San Gabriel Valley Psychological Association

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The Official Newsletter of the San Gabriel Valley Psychological Association

SGVPA.org AN OFFICIAL CHAPTER OF THE CALIFORNIA PSYCHOLOGICAL ASSOCIATION November/December 2021

Upcoming Presentations and Events

SGVPA Dissertation Forum

November 2021

Students are invited to attend an in-person forum to get support on dissertation concerns, and answers to questions.
Recently graduated psychologists and more seasoned licensed psychologists will describe their experiences and provide tips for navigating obstacles.

November 2, 2021, 6-8 pm
DogHaus Pasadena
93 E. Green St., Pasadena CA

SGVPA Inaugural Diversity Conference

November 13, 2021

All members and non-member professionals are invited to attend an all day, in-person event for **6 CE's.**
Extending our Embracing Diversity Series discussions on BLM, White Allyship, LGBTQ+ issues, Covid's Impact on theAsian American Community, Latinx Mental Health, and Native American and Indigenous Mental Health.
This will be an all day event, offering continental breakfast and lunch, as well as networking opportunities!

November 13, 2021
9 am-4 pm
University of the West
Ken Locke Hall
Rosemead, CA

Meet the President!

On-going
President Wayne Kao, PsyD will continue to organize informal coffee get-togethers to meet or reconnect with our wonderful membership.
All are welcome!

Watch the Listserv posts for announcements of times and places.

SGVPA supports Black Lives Matter and systemic social justice reform. We are making efforts to increase diversity representation in our organization, in our profession, and nationwide.

PRESIDENT'S MESSAGE

"No party has a monopoly on wisdom. "
—-Former U.S. President Barack Obama

Lately, I've been struggling to understand the relationship between adversaries and allies. As we march forward to address the often-uncomfortable topics and issues we face in our field, and in society, I realize how easy it is to create more adversaries—even though born out of good intentions. If we decide to inform someone that their words or actions have hurt or triggered us, we run the risk of triggering or offending them in the process. Thus, it becomes easier to choose just not to say anything at all—thereby bearing the burden of the harm, and leaving our friend in the dark.

As mental health professionals, we understand the importance of authenticity and honesty. However, sometimes, being honest and authentic involves confronting another with observations that are difficult to respond to. We need to realize that pitfalls are inherent in confrontation—including the possibility of ending up with an adversary rather than a friend.

It's easy to say that we live in a time of exceptional emotional sensitivity, that people have become hyper-reactive to perceived slights, and that has much truth to it. On the other hand, I've noticed this kind of sensitivity for my entire life. I've noticed it both personally and professionally. I don't see a "good time" to talk about sensitive issues around diversity and understanding one another. We all have to learn to navigate these situations.

When it comes to any complex issue, I have never responded well to people who want to tell me who's right and who's wrong. Whenever we speak in such absolutes (e.g., Black and Brown people are lazy, Asians are industrious, White people are racist, etc.), we fail to see—or perhaps to care about— how people may suffer under these assumptions. I believe they have to be talked about with openness and curiosity, rather than defensiveness or anger. When we better understand a person's point of view, we can find points of empathy and identification. From there, we can offer understanding, assistance, and advocacy.

As we move forward toward the closing of the year, I am excited about upcoming events in SGVPA that, together with our gradually returning ability to break bread together, offer us the opportunity to confide in and also challenge one another about cultural assumptions, in friendship and trust.

By the time you see this message, we'll have completed our 2-part continuing education series, Substance Abuse Across Cultures, (which, by the way, will eventually be made available on demand, at our website!).

We also look forward to our in-person Diversity Conference on November 13 from 9-4 pm, at the University of the West, in Rosemead. This will be our first time returning to a large in-person event since the lockdown! I hope you all attend, not just to engage in the conversations we must continue to have, but to also see one another and enjoy the wonders of seeing three dimensional versions of each other.

Also, for our student members, we will be holding a dissertation forum on November 2, at the Dog Haus in Pasadena. Students will obtain valuable knowledge on completing their dissertations, as well as networking with their peers and future mentors.

Finally, we will return to our in-person January Jubilee on January 21, 2022, at the USC Pacific Asia Museum in downtown Pasadena! To help celebrate this joyful event, we will be joined by the "Ain't Misbehavin' " jazz quartet, which will serenade us while we drink, eat, talk and laugh together.

I value our ability to share in not just our individual knowledge, but also our collective wisdom.

Respectfully,

Wayne Kao
President

Diversity Committee Meetings

If you are interested in being involved
in our Diversity Committee where you
can stay informed on the activities and events that are being planned in SGVPA
as well as stay up to date on resources available to our larger community, please contact
Diversity Chair Amee Velasco at ameevelasco@gmail.com for more information.

The Perils of Mount Zoom

by Jon-Patrik Pedersen, PhD

Over the last year and a half, teletherapy has come to our rescue, providing a way for current clients and people seeking a new therapist to get the treatment they need. Suffering was reduced and, unquestionably many lives were saved. Mount Zoom rose up in our time of need, and offered shelter from the virulent flood that flowed across all borders. But as the dangers recede, it is tempting to stay in what was to be temporary shelter rather than to return to the valleys and to life as we knew it. However, Mount Zoom—as protective as it was and can be—also has its perils.

When people ask why I think teletherapy is a diminished form of psychotherapy, I say, "For the same reason we all yearn to be with our family and friends in person." If psychotherapy is not simply an exchange of information, it is also about relationship. And as the fate of most long-distance relationships shows us, it is difficult to build and maintain intimacy and trust when we are not together in the same place at the same time.

When listening to even the most exquisite sound system, the fullness of being at the concert is lost. We can't hear the subtle overtones and dynamics, and we don't feel the humanity of the audience as they sigh and cough and clap. In a New York Times article titled, What We Lose When We Livestream Church, Collin Hansen writes, "Christians need to hear the babies crying in church. They need to see the reddened eyes of a friend across the aisle… They need to taste the bread and wine." When we are not present together, something crucial is lost.

In addition to these challenges to deeply felt connection, teletherapy can significantly diminish psychotherapy's potential in other ways, which I differentiate below but which are clearly intertwined:

Place—Jungian psychotherapists use the Greek term *Temenos* to refer to the therapeutic space. Its original meaning is "a piece of land set apart for sacred practices," but it can be interpreted as the psychological space in which healing is meant to occur. To the best of our abilities, all psychotherapists try to create an office environment that helps our clients to feel calm and safe. When a client is in another location, we have little influence over their immediate environment, and as we know from the past year, this can be a closet, bathroom, car, or even a private room—but still, one where family members can be on the other side of the door, or which children can burst through. This is clearly not a Temenos experience, and so does not create a protected space that encourages risk-taking and emotional expression, particularly if it involves a raised voice. Also, since the device the client is using is often their work space, it is nearly impossible for them, or us, not to be distracted by incoming messages or alerts.

Even though it can be helpful to see into a client's living space, they can experience discomfort because of this. Maybe they haven't been able to clean the room, or they are ashamed of how humble their home is. In our offices, they can leave that behind and have the choice to speak about it when they are ready.

Technology—"What was that?" "You froze; can you repeat the last 10 seconds?" "I can only see your forehead right now." I'm sure we've all said these things more times than we can count, along with restarting a program, or waiting for bandwidth to get strong enough. Sometimes faces are big and sometimes small; sometimes heads are floating in a galaxy or in front of a bucolic scene. And maybe we are doing the same thing, which can trigger a client's paranoia. It can all be "grist for the mill," but that's a lot of grist to mill.

We can't be sure how we're being seen, either. I've been struck by how many clients have been distracted by the little image of their face above mine. One time, when telling someone I was surprised to find that he had his equally-sized face right next to mine. But I have to admit that on one occasion I shrank my view of the client. For better or worse, you can't do that when sitting across from someone. They have to be experienced as they are, in the flesh and without filters.

At the beginning of the pandemic, the New York Times ran an article, Why Zoom Is Terrible, on how taxing video communication is. Our brains are designed to complete patterns and detect subtle indicators of emotion, so they are on overtime no matter how good the connection. And even when the connection seems fine, there are time-lapse delays we are not conscious of. All of this impairs communication and reduces our empathic accuracy.

(continued on p.7)

Poetry to Ponder

Hala Alyan is a Palestinian-American writer and clinical psychologist who specializes in trauma, addiction, and cross-cultural behavior. Her writings and poetry cover aspects of identity and the effects of displacement, particularly within the Palestinian diaspora.

Half-Life in Exile

I'm forever living between Aprils.
The air here smells of jacarandas and lime;
it's sunset before I know it. I'm supposed
to rest, but that's where the children live.
In the hot mist of sleep. Dream after dream.
Instead, I obsess. I draw stars on receipts.
Everybody loves the poem.
It's embroidered on a pillow in Milwaukee.
It's done nothing for Palestine.
There are plants out West that emerge only after fires.
They listen for smoke. I wrote the poem
after weeks of despair, hauling myself
like a rock. Everyone loves the poem.
The plants are called fire-followers,
but sometimes it's after the rains. At night,
I am a zombie feeding on the comments.
Is it compulsive to watch videos?
Is it compulsive to memorize names?
Rafif and Ammar and Mahmoud.
Poppies and snapdragons and calandrinias:
I can't hear you. I can't hear you under the missiles.
A plant waits for fire to grow.
A child waits for a siren. It must be a child.
Never a man. Never a man without a child.
There is nothing more terrible
than waiting for the terrible. I promise.
Was the grief worth the poem? No,
but you don't interrogate a weed
for what it does with wreckage.
For what it's done to get here.

—-Submitted by Catherine Fuller, PhD

Raising Awareness of Premenstrual Dysphoric Disorder

By Janiel L. Henry, PsyD

I feel like I'm going crazy!"… "I feel like I become a completely different person during that time"… "I think this has been going on for my whole life." These are a few examples of statements we frequently hear in our Center by females struggling with Premenstrual Dysphoric Disorder (PMDD). For those who are unfamiliar, the International Association of Premenstrual Disorders defines PMDD as "a cyclical, hormone-based mood disorder with symptoms arising during the premenstrual, or luteal phase of the menstrual cycle, and subsiding within a few days of menstruation." Thus, PMDD falls underneath the reproductive mental health umbrella.

While contentiously debated in the past, research has shown that PMDD is a very real and debilitating condition. In fact, approximately 5.5% of females of reproductive age struggle with this condition, which frequently wreaks havoc on one's emotions and mood, interpersonal relationships, and work functioning. Common symptoms include depressed mood, severe irritability or anger, hopelessness, sensitivity to rejection, self-deprecating thoughts, brain fog, appetite changes, etc. When in the luteal phase, some may even experience suicidal thoughts—as was highlighted in the case of Gia Allemand, an American actress, model, and television contestant from the Bachelor, who suffered with PMDD throughout her life and unfortunately died by suicide nearly a decade ago in 2013. Her death sparked widespread interest in PMDD and its impact.

Contrary to earlier beliefs, PMDD is not due to a hormone imbalance. Rather, a cellular disorder in the brain is suspected, in which the individual's brain reacts severely and negatively to the normal rise and fall of hormones throughout the menstrual cycle. While the majority (75-80%) of females of reproductive age report at least 1 premenstrual change in emotional or physical symptoms such as dysphoria, irritability, bloating, fatigue, etc., a smaller group experiences the more severe PMDD.

This simple analogy may give further insight: PMS (Premenstrual Syndrome) is to PMDD as headache is to migraine. To those experiencing PMDD, thowever, his may be considered an understatement. Within the PMDD community, the luteal phase is commonly referred to as "Hell Week." Perhaps that gives you an idea of the suffering that is experienced by this group.

PMDD is complex and can be difficult to assess and treat. However, as mental health providers, it is our responsibility to consider it, and conduct a disciplined inquiry when assessing, diagnosing, and treating clients that may present to us, and rule out PMDD as a possibility. This is especially true when presenting symptoms are cyclical in nature, or when there is a history of trauma. Frequently, PMDD and its diagnostic relatives are missed, overlooked, or dismissed by healthcare providers for a variety of reasons, including: lack of training, lack of knowledge, and being guided by gender or cultural biases and stereotypes. For instance, a female client that is seen and labeled as being "dramatic or intense," or even "borderline." Perhaps a Black woman who is seen and dismissed as the "angry Black woman," or a Latinx client who is seen as the "spicy Latina." Other challenges include difficulty in obtaining objective data from clients or other informants, or a client's inconsistent treatment engagement and participation--especially when experiencing the worst of their symptoms (e.g., missed appointments during luteal phases, dysphoric thoughts regarding the usefulness of treatment, hopelessness with regard to finding relief). Some clients report being misdiagnosed with bipolar disorder or other disorders and when treated, experiencing a worsening of symptoms, or simply a lack of improvement.

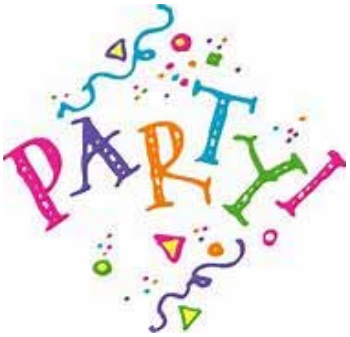
While this may not be a particular area of focus within your practice, routinely screening for PMDD can be highly advantageous: the quicker an individual is accurately diagnosed, the sooner they can begin treatment, and be treated appropriately or referred to a provider that specializes in reproductive mental health.

In the diagnostic process, obtaining daily ratings for at least two consecutive symptomatic cycles can provide you with the necessary data in the diagnostic process. Using an assessment instrument such as the Daily Record of Severity of Problems (DRSP) can assist clinicians with obtaining necessary data in the diagnostic process, and further clarify and differentiate the symptoms that your client is experiencing from other mood disorders, anxiety disorders, or premenstrual exacerbation of underlying mood and anxiety disorders.

Although we have seen dramatic progress in awareness and training for other reproductive mental health issues, such as perinatal mood and anxiety disorders, within the past few years, we still have further to go when it comes to increasing awareness surrounding reproductive mental health—PMDD included. While this article is not exhaustive, we hope it serves as a springboard for the continued development of your own education, self-awareness, knowledge, and skills. In the words of Goethe, "Knowing is not enough; we must apply. Willing is not enough; we must do." Together, may we cast wider, see further, and listen deeper.

Dr. Janiel L. Henry can be reached at jhenry@womenrisepsychandwellness.com.

Live & In Person



The 21st Annual

January Jubilee!!

Friday, January 21, 2022

6:30- 9:30pm

USC Pacific Asia Museum
46 N Los Robles Ave, Pasadena, CA 91101
An Open Air Venue!

Hors d'oeuvres will be plentiful, and wine will be flowing!

New Year Kickoff Address by our President!

Revelation of the SGVPA Distinguished Member of 2022!

SGVPA Plans and Projects for 2022!

All relevant Covid-19 Precautions will be taken.

Full 10% Discount on all New or Renewal SGVPA Memberships!

Register now by emailing
Dr. Wayne Kao

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The Perils of Mount Zoom *(continued from p. 3)*

Body—One could say that throughout its history talk therapy has been disembodied; that is, talking heads. Teletherapy only continues and instantiates this. Over a pixilated screen it can be hard to see the flush of her cheeks, or the moisture in his eyes, and body odor can tell us a lot about a client's mental status. Non-verbal communication goes on below the head, as well: lungs that expand more quickly or slowly; a change in leg position when a certain topic is mentioned; a clenched fist. And our client is not seeing this in us, either, which can decrease trust.

Sometimes it is best for a client to lie down. Arranging the computer's camera to accommodate this can be very difficult. Standing, sitting, and reclining all communicate different "attitudes" about what kind of communication is occurring. Whether a client chooses the upright chair or the soft couch, the most distant seat or the closest, provides useful information about this person before me, who may surprise me by changing seats one day. Having to situate one's self in front of a stationary camera limits freedom of expression and the rich array of ways to communicate.

Analysis Interminable—Saying goodbye to a client can be difficult. But the need to change locations, for therapist or client, can make for a good stopping point, or for a pause to determine if treatment needs to continue. Just as a client may not want to let go of the bond that has developed, we may not want to, either. But is it in the best interest of the client not to? Have we fallen into the belief that only we can help this person, or that another therapist's perspective might not be beneficial? And as much as we don't want to acknowledge our human flaws, how much does a continuing fee play into our choice to provide teletherapy rather than to refer to someone local. Certainly, there are exceptional circumstances when seeing a client through a transition, or even open-endedly, is in their best interest. But it behooves us to be as conscious as possible about our motivations, and possibly to get consultation for this.

There are definitely situations and disorders for which remote therapy is uniquely helpful. One young woman found my office too similar to the location of her trauma, so for a number of sessions she called me from her car. People with agoraphobia and extreme social anxiety can also benefit from not having to show up in person for treatment. But the goal is to help them eventually feel safe with you and others, in person.

Mount Zoom has helped us survive a devastating era and still provides significant benefit for those people who cannot make it into our offices, either temporarily or permanent-but Mount Zoom, as convenient as it might be, is not without its perils.

Dr. Jon-Patrik Pedersen can be reached at drjonp@earthlink.net.

Enrico Gnaulati Ph.D.

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Rose City Center Continuing Education

PRESENTS

Open Hearts ...Bigger beds?

Monogamy, Polyamory, and Psychoanalysis

CE Credits:4

8:30 AM - 12:30 PM ◘ Saturday Nov 6, 2021 ◘ via ZOOM

Polyamory and other forms of **Consensual Non-Monogamy (CNM)** are increasingly common but many clinicians feel unprepared to effectively and affirmatively engage with this growing and underserved population.

Join us for a thought-provoking seminar that examines opportunities and challenges in applying psychoanalytic thought to these relationships!

Featuring presentations by Ryan G. Witherspoon, Ph.D. and Alan Karbelnig, Ph.D., ABPP, followed by a case presentation and panel discussion, with ample time for audience participation and questions.

[Alan Karbelnig, PhD, ABPP is approved by the California Psychological Association to provide continuing professional education for psychologists. Alan Karbelnig, PhD, ABPP, maintains responsibility for this program and its content. CPA OPD Provider Code: KAR015]

Tickets and Information:
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San Gabriel Valley Psychological Association

c/o Suzanne Lake, PsyD, Editor
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