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Upcoming Lunch Meetings



Date: Friday, January 9, 2015

Topic: Practicing with Personality: Creative Use of the Therapist's Self for Client Change.

Speaker: Enrico Gnaulati, PhD

Date: Friday, February 13, 2015

Topic: Always Connected: The Implications of Digital Communications for Health and Well Being

Speaker: Kaveri Subrahmanyam, PhD

PLEASE RSVP NO LATER THAN THE FIRST MONDAY OF THE MONTH TO YOUR INTERNET EVITE, OR TO THE SGVPA MAIL BAG INFO@SGVPA.ORG.

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Monthly luncheons are held on the second Friday of the month at the Women's City Club, 160 N. Oakland Avenue, Pasadena, from 12:00 to 1:45 p.m.

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PRESIDENT'S MESSAGE

Dear SGVPA Colleagues,

Hello to all of you, as your new president, as we usher in 2015.

This transition prompts me to look back, reflecting on the path behind us, and forward as I prepare to keep on going — with purpose. In the spirit of looking back, I am tremendously thankful for the leadership of Dr. Stephanie Law as the President of SGVPA for three years. She has truly been an activator, facilitator, and supporter of so many important events and achievements in our association. She started serving on the Board in 2007 as the Early Career Membership Chair, serving for four years. She also served as our Representative to CPA and LACPA, and on the Ethics Committee. In my opinion, Stephanie helped to create a real sense of community amongst early career people — students or newly licensed alike.

I remember going to meet 'n greets, social mixers, and other meetings largely organized by Stephanie, where I started to feel welcome and known in SGVPA. Stephanie mentored me quietly, encouraged me professionally, and shared her professional journey with me. I had met her in graduate school, as she mentored even then, and remember her saying to students as she spoke to a panel at our alma mater, "Do your work," encouraging students to commit to their own personal psychotherapy if they wanted to be psychotherapists themselves. It made an impression and I agree so much with her that our type of work really necessitates a willingness to face our own internal world.

(continued on p. 2)



She's served in many roles on the Board beyond president such as Governmental Affairs Chair, List-serv Moderator, and Secretary. I also believe she raised the bar in terms of our association's involvement in advocacy efforts. She tirelessly spoke and wrote to us about political issues and involvement and personally strengthened ties with local and state politicians such as Senator Ed Hernandez. She also vigorously promoted CPA's Political Action Committee, helping to raise funds, and raise awareness. I can still hear her saying, "Did you know that the PAC is the *only* organization that advocates for psychology in the State of California?" Before Stephanie shared that with me, I confess that I did not know... Under her leadership, SGVPA was awarded the "Chapter of the Year" by CPA in 2013, and grew in membership to over 200 people.

However, so much of the work of a good leader is hidden. I know Stephanie has toiled relentlessly behind the scenes privately meeting with members, building relationships and empowering action, organizing and planning for the many events our association has annually, and responding to association members' concerns and thoughts. I cannot say enough for her dedication to the association, and thus cannot truly thank her enough. I am confident many of you feel the same. Maybe we could all onslaught her with gratitude. She deserves it.

In terms of looking forward to what our association will do as I step into the role of president, I have many hopes. I hope we continue the work of advocacy for our field. We need to, we really do. Legislation is presented every year that directly impacts our field and our clients' lives. I hope we continue to be a growing as a community that welcomes and supports psychologists in their varying stages of professional and personal development. I love our history of connecting folks in mentoring relationships. Let's continue... I hope that we continue to challenge each other intellectually and clinically by offering compelling continuing education, seminars, and spontaneous dialogue thorough our List-serv. I see that there are more opportunities for our community, such as forming more consultation groups and more special interest groups. We need volunteers to step forward to help build new avenues for connecting professionally. Let me know if you are interested.

I also hope that we continue to maintain ties to our analytic roots and continue to allow a place for dialogue on emerging issues in the practice of psychoanalytic psychotherapy. Therapists need a chance to connect with each other inasmuch of our work is private, intense, and deeply challenging. I also hope our association can grow in cultural diversity, as our greater culture has truly become a non-majority culture society. I think it is so important to be able to continue to have a dialogue about how culture shapes our values and perspectives, partly so we can meet our clients in the best ways. I cannot think of a better way to stay connected to each other and our field than by staying active in our local and state associations. Thanks for being a part of all this. Let's continue growing.

Respectfully,

Ellen Miller Kwon, PsyD
President

Disclaimer: The opinions and views expressed in this publication do not necessarily reflect those of the San Gabriel Valley Psychological Association.

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On Relationships Between Psychiatrists and Psychologists

By Steven Horwitz, MD



As a longtime member of ASGVPA, I have been asked to share some of my thoughts on the sometimes difficult topic of psychologist-psychiatrist relationships.

To begin, I'd like to focus on the vast commonalities between our two professions. Organized psychiatry certainly has parallels to psychological organizations like SGVPA. I am a council member of the Southern California Psychiatric Society, representing the San Gabriel Valley. The organization deals with a variety of local matters such as service delivery in the public sector, pending legislation, and relationships with NAMI. The next level would be the California Psychiatric Association (our version of CPA). As I often read in this newsletter, we have very similar problems with recruiting and retaining members, and as a matter of fact, most psychiatrists do not belong to our organization, just as most psychologists do not belong to yours. Our CPA does have a lobbying function in Sacramento. Organized Medicine, by the way, has a similar but completely separate structure.

In the last issue of this newsletter, Dr. Ellen Miller Kwon discussed AB2015, which deals with prohibiting insurance companies from discriminating against any type of health care provider, as long as they are acting within their legal scope of practice. She notes that it is in psychology's interests to support this bill. She also notes that the interests of psychologists and medical doctors are sometimes at odds, and that the significantly funded California Medical Association (significantly, not the California Psychiatric Association) in this case is opposing the bill, while the California Psychological Association is supporting it. Limiting psychologists from prescribing privileges, from higher reimbursement rates, and from serving on insurance panels, are three of the areas she mentions.

As a psychiatrist I was personally unaware of this bill. Although superficially the proposal seemed quite reasonable, I've since learned that it is actually sponsored by the California Chiropractic Association. I appreciate and respect the work of chiropractors in general, but was surprised and shocked to discover that their board has approved chiropractors as primary care providers. This appears to be the major reason why their organization

promoted this bill, and I suspect that this was in fact the basis on which CMA was opposing it. In addition, on the issue of insurance provider panels, but I am not aware of and can see no reason why psychiatrists would want to limit psychologist participation on panels, or limit reimbursements. The point I would like to make here is that psychologists and psychiatrists are colleagues, and the notion of supposed "turf wars" can sometimes threaten our necessary and deserved spirit of collegiality. It is easy to see why the distinction between organized medicine in Sacramento, CMA, and organized psychiatry, CPA, was somewhat lost, leading to the conclusion that psychiatry was opposing AB2015.

The remaining elephant in the room, I suppose, is the issue of psychologists obtaining prescription privileges. This actually has been a contentious subject between our respective professions ever since the original VA experiment many years ago. Several states now permit psychologists to prescribe, albeit within specific parameters. As you may know, psychiatry training includes undergraduate and medical school, plus four years of clinical residency and supervision. Our focus on the medical aspects of brain function seems quite different from psychology training, as I understand it. Although my psychiatry training at USC in the late 70s spent a good deal of time on psychotherapy with experienced supervisors, current psychiatric residents spend much less time in this area. They focus instead on six months in medicine, pediatrics, and neurology in the first year; the rest of the 3 1/2 years are spent in a variety of clinical settings providing care with direct or indirect supervision. The significant difference in training and experience leads me to oppose prescription privileges for psychologists, even under proscribed conditions and parameters.

In conclusion, I must say that in spite of whatever differences of opinion there may be between us, I very much appreciate Dr. Miller Kwon's willingness to discuss this subject in our newsletter in such a candid, open, and collegial manner. I am hopeful this will lead to further fruitful discussions — perhaps here in the newsletter as well as in other domains — since I believe our interests, as psychiatrists, psychologists, and other mental health providers are overwhelmingly more in concert than they are in conflict. And in our pursuit of them, I contend that mutual respect and open communication can only enhance our efforts.

Dr. Steven Horwitz can be reached at 626.792.0492.

Meeting Sacramento Legislators in Pasadena!

Because Relationships Inform Policy

By Ellen Miller Kwon, PsyD
President

On October 9, members of SGVPA met for dinner and conversation with California State Assemblymember Chris Holden, at El Cholo Restaurant in Pasadena. SGVPA continues to make and strengthen relationships with local lawmakers through these types of meetings. Mr. Holden spoke to our members for about thirty minutes, after which we dialogued about health care policy for another forty. We discussed a variety of timely issues such as the handling of outstanding student debt for psychologists, wages and reimbursement rates for psychologists, the difficulty of navigating current health care networks for both patients and doctors, and scope of practice matters--including prescriptive privileges, how legislature is advanced, service restrictions based on severity of condition, and their effects on needy children and patients. Mr. Holden was re-elected to another term November 2014, which makes our maintaining a thriving relationships with him, as mental health providers, a top priority as we move forward.



Twenty-two SGVPA members gather with Assemblymember Chris Holden.



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Psychology and Family Law

Empathy as Emotional Intelligence

By Mark Baer, Esq.



I recently read an article titled, *The Groundbreaking Study Proving Dogs Can Help Us to Be More Fully Human*. It was based on the results of teaching teens serving time in juvenile correctional facilities to provide obedience training to sheltered

dogs, in order to increase the likelihood that they would be adopted. The author explained that such teens don't typically possess the emotional skills necessary to live in a civilized society. Children typically learn these skills through healthy attachments, which can impact how children see themselves, discern the world, and interact with others. The study found that those who completed the program demonstrated "increased emotional intelligence, decreased self-serving/anti-social behavior, and increased empathy. [Since] empathy is what makes us human, dogs are teaching us to be human."

These results seem incredibly meaningful and important in today's world. Consider the recent report by Harvard's Making Caring Common Project. The report stated, "Selfishness and indifference to others among both children and adults are commonplace. Too often, students who are different are mocked or bullied, too many children are disrespectful to both other children and adults, and too few children and adults feel responsibility for their communities.... Our findings suggest that youth's fundamental values are awry.... Youth appear to value caring for others less as they age.... When children don't prioritize caring, they're also less motivated to develop the social and emotional skills, such as empathy, needed to treat people well day to day." In other words, anti-social teens are by no means alone with regard to their lack of emotional skills needed to live within a civilized society.

Usage of the word "empathy" appears to have increased a lot recently. In fact, people tend to throw that term around quite a bit, describing themselves as empathic. Unfortunately, since most people are not very self-aware, how they see themselves is often different than the way others see them. In actuality, empathy is not necessarily a natural or easy ability. It involves accurately perceiving someone else's perspective.

Interestingly, learning empathy is often shaped by one's personal life. In fact, this was the point of a recent article pondering the derivatives of judicial empathy subtitled, *Does Having Daughters Cause Judges to Rule for Women's Issues?* The authors state: "Judges with daughters consistently vote in a more feminist fashion on gender issues than judges who have only sons. More broadly, this result demonstrates that personal experiences influence how judges make decisions." The authors mentioned that this was consistent with most public opinion scholarship literature, which reflects that individuals who have daughters tend to be more liberal with regard to political and social issues.

This is also consistent with what we have seen play out in national politics with regard to issues pertaining to the LGBT community. For example, it took having a gay son for conservative Ohio Senator Rob Portman to reverse his hardline position against gay marriage. When announcing his change of opinion, Sen. Portman said the following: "I've come to the conclusion that for me, personally, I think this is something that we should allow people to do — to get married, and to have the joy and stability of marriage that I've had for over 26 years. That I want all of my children to have, including our son, who is gay. My son came to Jane, my wife, and I, told us that he was gay, and that it was not a choice, and that it's just part of who he is, and that's who he'd been for as long as he could remember."

When Tim Cook, CEO of Apple announced that he was gay, he said, "Being gay has given me a deeper understanding of what it means to be in the minority and provided a window into the challenges that people in other minority groups deal with every day. It's made me more empathetic, which has led to a richer life."

In *The Journey to Empathy*, author Martin Golder notes that in conflict resolution, "... empathy is a central tool and way of being." Thus, in any conflict situation, a mediator must be able to accurately perceive the parties' perspectives, if she is to succeed in finding a common ground of compromise and agreement. If a mediator, a judge, a politician, or anyone for that matter, did not become more empathic by being a member of a minority group that is discriminated against, what personal relationships did shape their learning process? I think this is an extremely important question to ask.

Mark Baer, Esq. can be reached at mark@markbaeresq.com.

Integrating Self and Culture

One Man's Struggle



By Wayne Kao, PsyD
Diversity Chair

I frequently ponder how many different and varying views we have of mental health and emotional and mental wellness. Whether we view mental/emotional health through the lens of our gender, ethnicity, sexual orientation, or socioeconomic status, various cultures have various ways of conceptualizing illness and then treating them.

When I think of how we view schizophrenia, I think of the language with which we use to describe this complex illness. According to our diagnostic manual, schizophrenia is defined by its symptoms, consisting of the presence of hallucinations, delusions, disorganized thoughts, etc. In Chinese culture, the direct translation of schizophrenia is a severing of one's spirit. In accordance with some religions, having an illness consistent with schizophrenia can be seen as being possessed by demons. And finally, in various ethnic cultures, experiencing hallucinations is seen as having psychic and spiritual powers. In these cases, hallucinating is revered and treasured.

Inasmuch as the predominant population that I work with is those who struggle with chronic and severe mental illness, I find struggle to find the correct answer for everyone. Most of the time, my patients are attached to their psychotropic medications, believing that it will provide them with their salvation; but after years of "treatment," they have not yet found it. Other times, I have been told by my patient's family members that, due to their devout Catholic beliefs, they have tried exorcisms in order to cure them of their schizophrenia. This unfortunately serves to exacerbate their paranoia, as you might predict, and they spiral further into their delusions. Many of my Asian patients believe that if their child would just focus on his or her daily tasks—going to school or a job—their hallucinations and delusions would cease to exist and they would simply revert to "normal." In doing so, they believe that their child's spirit will re-attach itself properly.

In explaining these symptoms and providing context for bizarre behaviors, many times, the most troubling explanations seem to come from mental health professionals. According to some clients and from direct consultation, various mental health professionals have said that their symptoms come from not being able to bear any form of pressure; thus, recovery is impossible. They are condemned

to this form of bare existence, of taking 5-6 psychotropic medications, 3 times per day, because it is presented as the only viable form of treatment. No other treatment necessary or possible, since any stressors will supposedly exacerbate their symptoms. Nevermind that they are able to take the bus to their appointments independently, drive, and seek employment. Their parents then continue to sacrifice their lives to care for their disabled, only to pass away, and leave them with no other resource other than a board and care facility, or a life of admission and discharge from psychiatric hospitals. Such "assessments" in fact add to the disability's toll on patients. In another example, a therapist actually told me that his reasoning for diagnosing an adolescent with paranoid schizophrenia was because she had the "eyes of schizophrenia."

Such explanations from "our very own" have led me to realize that maybe we don't really understand complex mental and emotional health struggles. Different cultures have different explanations for schizophrenia, and are we, as mental health professionals, no more than just another culture with a different explanation for something as complicated and difficult as schizophrenia?

My answer, with profound humility, lies in hope. Other than providing context and potential reasons for mental illness, the dominant catalyst of mental and emotional wellness is hope. My goal, with every client or patient, is to find an explanation for their struggles that provides them with a belief that they can recover, recuperate, and thrive. My treatment recommendations focus on various tools to instill a sense of optimism. Sometimes I have to do what I can to make sure that they are compliant with their psychotropic medications. Other times, I draw from my own humble understanding of Western or Eastern philosophy to help them find a sense of peace or ambition to move forward. In the end, I draw from my experience, not just as a psychologist and my general education, but my experience as a male, as a Taiwanese human, an adult, and any other cultural membership that allows me to find a reason to hope. If I stay narrow and maintain the same answers for each problem, I am no different than the exorcist or the psychotherapist that believes that he can diagnose schizophrenia by nothing more than looking into someone's eyes. The end goal may be hope for me and those I serve, but the road will be different every time.

Dr. Wayne Kao can be reached at dr.waynekao@gmail.com.

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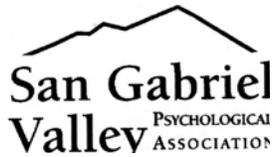
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