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AN OFFICIAL CHAPTER OF THE CALIFORNIA PSYCHOLOGICAL ASSOCIATION

May/June 2021

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Monique Castro, LMFT and Elena Nouri, MED
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9 am - 12 pm

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Diversity Forums

Every 2nd and 4th Fridays of every month
12-1pm (via Zoom)

Links provided to those who RSVP.

Please contact Wayne Kao, PsyD

for more information at
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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

Coping with Our Own Ignorance

—One of the basic rules of the universe is that nothing is perfect.

Perfection simply doesn't exist...

without imperfection, neither you nor I would exist.

—Stephen Hawking



Dear Colleagues,
I've been pondering our collective struggle with making social errors as we try to connect with each other across divides of race, culture, and ethnicity—sometimes blundering into a confusion of meanings and implications that might give offense. It seems that not a day passes without my hearing about how someone offended someone else, and the anger and hurt that ensued from that offense. Sometimes, the anger is justified—as when the offending individual is dismissive or clearly aggressive. However, in cases where the individual is sincerely unaware of their offense,

and intended no harm, what should we do with our anger?

Let's say that indignation, anger, or even outrage *might* well be justified—but then what? Will it lead the other person to a better understanding of how they harmed another person, or will it lead to defensiveness and an unwillingness to engage? In other words, how does the anger work to improve the situation, if at all?

When all is said and done, my own struggle has been with what is the “right” way to address our concerns with each other, and the offensive things we may say to each other. Are we capable of researching or intellectualizing our experiences with each other, and thus, taking the more logical and unemotional approach? Or is it the relational, and process-oriented approach, getting into the “muck” with one another as we work it out, and risking some hurt feelings in an effort to eventually come together again.?

While I do not question the value of intelligent intellectual discussion, it is being able to engage with the other and get into the “muck” that is the route that we so fear. But why do we fear it? From what I've gathered, it's not just that we are afraid of what we don't know, but more that we're going to be confronted with it, and judged for it. In defense, we either avoid the discussion altogether, or we respond in anger and outrage to societal issues that require more honesty and empathy instead of impulse and defense. Our society is at a crossroad where we cannot avoid or dismiss the fact that some communities are suffering for arbitrary reasons. We also cannot afford to continue to meet each other in aggression over these issues.

If the Black Lives Matter Movement and the COVID-19 pandemic has taught us anything, it is that there are always those that are going to continuously draw the short end of the stick for reasons that are inequitable and arbitrary, based on the color of their skin, gender, or sexual orientation. By avoiding the confrontation and even ignoring these social dynamics, are we implicitly saying we support the inequities? Or that we are too afraid to acknowledge the benefits we've enjoyed *because* of these inequities?

In focusing on our diverse community and the impact we face in this society, we are saying that we are going to attempt to see each other, to acknowledge the difficulties others face that we don't, to find ways to better support each other and move closer towards equality. In the past year, in our SGVPA CE series, we've spent time learning about Black Lives Matter, White Ally-ship and Social Justice, Trans and Non-Binary Identities, COVID-19 and the Asian Community, and Latinx Mental Health. These CE presentations have been extremely important in addressing not only the issues that we face in our world, but also in our own community and our own organization.

Looking forward, we will spend time in our next CE presentation visiting a community that has long been invisible, the Native American/Indigenous community. In SGVPA, no one will be invisible. Everyone will be seen.

In this spirit, I pledge to be imperfect, to say things that may need clarification, and may offend others, but not with intent. I also pledge to hear and listen to anyone that I will offend, to engage anyone that offends me, to see their humanity and their good intent.

Be on the lookout for our continued Diversity forums on the 2nd and 4th Fridays of every month from 12-1pm. In addition, as we continue our CE presentations, we will be looking to explore substance abuse across cultures, genuinely integrating diversity into all our presentations. And finally, we will end the year with a Diversity Conference, revisiting the issues that we have been addressing throughout the year. I hope to see you all at these events!

In Collaboration,
Wayne Kao, PsyD.
President

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

Being Latinx in Primarily White Institutions

By Cinthya Hernandez, BA

When my mom first came to the United States, she was a 7th grader. Her father was hoping to provide her with a better life, as he worked through the Bracero Program, which allowed him to work legally in America, in agriculture. My mom worked hard, learned English, graduated high school, entered the workforce, and shortly thereafter began her life as a mother and wife. Just like her father, my mom wanted more for her children than she had had. Twenty years after she first came to the US, my mom had me, her last child of four, and the only girl. I was the first in my nuclear family to graduate from a four-year university, and the first in my entire family—immediate and extended—to enter a doctoral program. Yet, despite the excitement for me in living this out, post-secondary school hasn't been without its challenges.

For many like me, culture and ethnicity play a prominent role in my existence, my reality, and my experience. It is the first thing people notice about me—my skin, my hair, my name. Attending primarily white institutions (PWIs) for the first time has been quite a culture shock—especially after I spent 18 years in Inglewood, surrounded by people who looked like me, or who had faced similar struggles. Trying to connect with my peers in college, I quickly recognized that we didn't have the same experiences behind us. I didn't have the same opportunities or resources. I didn't have expendable money to go on trips or to concerts. More often than not, the only people that looked like me were the "support staff." Being the only one who looked like them, or who spoke to them in Spanish, I sometimes asked myself if my peers would ignore me the same way they ignored this staff if I were not sitting at the same table as them.

Entering such spaces like Haverford College, in Lancaster, Penn., or Loyola Marymount University, in Westchester, Calif., made me question my own place in these institutions. *Do I belong? Am I good enough? Does my voice matter? Why does no one—no student or teacher—look like me? Do people like me not become therapists?*

Asking these questions while simultaneously juggling homework and two jobs, I was quickly overtaken by the "imposter syndrome." Yet, in all of these emotional breakdowns and struggles, my mom was there to remind me that I had earned my place in these institutions. ...That despite many of these spaces not being built with people like me in mind, *I'd made it.* ...That if no one looked like me now, I could be the one to help someone else see a person

who looked like them in the field in the future. My mom stressed that it was important that I not be ashamed about my culture, or who I was. And so I persisted; I graduated; and I applied, and entered graduate school.

Despite breaking barriers and succeeding further than most do, I still questioned my abilities and my place in the scheme of things. And to be honest, I still sometimes do. Joining the San Gabriel Valley Psychological Association is a prime example of how this self-questioning continues to manifest. For example, when I first began to attend the SGVPA diversity forums, I did not know my role. *Am I allowed to speak on this? Do I have enough experience to speak in this? Will they take me—a second-year doctoral student—seriously? Why does hardly anyone look like me? And again, do people like me not become doctors? Am I good enough?*

It took me at least four meetings, and the encouragement of my supervisor, to be able to speak up at these meetings. I sometimes wonder if I will ever feel completely confident in the relationship between my various identities as a Mexican-American, a woman, a clinician, and hopefully in a few years, a doctor.

Speaking up recently at the Diversity Event exploring Latinx Mental Health was a truly rewarding experience, and reminded me that I do have much to add to the field. But more importantly, I have learned that there is still so much to learn. So, if I can impart some wisdom to those who are working with or will eventually work with clients, students, colleagues, or just people that may be from a Latinx culture, I hope I can help.

When working with POC clients, ask questions about their experience. As clinicians, we know how to dig deeper. While culture may not always be involved, it's important to be able to identify when it is and to allow a safe space for clients to express this. When working with students, talk to them about their experiences (and possible insecurities) in these spaces. More critically, provide a space where they feel comfortable enough to talk about these feelings without having to feel inadequate. Ask your colleagues, students, and clients about how current events may be impacting them. Make note of the spaces you are in. Is the environment welcoming to everyone?

Most importantly, while my experience is common, it is not universal. Ask questions. Do research. Attend continued education events that involve diversity. Get to know your students, clients, and colleagues.



Cinthya Hernandez, BA, can be reached at chernandez@healingrhythms.net

A Quest for Knowledge and Understanding

Remembering Bill Steinberg, PhD

By Lynn Becker, PhD and
Dan Spector, PhD

We lost our friend and psychologist brother, Bill Steinberg, PhD, on February 28, 2021, at the age of 72, following a 30-year battle with Parkinson's Disease. Although he retired from his practice in 2005, many of us knew him as a steady and wise presence within the SGVPA community throughout the years to the present.

Dr. Steinberg began his studies at Duke University (where he became a life-long Blue Devils basketball fan), earning his BA in Theology, and subsequently, completing an MA in Religious Studies at the University of California, Santa Barbara. Dr. Steinberg went on to earn his PhD in Psychology, with a specialty in environmental psychology, at the California School of Professional Psychology in Los Angeles.



As an early-career psychologist, Dr. Steinberg held a number of positions, the most noteworthy being as a staff member of St. Mary's Hospital in Long Beach, performing neuropsychological assessments for the hospital medical staff. He later became Head of the Psychology Department within the hospital's physical rehabilitation unit. Subsequent to leaving St. Mary's Hospital, Dr. Steinberg joined the San Marino Psychiatric Group practice, where he performed psychotherapy and psychological evaluations. Over the years, he formed many meaningful and long-lasting friendships with his colleagues.

Dr. Steinberg was one of the original members of the San Gabriel Valley Psychological Association, then known as the Pasadena Area Psychological Association (PAPA). He served on the Board of PAPA, as the long-time Chair of CLASP, the Colleague Assistance and Support Program for Psychologists. He was also a member of SGVPA's original Disaster Response Committee, formed in 1994, to work extensively with the Federal Emergency Management Agency (FEMA) in order to assist Californians traumatized by the Northridge Earthquake. Dr. Steinberg was an individual who believed in the importance of community; driven by that ethic and his interests, he attended most SGVPA events over a period of 25 years. Eventually, he left the San Marino Psychiatric Group, and transitioned his

practice to his home office in Altadena, until he retired in 2005.

Dr. Steinberg and his wife of 37 years, Mary Quirk, met at St. Mary's Hospital. She was a staff Social Worker and he was drawn to her wit, capability, beauty, and kindness. After he joined the practice in San Marino, the two moved to Altadena, where they raised their two daughters, Sarah and Hannah. He was a devoted husband and father, loving his family fiercely. Sarah eventually married Daniel Orenstein, and along with Hannah and her partner, Quin Venedicto, the family formed a steadfast and loving circle of support around Dr. Steinberg, as he struggled with the Parkinson's Disease. In fact, one of his last and perhaps, sweetest moments was meeting his new grandson, Theo Orenstein, weeks before his death.

Dr. Steinberg was a thoughtful and immensely kind individual. He was intensely interested in the intersection of spirituality and psychology, as evidenced by his avid reading and love of lengthy late-night discussions on the topic. He worked hard to understand and to respect differences in ways of thinking, lifestyle choices, and political views. He listened keenly and with genuine interest to his family members, friends, and patients.

A narrative of Dr. Steinberg's life story would be incomplete without describing his love of baseball, especially of the Los Angeles Dodgers and the Pittsburgh Pirates. He played for years in a senior softball league, sustaining all kinds of injuries, as he gave the game his all, despite his Parkinson's Disease—and even occasionally slid into home! He was the kind of friend one could entrust with the most personal life experiences



(including ridiculous and/or foolhardy decisions) and know that such intimate details would be held in confidence and without judgment. He was wise, forgiving, and never gave up on the fight to be a more evolved individual. The psychological community has lost a rock-solid member; nevertheless, his gentle and persistent push for knowledge and self-betterment will always inspire us. Thank you, Bill. We miss you, we love you.

Lynn Becker, PhD and Dan Spector, PhD, can both be reached at fenwayfans@earthlink.net.

A Preventable Disaster

The Crucial Need for Care Planning Before the Crisis

By Brenda Shorkend, MA, CMC
Certified Aging Life Care Manager*

In a beautifully written essay published recently in the New Yorker, John Matthias, Professor Emeritus and writer, describes how his beloved wife's dementia impacted their lives - with a catastrophic conclusion that saddened and frustrated me. *Living with a Visionary* starts out as one of the most touching descriptions of living with a person with dementia that I have ever read. His wife, Diana, had Lewy-Body Dementia, and he describes, with skill and compassion, how he took care of her and learned to cope with her bizarre hallucinations, so typical of this condition.

As the story unfolds, it becomes much darker, and ends with a disaster that could have been avoided. My heart went out to him and to his late wife as he described their struggles to keep going as her dementia progressed. He became lost in her unreality, and neglected his own self-care. A crisis is reached when Diana is found wandering outside, and the neighbors call the police. They are both taken to hospital. Diana is sent to an assisted living facility near their daughter, and Mr Matthias is finally discharged back home. Meanwhile, Diana catches COVID-19 at the assisted living facility and dies. Due to the pandemic, Mr Matthias is unable to travel to be at her side.

I was deeply affected and shaken by this article, and by this couple's unnecessary suffering. They were both educated and sophisticated, and obviously had financial resources. While we can't prevent all heartbreak, so much of their ordeal was preventable. Their story highlights the importance of planning for one's care before the crisis.

This couple and their daughter would have truly benefited from developing a relationship with an Aging Life Care Manager, when Diana's dementia was first diagnosed or preferably, when they were both still in reasonable health and able to plan for their futures. Aging Life Care Managers are trained to work with older people and their families to help them stay as independent and as safe as possible for as long as possible. We are experts in dementia and end of life issues, and we support couples and individuals as they age. Many of us work with people with disabilities and with mental health issues. We ensure that clients are safe and receiving adequate care, but more importantly, work with them to enhance their quality of life.

Since this article was published, I started working with a family in a very similar situation. The couple's son contacted me about two years ago, when the husband, Peter's dementia

was starting to impact their lives. At the time, his wife, Susan, did not see the necessity of meeting with me. Recently, Susan was hospitalized for a medical condition and Peter, who now has quite severe dementia, became distraught and aggressive. The police were called and he was hospitalized on a psychiatric unit. The son contacted me when the hospital refused to discharge Peter, as he was still agitated. I helped facilitate Peter's transfer to the convalescent hospital where the wife was receiving care. As soon as he was back with his wife, he calmed down. I assisted in the discharge process, coordinated their return home with 24 hour care, and referred them to a company that could make needed safety accommodations in the home. An important aspect of this process is the support and counseling I am still providing to the couple's son in dealing with his fiercely independent mother who is finding it very hard to accept strangers in her home. This is what we do!

If I had been involved sooner, we may have been able to prevent some of this mayhem. But without the help I provided in navigating these treacherous waters, Peter would have stayed at the hospital for much longer, and might have declined to a point where he could no longer live safely at home. The son might have caved in to Susan's pressure and agreed to inadequate care on their discharge home—which would have brought about another hospitalization and more chaos. We are not miracle workers, but we can help families in tough situations.

Aging Life Care Managers partner with psychologists, attorneys, Professional Fiduciaries and other trusted advisors to create a team with the family that assists them in having the best life possible. We take on a role that allows the other team members to get on with what they do best. When I consult with psychologists and other professionals, we often have a complimentary introductory session with the professional and the client. The client then has the choice to engage my services or not. In this meeting, we can clarify the client's goals and assess whether my assistance is needed.

I encourage you to have open conversations about you, your loved ones', and your clients' situations—it is never too soon. Reach out to a local Aging Life Care Professional. We are there to help you plan your lives as you age, and also to step in when needed, in a crisis. You can find an Aging Life Care Manager near you by utilizing the "Find an Aging Life Expert" function on the ALCA website at www.aginglifecare.org.



Brenda Shorkend, MA, CMC can be reached at brenda@shorkendcare.com.

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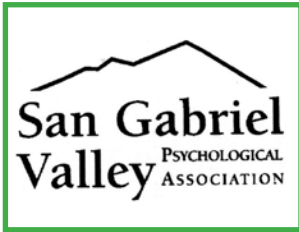
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