program in Clinical Psychology (PsyD) at John F. Kennedy University. He has a background of 30 years in private practice, during which time he served as an adjunct professor at the University of Washington and a regional evaluator for the Federal Aviation Administration. Dr. Haldeman has served a variety of capacities in the American Psychological Association for the past 25 years, including a term on the APA Board of Directors. At present, he serves as the chair of APA's Council Leadership Team for the organization's legislative body. An APA Fellow of 12 Divisions, his lengthy record of scholarly publication encompasses the competent and ethical treatment of LGBT and other marginalized groups, the relationship between politics, culture and mental health, as well as linguistic diversities. He has lectured on these and other topics all over the world, as well as several guest appearances on the *Today Show* and *Good Morning America*. Dr. Haldeman currently serves as President-elect of the California Psychological Association, and worked extensively with other mental health organizations and the California legislature on passage of the nation's first law banning the use of conversion therapy with minors. He has been a Director on the APA Insurance Trust's Board of Trustees since 2009. He speaks four languages, and annually engages in humanitarian relief work with refugees in Sweden.



Brandon Brawner, Ph.D., I have been working with children, teens and families for 30 years, and adults, couples and seniors for 20. In the 1980s and 90s, I was a houseparent and counselor in group homes for delinquent teens, a teacher's aide in a special education school and a counselor in a residential treatment center for emotionally disturbed children. I also taught in junior high and high schools and was a rehabilitation group therapist in psychiatric hospitals. In the last 15 years, in addition to facilitating group therapy and seeing individuals and families in private practice, I have continued my work with children, teens, families and adults in day treatment programs and clinics. I obtained my Master's degree in Psychology from California Institute of Integral Studies in 1993 and PhD in Depth Psychology from Pacifica Graduate Institute in 2013.



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Dealing with Disaster: The Behavioral Health Response to the Flint Water Crisis

by Terry Schuman, Ph.D.
CCPA Disaster Response Chair

The folks in Flint Michigan found themselves in a community wracked by poverty, violence, substance abuse and trauma. That was the backdrop for dealing with the reality of having poisoned yourself and your children through the water supply. This was the topic for the Annual Disaster Response Annual Meeting which included a presentation by Nancy Kirsh, LMSW of Flint Michigan and Merritt Schreiber, PhD. the Chair of CPA's Disaster Response Network.

In 2014, as a cost savings measure, the town switched to using water from the Flint River without using anti-corrosive additives to protect the water from contaminants dumped into the River by the auto plants. Despite complaints and protests about the smell, taste, and appearance of the water, residents were told that the water was safe to drink. People were told to boil their water but later found out that hot water further leached lead into the water. People were confused and began distrusting those in authority. Dr. Mona Hanna-Attisha's first attempts to alert authorities of elevated lead levels in pediatric patients were ignored. By January 2015, 30,000 children and pregnant women had been exposed to lead poisoning. After her research was published in December 2015, the governor declared a State of Emergency in January of the new year. FEMA, Homeland Security, the U.S. Public Health Service, the National Guard, the Surgeon General, and the Red Cross responded.

The Genesee Health System (GHS), community mental health, organized the behavioral health response to the water crisis which set up crisis lines and provided counseling. Churches provided shelter and water. Work groups were established to coordinate services, educate residents, and provide maps on where to find resources. Staff and volunteers were trained in Psychological First Aid to identify anxiety, depression, and severe mental illness. "The Flint Cares" website was set up to disseminate the most current information. It required modification so that the large speech/hearing impaired and non-English speaking population could gain access. Undocumented residents were allowed to give false addresses in exchange for services. A Medicaid waiver was approved to expand eligibility for blood tests and case management services. The University of Michigan held nutrition classes on lead mitigating foods. Farmer's markets were encouraged since Flint has no chain grocery stores and the mom and pop variety are cost prohibitive for many.

What was the take away? They learned that the community pulled together and was resilient. They reasoned that if they got through other difficult life events, they could get through water contamination. Although the city returned to the original Detroit water, lead is still in the pipes which need replacement. Money, safe water, and plumbing are the greatest needs. Some residents continue to be distrustful. Residents are worried about what will happen after FEMA leaves in August 2016. Their concerted effort has been successful despite unimaginable obstacles. ◇

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Results of the 2016 Membership Survey

by Susan O'Grady, Ph.D.

Ethics and Professional Relations, Chair

Goals

The survey had two main goals: (1) Characterize the practice patterns of our membership with regard to work setting, services provided, income and professional satisfaction; and (2) Solicit opinions regarding general satisfaction with CCPA and how it can be improved.

Scope

The survey was conducted online using Survey Monkey and consisted of 40 questions. Respondents answered anonymously. Respondents totaled 40. The current CCPA membership is 74, making for a response rate of 54%.

Results - Practice Patterns

On average, respondents have been in practice for 22 years; 90% work primarily in private practice; Secondary work settings include college and school setting (9 members), public clinic (2 members), and clinical supervision (2 members.) How much time do respondents work providing direct service? The modal response was 21 to 30 hours per week (12 of 40 respondents; 31%). About 23% work 16 to 20 hours per week. Fifteen-percent work full time 31-35 hours per week, and about 5% work over 40 hours a week.

Individual psychotherapy is the most frequent service our members provide, with every respondent offering individual therapy. The second most frequent was couples therapy (21 members), family therapy (20 members) child therapy (18 members), psychological assessment (12 members), clinical training and supervision (12 members), (forensic assessment and consultation (11 members), neuropsychological assessment (10 members), public speaking (10 members), teaching (9 members), writing (9), research (8 members), and group therapy (7 members.)

The most common theoretical orientation is eclectic (42%), with cognitive-behavioral second at 31%, and psychodynamic at 25%. One member practices Jungian and one states that his/her orientation is family systems.

For the question, "Thinking about your professional life overall, how satisfied are you feeling with your work at this time?" About 37% say they feel very satisfied with their professional life; 55% feel mostly satisfied. Just three of 40 respondents expressed feeling somewhat dissatisfied. There were 30 comments:

My contribution, interesting patients, level of competence, engaged clients, level of engagement of clients in their change process, professional growth, feeling competent and making a difference, interesting patients who want to work

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vs whine, people feel better, self-care, seeing positive benefits with my work, being helpful to clients, meaningful work; fruitful collaboration with colleagues, positive teaching experiences, helping people, getting good results, seeing clients make the changes that increase their satisfaction in life, patients getting better and improving their lives, depth and quality of treatments, when the audience laughs at my jokes and applauds at the end, feeling like I am able to provide a positive therapeutic experience and successfully being able to bill the insurance I accept and be paid for my services, amount of paperwork for insurance, making a difference, and my personal growth.

Fees and Income

The hourly fee charged ranges from a \$110 to \$245, with a mean of \$156. Forty-nine percent of the members are the primary breadwinners for their household.

Thirty-one percent accept Medicare; most (69%) do not. The most common insurance panel is Anthem/Blue Cross with 40% participating; and Blue Shield at 20% but about 44% do not accept any insurance assignment. Other companies include UBH, MHN, and Value Options all with less than 15% participating.

Gross income from private practice varies considerably, ranging from less than \$25,000 per year to more than \$400,000 per year.

- \$25,000 or less 7%
- \$26,000-35,000 11%
- \$36,000-50,000 7%
- \$51,000-65,000 7%
- \$66,000-80,000 7%
- \$81,000-100,000 21%
- \$100,000-125,000 14%
- \$125,000-150,000 4%
- \$150,000-200,000 7%
- \$200,00-250,000 7%
- \$400,000 or more 7%

Gross income clustered in the \$81,000 to \$125,000 range. Twenty-one percent of respondents accept sliding scale clients. with a range of \$50 to 200. The modal sliding scale fee is \$100.

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CCPA Organization Issues

Most members responding to the survey regularly read CCPA listserve emails (57% read all or nearly all emails, 27% read more than half the emails, and 12% read the email occasionally). People find the listserve valuable but they say they would like more engagement and discussion from the members, more information about local MCEP information, more research articles, more participation from members, and accurate subject lines.

The large majority (77%) of respondents visit the CCPA website, and most use the Find-a-Psychologist (FaP) function; about 55% look at the membership list; and 51% read the newsletter on the site. Only 14% used the resource page. Of the respondents, about 68% are listed on the FaP. Of those who do not participate in the FaP, about 25% say they did not participate because their practice is full or they do not need the referrals. Interestingly, 38% admit that they never got around to filling out the on-line form, and several didn't know about the FaP.

Of those members who use the FaP, the majority use it to look up a psychologist to make referrals (69%), and most (65%) recommend it to people trying to locate a psychologist who takes their insurance or are looking for a specific psychological service. Several indicated that they receive referrals from the FaP.

We asked: "CCPA offers 4 quarterly dinner meetings that provide 2 CE units, plus dinner and time to socialize. Our January meeting provides 3-4 CEUs and includes lunch, and our yearly business meeting open to all members. We are always looking for speakers for these meetings and would welcome your input on how we can improve. What would you like to see in terms of topics, speakers, and venues?"

More than half of the respondents replied and suggested the following ideas:

- 1) *Medication, neuropsychology, biological bases of disorders.*
- 2) *More notice about events! Especially the January one. Also, it would help to vary the days of the week the quarterly meetings are offered since I work two evenings a week.*
- 3) *Same venue, please! More child/adolescent and family topics with specialists in that area (e.g., local child psychiatrists) on lesser known topics (Tourette's, ASD, pediatric medications).*
- 4) *Dr. John Preston and updates on medications and other established biological interventions.*
- 5) *I would like to see more of our own members be presenters.*
- 6) *New clinical approaches such as ACT.*
- 7) *ACT, emotion dysregulation for parents, OCD treatment of complex cases, grieving treatment, exposure for trauma/PTSD.*
- 8) *CBT strategies to enhance self-control, CBT for insomnia, mindfulness techniques for anxious children, positive neuropsychology, ways to improve decision-making skills.*
- 9) *Uses of marijuana for medical purposes, new treatments for anxiety and depression.*
- 10) *More topics geared to experienced therapists.*

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11) *Diversity discussions and topics on assessment.*

We asked: “We currently offer several social and networking opportunities. We host a summer BBQ, a catered holiday party, and a monthly First Friday happy hour. How can we improve ways to connect with each other?” The responses included:

- 1) *Topic-focused discussion groups.*
- 2) *Professional consultation groups*
- 3) *Find ways to build camaraderie between therapists. Perhaps a planned activity or something to facilitate new members integrating into the group. I’ve found most of the social events to be very cliquish and have had a hard time making connections with people I don’t already know.*
- 4) *Only wish I could attend more often!*
- 5) *These are great. I can’t get to everything.*
- 6) *It is great as it is.*
- 7) *It would be good to do a meet and greet sometimes so we can all know who each other are.*

The board has generated a number of potential opportunities to network and share information. Respondents checked as many as they would like.

- Special interest group or meeting regarding practice development—41%
- Special interest group or meeting regarding billing and bookkeeping—25%
- Special interest group or meeting regarding retirement planning—28%
- Special interest group or meeting regarding technology—44%
- Case consultation group—50%
- Social salons on topics of special interest that meet at member’s homes to discuss articles, case presentations, or specific psychotherapy interests for CEUs—47%
- Early career group—16%
- Self-care opportunities such as meditation group, yoga, hiking—31%

We asked: “We have discussed ways CCPA can be useful to our members for developing speaking opportunities. Would you be interested in giving a talk to colleagues about a topic on which you have expertise or a special interest? We think of this as a private ‘toastmasters’ club.” Responses: 26% said yes, 39% said no, and 34% said ‘maybe so’.

We asked what members thought we should do with our robust bank account balance.

- 65% would like more investment in nationally recognized speakers to improve our CE offerings.
- 41% would like more frequent CE meetings.
- 43% would like more advocacy activities for professional psychology.

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- 32% thought we should make charitable donations to organizations such as the Contra Costa Crisis Center.
- And, 27% said we should keep the funds growing.

Other suggestions for how to use funds: *pay for the member speaking opportunity, film or book club; invest in our website; give updates on Medicare issues, especially billing for PSQR; lower our membership dues; offer scholarships for students; lower the price of the CE meetings/dinners; offer higher honorarium for speakers. Other excellent suggestions included: improvements and marketing of our FaP to elicit referrals for members; fund activities that improve accessibility to services for the uninsured and underinsured; upgrade our event advertising and registration; and hire an assistant to increase CCPA's visibility through social media to help promote our organization, and increase membership and diversity.*

We asked members to share their ideas about how CCPA can increase diversity in our membership. The responses are combined into the following suggestions.

- 1) More outreach to recruit new members: Membership committee/BOD should directly contact (by phone or email) psychologists in key positions, e.g., training directors, public clinic directors, Kaiser clinics, jails, hospitals.
- 2) Speak at public places, organize topics for diverse communities and have a team of psychologists to go out into the community and speak. This would benefit all.
- 3) Speakers and maybe feature diverse members in the newsletter so we know who and where they are.
- 4) Use funds for advertising and outreach.
- 5) Be less cliquish, support early career members more, structured events to incorporate new and potential members.
- 6) Meet in other locations; do specific outreach to psychologists in west CCC; hold events in west CCC and east CCC; ask that speakers include aspects of diversity in all CE programs; publish info about physical accessibility in announcements for all events; invite more diverse speakers.
- 7) Perhaps form a committee to discuss and pursue different ideas, such as contacts to all local grad schools, all pre and post-doc internships, and pursue contact to public-lists of licensed psychologists practicing in CCC.
- 8) Allow those with a Ph.D. or Psy.D. in psychology who have other licenses to join, such as social workers, clinical counselors, MFTs, school psychologists, and be more inclusive of our sister organizations who house these licensures. I would like to see greater solidarity and collaboration among mental health providers in general.

We asked for ideas about how to increase early-career membership and received many excellent suggestions. The following represent some of the responses.

- 1) Offer a workshop on starting a private practice. Put together a consulting package on this and present to ECPs.
- 2) Several members suggested that we offer free membership for the first year. Have some of the experienced professionals offer one or two free professional development meetings.

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- 3) Create a buddy system, where someone can check in see what the person is looking for in joining.
- 4) We need to hear from those who don't join about what they would like to see. I have heard from others that CCPA is for older members who don't appear down to earth. Some folks don't feel comfortable approaching the organization for this reason.
- 5) Outreach to local professional schools, training support to early career members (especially CEs specifically related to the needs of early career members).
- 6) Several members suggested mentorship from our seasoned psychologists.
- 7) CCPA at times comes across as an organization in which there is no space for new people or new ideas.
- 8) Our county grad school is JFKU and so we do not currently have enough early-career support activities.

To the question "What can CCPA do to improve people's access to psychological services in areas of Contra Costa County that are currently underserved?" We had some excellent suggestions that included:

- 1) Identify psychologists practicing in East County and Richmond area and directly invite them to join CCPA; contact mental health clinics in those areas and ask about community needs.
- 2) Maybe worth a round table or brainstorming session. Years back I was on an interagency task force w/ juvenile justice etc. w/ the goal of reducing drug and alcohol use in adolescents.... Lamorinda could sure use something similar. Any involvement in prevention can also provide a gateway to treatment.
- 3) Host a mental health event for the community where people can come to learn more about dx, tx, assessment and mental health in general, of course alongside chiro, MD's, dentists, etc...
- 4) Disseminate campaign to the public about different psychological problems.
- 5) Several folks suggested offering pro bono services. Perhaps members could be encouraged to promise a (small) percentage of their practice to pro bono or a very reduced rate. Perhaps CCPA could offer (basic average fee) funding of selected hardship patients.
- 6) Low-fee service options and more people who take insurance.
- 7) CCPA can offer workshops for the community.
- 8) Could use newsletter to educate ourselves about county & non-profit agencies.
- 9) Outreach, outreach, outreach!

We asked how easy it was to renew membership this year: 68% said it was very easy, 16% said it was somewhat easy, and 5% said it was difficult. However, 10% stated that they registered and paid, but their payments did not get recorded, and several requested that renewals go back to the previous method of renewing on our website.

We wanted to find out how many read our quarterly newsletter, and in what format.

60% of respondents read most of the newsletters, 20% read the newsletter occasionally, and 10% skim the newsletter to find articles of interest, and approximately 7% rarely or never read the newsletter.

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Over 80% of respondents would like to see more member profiles of both new CCPA members as well as old-timers. Several suggested that the newsletter include up-to-date clinical material and highlights of previous MCEP for those who were unable to attend.

Only 20% said they would be willing to write an article for the newsletter.

Finally, we asked if the respondents would be interested in joining the CCPA board: 70% said no, and 24% said maybe, while only 2 respondents said yes.

Seven people said they would be willing to write for our newsletter. Please contact our newsletter editor, Dr. Sarah Wood.

I very much appreciate all the responses, especially to those who took the time to write in the text boxes. Your responses were direct and will be very helpful to the board in thinking about the coming year.

Susan O'Grady, Ph.D.

Ethics and Professional Relations, Chair ◇



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Letter from the Editor

The CCPA Newsletter is a forum for sharing information.

I invite submission about:

- 1) Groups that you offer
- 2) Reviews of workshops you have attended or book that you have found useful
- 3) A variety of topics relevant to the community.

Occasionally, I include an interview with a CCPA member, so if you would like to respond to a list of questions about yourself and your practice, please contact me. It is a great way to be better known within the organization. Please consider contributing to future newsletters. The following dates are deadlines by which I must have your submission. Thank you in advance!

| | |
|------------------|----------------|
| October 15, 2016 | Fall edition |
| January 15, 2017 | Winter edition |
| April 15, 2017 | Spring edition |

The following **prices** are in effect for advertisements:

¼ page ad \$30 ½ page ad \$60 ¾ page ad \$100

Note: Advertisements for office space are free to CCPA members.

All professional advertisements are free on the listserve for CCPA members.

Email submissions by the deadline to sarahewoodphd@hush.com ♦

CCPA Calendar of Events

Mark Your Calendars!

CCPA First Friday

Date: August 5th & September 2nd, 2016
Time: 5:30 – 6:30ish pm
Where: Scott's in Walnut Creek,
The outdoor bar area
1333 N. California Blvd.

Appetizers will be purchased by CCPA

Annual CCPA Barbeque

Date: September 11, 2016
Time: 4:00 – 7:00 pm
Where: The home of Dr. Alissa Scanlin
Watch the listserve for directions

RSVP to: Dr. Howard Friedman, 925-933-5594 [hjfhpd@jps.net](mailto:hjfphd@jps.net)

Include your Name, Address, License#, Phone and Email (All event locations are wheelchair accessible.
Please let me know if you need any special accommodations.)

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First Friday at Scott's

Alexis Smith-Bauman, Psy.D. & Julie Williams, Psy.D.



Terry Schuman, Ph.D. & her husband, John



Deirdre Moriarty, Ph.D. & Tom McCord, Ph.D.



Charlotte Ferrin, Ph.D. and Clare Friedman, Ph.D.



Alexis Smith-Bauman, Psy.D. & Romi Mann, Psy.D.



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List of Groups Currently Available

Men's Group

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

Men's Group

Meeting Day: Wednesday's
Meeting Time: 6-7:30pm
Group Leader: Bruce H. Feingold, Ph.D.
Contact Number: 925-945-1315

Mindfulness-based Cognitive Therapy

Meeting Day: Group meets for 8 weeks
Meeting Time: 5-7:00pm
Group Leader: Susan O'Grady, Ph.D.
Contact Number: 925-938-6786
Email: susanogradyphd@gmail.com
Website: www.ogradywellbeing.com

Dialectical Behavior Therapy Group (ages 19+)

Meeting Day: Wednesday's
Meeting Time: 9:30-11:00am
Group Leaders: Elizabeth Rauch Leftik, Psy.D.
Sarah E. Wood, Ph.D.
Contact Numbers: Dr. Rauch 925-314-6354
Dr. Wood 925-680-1844
Website: mtdiablopsychologicalservices.com

List of Groups Currently Available

Dialectical Behavior Therapy Group (ages 19+)

Meeting Day: Wednesday's
Meeting Time: 5:30-7:00pm
Group Leaders: Elizabeth Rauch Leftik, Psy.D.
Sarah E. Wood, Ph.D.
Contact Numbers: Dr. Rauch 925-314-6354
Dr. Wood 925-680-1844
Website: mtdiablopsychologicalservices.com

Interpersonal Psychotherapy Group: Co-ed

Meeting Day: Wednesday's
Meeting Time: 5:00-6:30pm
Group Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com

Chronic Medical Illness Group

Meeting Day: Wednesday's
Meeting Time: 12:30 - 2:00pm
Group Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com

Grief Integration Therapy

Meeting Day: Tuesday's
Meeting Time: 5:10-6:10
Group Leader: Nurit Mussen, Ph.D.
Contact Number: 510-912-2740
Email: n.mussen@gmail.com

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List of Groups Currently Available

Psychotherapy Group for Psychotherapists

Meeting Day: Thursday's
Meeting Time: 12:30 - 2:00pm
Group Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com

Psychotherapy Group for Pre-Licensed and Early Career Therapists

Meeting Day: Thursday's
Meeting Time: 9:00 - 10:30 am
Group Leader: Ann Steiner, Ph.D., MFT, CGP
Contact Number: 925-962-0060
Website: www.DrSteiner.com
Website: www.PsychotherapyTools.com

Mother's Group

With emphasis on parenting, relationships and
balancing work and family life

Meeting Day: Alternate Thursday's
Meeting Location: Walnut Creek
Meeting Time: 12:10-1:40pm
Group Leader: Fran Krieger-Lowitz, Ph.D.
Contact Number: 510-841-2007

List of Groups Currently Available

Women's Group

For women in their 20's and 30's with emphasis
on mental health challenges, intimacy,
professional identity and moving forward in their
lives.

Meeting Day: Alternate Tuesday's in Meeting
Location: Rockridge, Oakland
Meeting Time: 5:40-7:15pm
Group Leader: Fran Krieger-Lowitz, Ph.D.
Contact Number: 510-841-2007

DBT 102 Skills Group

For adults who have already completed a full
course of DBT skills

Meeting Day: Monday's
Meeting Time: 6:30-8:00pm
Group Leader: Patricia Zurita Ona, PsyD
Contact Number: 925-956-4636
Email: ebbehaviortherapycenter@gmail.com
Website: www.eastbaybehaviortherapycenter.com

Relationships 101

Group for teens who have already gone through a
DBT curriculum

Meeting Day: Wednesday's
Meeting Time: 4:30-6:00pm
Group Leader: Patricia Zurita Ona, PsyD
Contact Number: 925-956-4636
Email: ebbehaviortherapycenter@gmail.com
Website: www.eastbaybehaviortherapycenter.com

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2016 Board of Directors & Committee Chairs

| | |
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| President: | Alissa Scanlin, Psy.D. 925-283-3902 drscanlin@pacbell.net |
| Past President: | Howard Friedman, Ph.D. 925-933-5594 hjfphd@jps.net |
| President Elect: | Hengameh Maroufi, Ph.D. 925-791-5402 drmaroufi@hotmail.com |
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