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**Upcoming Luncheon Meetings**



**Date:** Friday, January 6, 2012  
**Topic:** Clinical Supervision: A Contemporary Psychoanalytic Approach  
**Speaker:** Larry Brooks, PhD

**Date:** Friday, February 3  
**Topic:** Facilitating Rational Problem-Solving In An Otherwise Destructive Divorce Process  
**Speakers:** Linda Bortell, PsyD & Mark Baer, Esq

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

**CE credits available for Psychologists, LCSWs and MFTs**

Monthly luncheons are held on the first Friday of the month at the University Club, 175 N. Oakland Avenue, Pasadena, from 12:00 to 1:45 p.m.

**Members Costs:**

Luncheon, Service, and Parking Privileges...\$22  
CE credits...\$20

Audit...\$10

**Non-Member Costs**

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CE credits...\$25

Audit...\$15

Please note: Unclaimed lunch reservations will be billed to the individual--So please claim them!

**PRESIDENT'S MESSAGE**



Dear Colleagues,

A quick perusal of today's headlines reveals constant upheaval, tragedies, global uncertainty, and economic distress. One doesn't have to look very far, even in our own community, as we recall the felled trees across our streets and yards after the recent gale-force winds, or the stubborn tents of Occupy LA in the downtown district. If we're honest with ourselves, we live in an uncertain and unpredictable world.

Knowing I would soon be President, I have frequently reflected on my goals for SGPVA, and wondered what might make SGPVA more relevant – not to just our members, but to the communities surrounding us. With all that is transpiring in our world, how might SGVPA matter more in the big picture? How can we, a relatively small group of about 200 individuals, act and live and breathe in such a way as to positively affect, not just each other, but the larger community?

Before I get to my thoughts on this matter, many thanks and recognition are in order. I want to personally and publicly thank Dr. Deborah Peters, our immediate Past President, for her steady presence and wise counsel during the past year. Dr. Peters is a wise "old soul," deep in her thinking, and effusive in her warmth. Also, to the Board of Directors, the Special Interest Group Leaders, and the many other volunteers – you are much appreciated and I stand in awe of your generosity. Thank you!

The year 2012 will hopefully be a fruitful and productive one for SGPVA. Two important feats--the new website, and revised bylaws--will be soon *faits accomplis*. Overwhelming credit must go to

*(continued on next page)*

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Drs. Linda Tyrrell and Deborah Peters, both of whom have played key roles in carrying out these gigantic and important projects. I'll do my best to make sure these ventures undergo their finishing touches as they head towards completion.

I want to highlight *hospitality, advocacy, and community service* as my goals for 2012. No matter the specialty, training, or background, I want a diverse group of individuals to feel welcomed, celebrated, and well-represented in our membership. You'll also hear more about advocacy issues. Members of our profession cannot afford to remain uninformed, or inactive. Current national and state-wide legislative issues are constantly impacting your profession, but do you know what those are?

And finally, the principles embedded in SGVPA's mission press us, not only to create opportunities for continuing education, networking and mutual support among mental health professionals, but also to interface with the public at large. We are limiting the richness of our profession if we are only interacting with each other --in my view, we must engage in the community around us in intentional ways.

Finally, please make time to attend our fourth annual January Jubilee, on Friday, January 13. Better yet – invite a colleague who isn't a SGVPA member to join you! There, you'll have the opportunity to renew your membership at a discounted rate, network with some really cool people, and enjoy some fine culinary delights. And to top it all off, you'll be regaled with an installation of the Board of Directors unlike anything SGPVA has pulled off before! See you at the party, and here's to 2012!

Respectfully,  
Stephanie Law, PsyD  
President

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## Rapid Trauma Resolution

By Lydia Glass, PhD



I have recently been trained in, and I have clinically incorporated, a new and profoundly effective technique for transforming the effects of trauma. Rapid Trauma Resolution (RTR) is an innovative therapeutic approach developed by Dr. Jon Connelly, of the State University of New York. It is a fast, effective treatment wherein multiple traumas can be resolved--

or “cleared”--usually in a single therapeutic session. Such sessions may last from one to three hours in length.

Like many of you, my practice has been filled with individuals who have suffered severe trauma in the past. Since my training in RTR, many of them have personally experienced its effectiveness, and I am very excited about the significant contribution RTR is making to my work, and to our profession generally.

RTR facilitates discovery and resolution of the subconscious causes underlying emotional and behavioral difficulties. RTR effects positive change through multi-level communication techniques with the client's conscious and subconscious mind. This technique often incorporates a unique style of clinical hypnosis, which pinpoints and resolves issues emanating from the trauma. However, RTR is effective even without utilizing hypnosis. And

RTR practitioners can work with patients adjunctively to the individual's psychotherapy with another, primary psychotherapist.

When an experience is overwhelmingly painful, it slams into awareness and leaves a lasting impression. Even when the experience is over, deeper parts of the brain may continue to respond as if the disturbing event is still occurring. Sometimes, even experiences that have been consciously forgotten may continue to exert a negative psychological influence. In any case, the resulting emotional, behavioral, and relational difficulties are often experienced as being impossible to resolve. And, even with traditional therapy, attempting to bring about enduring change without eliminating these “ghosts from the past” is like trying to repair the structure of a building by applying a coat of paint.

I have always been deeply interested in how our neurobiology is affected by what we do in the therapy room, and affects how we think and behave generally. The concepts and practices of RTR are consonant with neurobiological principles. The human brain has evolved immeasurably beyond the primitive or animal structures underlying it. Yet, it is precisely those structures, involving the amygdala and the limbic system, that are most acutely responsive to trauma. So while the cerebral cortex, or conscious mind, tries to adjust to the realities that a crisis is past, the limbic system, or primitive, subconscious mind,

remains traumatically mired in it. This can be thought of as a kind of misalignment, like trying to load Window's 7 software into a 20 year old computer, or trying to install cruise control in a Model T Ford. It just won't work. RTR actually works to align the two parts of the brain, allowing reality consciousness and emotional resources to calm and clear the neurobiological traumatic response.

The subconscious mind controls emotions, desires, memory, habits, thoughts, dreams, and automatic responses. A given client may consciously understand the value of eliminating problematic emotions, thoughts or behaviors; but unless the subconscious mind is reached, enduring change is unlikely. When the subconscious mind, and the ongoing influence from troubling past events is eliminated, blocked energy is released. Healing takes place, and the results are automatic and lasting. Negative habits and painful emotions are replaced by positive actions and feelings of well-being.

RTR utilizes powerful language that the subconscious mind responds to and accepts, through the active use of very intentional speech patterns and metaphors. RTR also

exposes and eliminates conscious conflicts blocking the desired change. It pinpoints the exact events that have been having a negative impact on the individual, to clear them, so that desired change follows automatically. The process eliminates the effect of traumatic events, even if they have been repressed or forgotten. This is a powerful and effective model to eliminate self-destructive behavioral patterns. It can transform the client's cognitive, emotional, and behavioral patterns as it promote the healing of mind and body.

If you are interested in learning more about RTR, please feel free to contact me. Trainings in RTR are being made available in various locations throughout the country, and you can read more about this technique at ClearTrauma.com. Dr. Connelly himself will be in Los Angeles to conduct a training in February, 2012. I want to invite all of you to consider adding this powerful technique to your clinical repertoire. It is truly innovative, and will have a powerful and lasting impact on you, and your clients!

*Dr. Lydia Glass can be reached at 626.792.4153.*

## Membership Corner

By Kelley Vandewalle, PhD Candidate  
Membership Coordinator



**H**appy New Year! I hope that everyone has had a peaceful, relaxing holiday season. I would like to introduce myself, and to express how excited I am to be your new Membership Coordinator. And I would especially like to thank Dr. Stephanie Law for doing such an amazing job as the SGVPAMembership Chair

for the past four years, and for her continued support as I take on this new position on the Membership Committee.

Here are a few of the exciting events coming up:

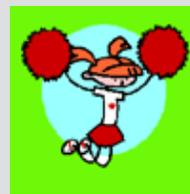
The annual January Jubilee is coming up again, on Friday, January 13!! You are invited! Mark your calendars, it is always such a wonderful evening! The JJ offers excellent food, wine, desserts, and a great opportunity to celebrate new and old SGVPA Board members who have done such a great job for us over the previous years. Not only that, but at the JJ you can network with colleagues, celebrate the New Year, and join or renew your SGVPA membership--at a discounted rate!

Also, coming soon-- our newly redesigned SGVPA website!! Members will soon be able to log in and renew

their memberships online, create an online profile, and easily access colleagues' information and practice specialties!

I am looking forward to seeing you all at upcoming luncheons, and at the JJ!

*Kelley Vandewalle can be reached at 310.467.1833,  
or [kelley@kelleyvandewalle.com](mailto:kelley@kelleyvandewalle.com).*



### NEW MEMBERS

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# Trusting One's Mind

By Larry Brooks, PhD  
Program Chair



I sometimes say to clients--and often think to myself--that one's mind is not one's own. While I consider myself reasonable, thoughtful, and capable of sustained, focused activity, the periodic intrusion of obsessive ideas and vindictive phantasies, not to mention the nightly dream world casts my mind as a most intimate, yet seemingly autonomous other whose machinations, conceptions, and misconceptions seem to originate from some nether world.

Freud's brilliance was to capture this unsettling uncertainty of mind by describing the intricate relationship between primary and secondary processes. The limitation in Freud's approach was his privileging integration, stability, and the executive function of ego at the expense of vulnerability and fragmentation. Although contemporary psychoanalysis embraces these ideas, and theorizes about multiplicity, there is still a tendency to view fragmentation as a primitive mental organization. This tendency is present within the phenomenon of the Borderline Personality Disorder. Alongside this conceptual tension, the individual continues to suffer the "slings and arrows" of the illusory notion of a unitary ego, and persists in the embodied conviction of an integrated, executive self.

A client was trying to decide whether or not to move back with his girl friend, after some time had passed following a break up. In one session he described obsessing about doing the right thing. The obsessions focused on seemingly unimportant decisions like should he go to see his girl friend immediately after work, or should he first go home, exercise, and then go. Apparently simple choices overwhelmed him with indecision. While he believed that moving back in with his girl friend was the right decision, the difficulty acting on this led him to doubt his general ability to make decisions. All this led to a general feeling of self-doubt, and paralysis. He felt that he couldn't trust himself that moving in with his girl friend was the right course..

I suggested that he might be feeling ambivalent about moving back with his girl friend. In other words he was of two minds. This formulation provided brief clarity, and helped him further explore his reluctance to move back in. Before he could trust his decision-making, and re-attune his relationship with himself, he needed to recognize this

conflict and acknowledge his less acceptable feelings and inclinations.

Understanding that the mind is intrinsically split, fragmented and organized more like the micro-climates of San Francisco than the grid of Manhattan is central to establishing an ability to know and accept one's self. Context sensitive emotional states structure the expressions of the self. One thinks, perceives, and acts differently when angry, compared to when sad, anxious or ashamed. Conflict exacerbates the intrinsic tendency of the mind to split. The individual deals with upsetting feelings by denying, splitting, and separating them, not so much from conscious awareness, but from a sense of how the self should be. The experience of not feeling oneself is often a reflection of the emergence of a non-preferred aspect of the self. Paradoxically, the splitting that occurs under the pressure to deny aspects of the self strengthens the need to feel integrated, and increases the gradient of splitting. This protective process builds on the illusion of integration as health, and involves a magical wish to rid the self of unacceptable parts in order to achieve wholeness. The effect of this process is depletion and discouragement.

Realizing that optimal development doesn't lead to a unitary, stable, cohesive self but to increasingly complex, disparate, and context-sensitive states enables a more realistic and less judgmental appreciation of the workings of one's mind. Rather than a unitary, autonomous structure, it is helpful to view the self as a composite of multiple parts that represent different qualities--some parts complimentary, and others contradictory. Having the capacity to live with ambiguity, multiplicity, and conflicting feelings is critical to living well and wisely. Being able to hold and contain these disparate parts of self, and to examine them non-judgmentally, is a signifier of health.

Within the muddle of multiplicity there exists the possibility of an observing ego, a valiant small-t truth-seeker, and internal consensus builder. The most important function of the observing ego is the ability to reflect on experience, especially in times of stress. Gaining perspective involves identifying, listening to, and understanding the multiple feelings and conflicted parts of oneself. The simple yet daunting solution to the complexity of mind and life is to be open to self-experience, and to invite all the disparate, contradictory feelings to the table.

*Dr. Larry Brooks can be reached at [DrBrooks@DrLarryBrooks.com](mailto:DrBrooks@DrLarryBrooks.com).*

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# Psychology and Family Law

## Domestic Violence as a Tragic Toll of Divorce

By Mark Baer, Esq.



I believe it is well recognized in psychological circles that the stress of divorce itself is monumental, often reaching 9 out of 10 magnitude on the SUDs scale. Stress is a pain and a pressure

that seeks relief, and sometimes, tragically, release from the pressure is expressed in violence. The American Bar Association acknowledges, for example, that in child custody battles, reports of domestic violence are common, and by some estimates as many as 50% of child custody disputes involve domestic violence.

In one month alone, this past October, three tragic incidents made headlines:

In Dallas, after a court awarded a father sole custody of his 7 year old boy, the mother shot her son and herself, even as her estranged husband waited outside with police.

In New York state, a successful attorney who was reportedly distraught at the prospect of losing custody of his children in an up-coming trial, killed his wife and his children before turning his gun on himself.

In Seal Beach, California, Scott Dekraai--a despondent husband who had just faced a court imposed delay in his bid to obtain full custody of his son, blasted into the work place of his estranged wife, killing her and seven others.

While it is facile to argue that such instances can be attributed to the essentially unbalanced state of the individuals, this argument avoids dealing with the fact that the legal system aggravates the possibility that fragile people under enormous stress will lose control. For example, in the Seal Beach situation, Dekraai had just come from a hearing that would have forced him to wait an additional two months for a ruling. Continuances and other delays are typically considered "benign"--but are they, really? Forcing suffering people to endure frustrated expectations and prolonged ambiguity, as the family law system routinely does, is unquestionably--if passively--malignant, and can be a real trigger for violent behavior.

As a prominent family court judge has observed, "The court system was not built to house [violent] emotions, and attorneys are not trained to reduce this kind of suffering."

As I have opined before in this space, the American legal system unintentionally aggravates conflict in divorce situa-

tions, even though models that are designed to reduce conflict--such as mediation, and other collaborative approaches--are available as alternatives.

I recently took part in a discussion of family law on the LA County Bar Association's Listserv. After one lawyer pointed out that "the code of ethics requires attorneys to advise their clients about mediation possibilities," a number of others chimed in with reason after reason for opposing the use of mediation in family law cases. Eventually I spoke up. "Why is it that mediation and collaborative divorce is very successful in other countries (such as the UK), and in some states in the US, but the family law litigation community here seems to have a completely different impression? Is it that people in Los Angeles somehow differ from people everywhere else?" Disappointingly--but not surprisingly--no one even acknowledged my question.

Tobias Desjardins is an expert mediator and therapist who frequently is referred families in the process of protracted divorce and custody battles, often where a child has become disturbed or even suicidal. He states that by the time he gets such referrals, both parents have worked with a number of attorneys, and yet they have consistently told him that the very first time they learned about mediation or collaborative divorce was from him. In my opinion, this fact is not just unethical, it's just plain tragic.

According to the LA Times, "Californians will soon face longer lines in courthouses, delays in finalizing divorces, prolonged custody battles, and extended waits for lawsuits to go to trial as a result of deep budget cuts approved by state lawmakers." It is a grim reality that those who choose to use the traditional system of litigating divorce through family court will continue to face situations that exacerbate, rather than allay, the great pain and stress of splitting a couple or family. And some of them, tragically, will resort to violence.

There is a legal doctrine in tort law which asserts that a pre-existing vulnerability, which causes an individual to be more injured by an action than a less vulnerable individual would be, does not exonerate the wrongdoer from owing full damages for the full injury to the person. Thus, if it is axiomatic that divorcing individuals are psychologically more vulnerable than the average person, then in my opinion the US legal system should be held accountable for the destruction it causes them--or change.

*Mark Baer, Esq. can be reached at (626) 389-8929 or by email at [Mark@markbaeresq.com](mailto:Mark@markbaeresq.com).*

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# *Obsessive Ruminations*

## Working Through Loss: The Crux of Psychotherapy

By Alan Karbelnig, PhD, ABPP

*Bolstered by Soren Kirkegaard's lament that "ours is a paltry age because it lacks passion," Dr. Alan Karbelnig writes this regular column to provoke thoughtful reaction from his SGVPA colleagues. He practices psychoanalytic psychotherapy and forensic psychology in South Pasadena.*



Emotionally pained individuals can be approached from many, many different angles, some of them eloquently simple. Recently I was struck by the absolute centrality of loss in the struggles of all the patients in my practice. Randomly choosing four patients I see one of the mornings of my week, I find this among them: My first patient seeks to recover after his romantic partner suddenly left him; my second deals with the experience of nearly dying six months ago from a rare, paralyzing neurological condition; my third, a couple, fear that conflicts between their blended children will destroy their marriage; and my fourth, a professor, seeks my help for severe post-traumatic symptoms after being assaulted by a student. These patients have all lost something: respectively, love, health, marital stability, and safety.

Viewing patients in this way allows us to see them as real human persons. Patients are no longer either anxious or depressed. They are no longer neurotic, borderline, or psychotic. They are human beings struggling with losses, not just walking poster-boards for the DSM-IV-TR.

Of course this line of reasoning does not simplify our work, but it does allow a unifying way to think about patients in psychotherapy. The brain/mind functions as a sort of processing system, allowing us to cope with any number of changes, exigencies and endings. Individuals typically seek help because their capacity for motion has become paralyzed as a result of loss.

Jacques Lacan once said that we are in love with our symptoms, implying just such a paralytic process. Loss seems to create symptoms we love the most. Consider the infinite lyric permutations of Oh, baby baby, I miss you so. Loss follows the contour of life itself, from the lost paradise of the womb to the final loss of our existence. Perhaps this is what makes our relationship to loss so primal, falling somewhere between a romance and a phobia.

Some patients avoid facing loss altogether by holding on to their pain. The pain becomes a substitute for the lost object, be it a person, an experience, or a bodily function. They obsess over whatever they have lost, and this becomes the focus of their experience.

A number of other patients simply cannot mourn. It's

too painful for them. They unconsciously prefer to believe, omnipotently, that the mourning process can be avoided. They seek refuge in what Klein called the manic triad: triumph, contempt and control. Losing is beneath them, mourning is a weakness of some sort, the forces of life and loss can be resisted.

Others prefer to remain in a state of denial, thinking they can keep moving forward without integrating their losses. They progress through life with holes in their history, all in an effort to avoid facing whatever is now absent. One patient of mine was stricken with anxiety when the woman he'd been with romantically for two years left him to marry another man, even though my patient had refused to marry her. He still knows in his heart that marrying her was and is out of the question.

But now he can only focus on their times of closeness, her abandonment having become a screen for the death of his mother when he was two. Remarkably, he does not deny his denial, readily affirming the immaturity, financial chaos, extreme family dysfunction and substance abuse the woman dragged into the relationship, making a marital commitment to her impossible. This vaguely psychotic dissociation allows him to indulge fantasy sentiments and avoid the finality of loss.

Interestingly, we psychotherapists must ourselves confront loss, mourning the absence of a neat system for characterizing the complexity of the human psyche. We don't have the certitude of our scientific colleagues, who always have one or more constant variable on which to build a system that offers specificity and predictability. We will never have such constancy, except perhaps that life constantly brings changes, separations, and losses.

Virtually all of the psychodynamic models offer vehicles for such a process. In the early Freudian days, abreaction released the emotions associated with loss. In the more modern, relational models, loss is dealt with by careful explication and exploration in the context of an intimate psychotherapeutic encounter between two subjectivities.

We must continually hone our skills in assisting persons to mourn. Mature character is built through such a process of letting go of losses, integrating absences into the personality, and then moving forward more prepared for the next loss or change – a fundamental dynamic of the human condition.

*Dr. Alan Karbelnig can be reached at [AMKarbelnig@gmail.com](mailto:AMKarbelnig@gmail.com)*

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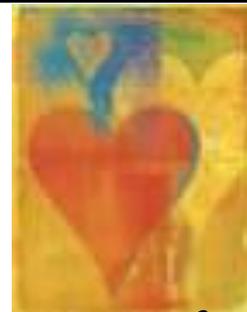
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lizgrn@sbcglobal.net

**Continuing Education Workshop**

Clinical Supervision: A Contemporary Psychoanalytic Approach.  
6 CEUS for MFT, LCSW, Ph.D. Approval # PRO023-0073.  
February 4, 2012 9AM - 4PM

**Small Consultation Groups**

Fridays 4:15 - 5:45 Therapists Starting Out In Practice  
Tuesdays 12:15 - 1:45 Therapists with 7+ years Experience  
4<sup>th</sup> Friday 12:15 - 1:45 Monthly Consultation Drop In

**Skype Consultation**

Call for more Information

For more Information go to <http://drlarrybrooks.com>  
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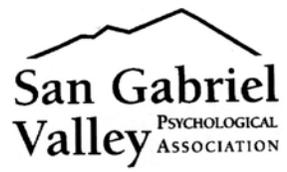
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**c/o Suzanne Lake, PsyD, Editor  
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