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Upcoming Luncheon Meetings



Date: Friday, May 7, 2012
Topic: Perinatal Mood and Anxiety
Speaker: Emily Dossett, MD

Date: Friday, June 4, 2012
Topic: Working With Autistic Spectrum Patients from a Psychoanalytic Perspective
Speaker: Christina Emanuel, MFT

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,

I was struck recently by a quote from author Anne Lamotte that goes like this:
Life is mostly okay right now, sometimes lovely and peaceful; and when it's not, it's hard and weird...and the scary parts feel like they could break you.

But then these parts pass, against all odds, and things are mostly okay again, temporarily. Until they get hard and weird again and break your heart (from, Some Assembly Required).

So how's life treating you these days? Are you happy for the most part? Or perhaps you've experienced a recent sad event? If most of us are honest, life is mixed, and there's usually a combination of both hard and wonderful things at any given time. This struck me recently after a sad event in my own life and then I read Anne Lamott's quote above, and I smiled. Quirky, authentic, and lovable, I love Lamott's writings, and frequently find myself relating to her life journey. SGVPA is kind of like this – quirky, authentic, fully of varied human experience and in the end, hopefully lovable! SGVPA, as an organization, is rich in resources and houses some very lovable people. So I challenge you to get involved – come to our monthly luncheons, happy hours, programming, and membership drives. Tell your colleagues about us and bring them along. In the end, I think you'll feel blessed and connected.

(continued on p. 2)

Speaking of events, I hope that many of you attended the California Psychological Association's annual conference in Monterey Bay last month. From what I hear, there were a record number of attendees. Secondly, the Membership Committee, under the leadership of Membership Coordinator, Kelley Vandewalle, hosted a membership recruitment event on April 26 at Wine Detective here in Pasadena, which I hope many of you enjoyed--together with potential new members! Also, having recently attended CPA's annual Advocacy Conference, I am full of vim and vigor when it comes to advocacy for mental health! You'll be hearing more in the coming months on ways to get more involved. Lastly, I'd like to highlight SGVPA's involvement in Pasadena Mental Health Day coming up on May 12th! Their theme this year is "Healthy Minds, Healthy Families." We're sponsoring a table, and will be passing out a FAQ sheet on how to find a therapist, as well as a directory of SGVPA members who want to be listed. More details of how you can help and/or add your name to the list of providers will be forthcoming. And lastly, I'd like to welcome Dr. Linda Nelson, our newest appointee on the Board of Directors! She is the new Governmental Affairs Chair and will be working closely with me on advocacy and legislative issues pertaining to mental health.

Respectfully,

Stephanie Law, PsyD
President

Membership Corner

By Kelley Vandewalle, PhD Candidate
Membership Coordinator



Happy Spring SGVPA Community! First, I would like to welcome our newest members to SGVPA (see their names in the box!). Secondly, we had our Spring

Drink-and-Link for Shrinks on Thursday, April 26th! This was an SGVPA Membership event specifically designed to attract and recruit non-members, offering an evening networking, wine tasting, and sampling hors d'oeuvres compliments of SGVPA! I will be reporting on the great success of the event as soon as all the returns are in! Thanks to everyone involved.

I look forward to seeing you at upcoming luncheons and events!

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NEW MEMBERS

New Members

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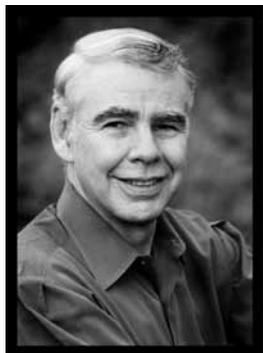
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The Borderline Brain: Neurobiology of Emotional Dysregulation and Its Implications for Treatment

By James S. Graves, PhD., PsyD



Emotional dysregulation is a core feature of Borderline Personality Disorder (BPD). People with BPD often present with heightened reactivity to perceived threats in their environment, leading to fear, anger, or depression. While emotional regulation is a highly complex process, this article will

explore our current understanding of some of the major structural and functional impairments of the central nervous system that give rise to debilitating emotional dysregulation.

First, it is important to describe the neurobiology of normal emotional regulation (also referred to as affect regulation). If we are suddenly exposed to a potentially threatening situation--say a loud noise in a normally quiet environment--we rapidly become aroused and orient toward the direction of the sound. This rapid arousal response is driven by the amygdala, which is the “smoke alarm” of the brain, monitoring the environment for threats and sounding the alarm to prepare to fight or flee when a potential threat is perceived. If our senses perceive no further threat, our arousal quickly subsides, a process that is initially activated by the orbitofrontal cortex (OFC) on the ventral (i.e., underlying) surface of the prefrontal cortex just above the eye sockets. Another structure of the prefrontal cortex, known as the anterior cingulate cortex (ACC), also plays an important role in the reappraisal of potential threats (Banks et al., 2007). These two prefrontal areas combined are often referred to as the medial prefrontal cortex (mPFC). The reciprocal neuronal connections between the mPFC and amygdala are referred to as the frontolimbic circuit.

If, on the other hand, we perceive a continuing threat--say, a person with a gun--our amygdala will continue firing as the inhibitory frontolimbic circuit remains relatively quiet. Continuing amygdala activation will initiate the fight or flight response to deal with this potential threat. A major component of this response is a cascade of hormonal events, known as the hypothalamic-pituitary-adrenal (HPA) axis that results in the secretion of cortisol from the adrenal glands. Cortisol is important for mobilizing the energy stores of the body needed to fight or flee. The HPA axis is modulated by a negative feedback loop whereby increasing blood cortisol down-regulates the cascade. However, when the HPA axis is activated too severely or chronically, the resulting cortisol

levels have a nasty side effect of killing neurons in the brain (Wilkinson & Goodyer, 2010). As we’ll see below, this cortisol neurotoxicity may play an important role in the development of the “borderline brain.”

The hippocampus is an important structure of the limbic system, which is well known for its role in the formation of explicit (i.e., recallable) memories. Recent studies have demonstrated that the hippocampus regulates emotional memories (e.g., fear) through the application of contextual information. For example, in our loud noise situation the hippocampi will apply historical information about the environment to either augment or inhibit the fear response, depending on whether or not that context has been safe for the individual. Failure of this hippocampal function may lead to overgeneralizing potentially threatening situations (Herry et al., 2010)

The hippocampus plays a second important role in emotional regulation as a component of the negative feedback loop of the HPA axis. The hippocampus has a high density of cortisol receptors; so it is exquisitely sensitive to blood levels of this hormone. The interaction of cortisol with these receptors during a stress response results in hippocampal inhibition of the HPA axis at the hypothalamus and, thus, modulation of the secretion of cortisol. Dysregulation of the HPA axis may lead to chronically high levels of cortisol, with the attendant neurotoxicity and other pathological consequences (Zimmerman & Choi-Kain, 2009).

Over the last decade or so, functional brain imaging studies have shed light on the neurobiology of emotional dysregulation in BPD (Mauchnik & Schmabl, 2010). A variety of studies have shown that individuals with BPD have an impairment of the frontolimbic inhibitory circuitry. When presented with a situation that provokes a negative emotion, BPD subjects demonstrate hyper-responsive amygdalar activation, while the mPFC is relatively deactivated compared to healthy controls. Morphometric brain imaging studies have revealed that portions of the mPFC have reduced volume or grey matter concentrations in subjects with BPD. Thus, the inadequacy of the mPFC to manage amygdalar activation may reflect structural impairment.

Because of the importance of the hippocampus in emotional regulation, several studies have addressed the physical volume and integrity of the hippocampus in BPD

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Post-traumatic Stress Disorder: Part I of a Two-Part Series

By Stephanie Law, PsyD
President

Perhaps Post-traumatic Stress Disorder is now a term heard by the general population more than ever before. Not only are many returning military veterans struggling with the symptoms of this disorder, but any individual who has faced a traumatic event certainly faces the likelihood of developing symptoms. This article series is an attempt to provide some helpful reminders of what this mental health disorder is really all about.

Just how frequently is PTSD diagnosed? The National Comorbidity Survey Replication (NCS-R), conducted between February 2001 and April 2003, comprised interviews of a nationally representative sample of 9,282 Americans aged 18 years and older. The NCS-R estimated the lifetime prevalence of PTSD among adult Americans to be 6.8%. The lifetime prevalence of PTSD among men was 3.6% and among women was 9.7%. Thus, the diagnosis is by no means uncommon. And did you know that the diagnosis of PTSD was first established in the Diagnostic & Statistical Manual, 3rd Edition (DSM-III) by the American Psychiatric Association in 1980? From that point onward, PTSD was considered to be an anxiety disorder.

Certain criteria must be met for the diagnosis of PTSD to be made. It is essential that the individual experience, witness, or be confronted by an event(s) that involves actual or threatened death, serious injury or threat to the physical integrity of oneself or others. The individual must also respond by experiencing intense fear, helplessness or horror; this is central to the experience of traumatic stress. There are three symptom categories of PTSD: re-experiencing, avoidance, and hyper-arousal. Although by no means all inclusive, the most common examples of persistent re-experiencing are recurrent and intrusive distressing recollections of the event, including images, thoughts, and/or perceptions, as well as distressing dreams of the event. When I was doing my internship at the VA Hospital in Loma Linda, I vividly remember my supervisor, an expert in PTSD, explaining to me how rare authentic flashbacks were. Often people say they've had a "flashback" when it's more like a recollection. A true and genuine flashback, my supervisor explained, is when the person literally re-experiences the event and loses touch with the present – an important distinction to make when diagnosing this disorder, she warned.

The second symptom category is persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by some of the following: 1) Efforts to avoid thoughts,

feelings, and/or conversations associated with the trauma; 2) Efforts to avoid activities, places, and/or people that arouse recollections of the trauma; and, 3) Inability to recall an important aspect of the trauma, just to name a few. A classical example of avoiding is the military veteran who avoids watching any news about military activities for fear of seeing something that triggers a traumatic memory. How this specific criterion may evidence itself in our consulting rooms with a non-military individual is, for instance, the person unable to recall details from an assault.

Finally, the third symptom category includes persistent symptoms of increased arousal (not present before the trauma), as indicated by some of the following: 1) Difficulty falling or staying asleep; 2) Irritability or outbursts of anger; and 3) Exaggerated startle response.

What about the risk of developing PTSD? Might there be factors that have been found to increase the likelihood of developing PTSD? Research says yes. Some of these include the length of time exposed to the traumatic event, repeated traumas versus a single discreet event, and the level of adjustment of the individual before the event. A pre-existing psychiatric disorder, or a history of significant trauma, whether related to the current event or not, has also been associated with the risk of a more severe reaction to a current traumatic exposure.

Researchers have found that certain protective factors appear to reduce the likelihood of developing PTSD. These include coping with the traumatic event in positive and active ways rather than avoiding it; better training and preparation to respond to a traumatic event; higher education and income; and the male sex. After a traumatic event, social support is also associated with reduced risk of PTSD, including emotional support and talking about the traumatic event. In fact, studies of veterans have shown that social support, particularly after homecoming, is associated with reduced chance of PTSD.

...to be continued.

*Dr. Stephanie Law can be reached at
Stephanie@drstephanielaw.com*

Psychology and Family Law With Gratitude to SGVPA

By Mark Baer, Esq.



In lieu of my regular column, I feel the time has come for me to thank the San Gabriel Valley Psychological Association and its members for the amazing things that have occurred in my professional life since joining

In early 2008, Dr. Elisse

Blinder encouraged me to attend the January Jubilee. She thought that SGVPA would be a perfect fit for me because I have always recognized the connection between family law and psychology. The members were so warm and welcoming that I immediately joined, and began regularly attending the monthly lunch meetings.

In mid-2008, Dr. Suzanne Lake, the then President, and Editor of the Newsletter, approached me about writing an article for *AnalyzeThis!* I was very reluctant about doing so because I did not think writing was my forte'. She convinced me to write the article, which was titled Marital Russian Roulette, and which appeared in the September/October 2008 edition of *AnalyzeThis!* I must admit that Suzanne had to do a significant amount of editing with that article, because it was written by a lawyer who then was only familiar with writing for other lawyers. However, she explained each and every editorial change she made, with meticulous attention to accurately expressing my ideas in more accessible language. Suzanne liked the end result, and invited me to be a regular contributor. Although the second column required somewhat less editing by Suzanne, she still had to spend a good amount of time working with me in order to make the piece more suitable for non-lawyers to read. As a result of Suzanne's painstaking work with me, I was becoming much more adept at writing! In April 2010, SGVPA won its first award for *AnalyzeThis!* from the California Psychological Association as the most outstanding chapter newsletter in California--and my column was specifically listed as a factor in that decision.

In April 2010, I began using social media sites such as Facebook, Twitter and LinkedIn, where I began posting links to my articles. People far beyond SGVPA's membership began reading those articles, and liked the information I was conveying.

In November 2010, my first article came out in a

publication other than the SGVPA newsletter. The article titled, Cost of Raising a Child Calculation Tool – Issues Involving Child Support, was published in Valley Lawyer Magazine. Since then, my articles have been published in Pasadena Weekly, The Daily Journal, and Forbes. Columnists from the Pasadena Star-News, the Los Angeles Times, The Wall Street Journal, and other publications now regularly use me as a resource for their stories. I have been interviewed on KTLA news, and profiled by the Beverly Hills Bar Association (in an article entitled, Family Law Par Excellence), and by the Pasadena Star-News (in an article entitled Finding the Solution).

In March, I was the Keynote Speaker at The Divorce Expo in Detroit--designed to offer resources and information to the Detroit community regarding positive and future-oriented options for divorce. I released the written version of my speech the following day, and that week the speech was viewed by 1,264 people. The general response I have received has been incredible. In fact, one person emailed me the following comment: "Outstanding! You are truly a gifted writer... Well done." Please note that nobody edited or even saw this speech before I delivered it--and that nobody edited the written version that I released on-line!

I have since been asked by several other organizations to deliver my Keynote Speech to their members, and people are commenting that I have "the capability of being a great spokesman for my industry."

Then too, I met Dr. Linda Bortell through SGVPA, and by the time you are reading this, we will have been co-presenters at the CPA Annual Convention. Linda and I also joined forces to give a presentation at SGVPA's February lunch meeting this year. And finally, as a fitting consequence of my successful collaboration with Suzanne Lake, she and I are currently working on the writing of a book which will further develop my ideas about the psychological impact of the flaws in the family law system.

In sum, I cannot fully express my appreciation for all of the amazing things that have evolved in my professional life as a direct result of joining SGVPA. It's been my pleasure to be involved with such a wonderful group of people. Thank you!

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

Obsessive Ruminations

Kill the Psychologists First!

By Alan Karbelnig, PhD, ABPP



Terror, depression, addictions, sadness, obsessions – these and similar demons typically drive our patients into our consulting room. But the work we do, as psychoanalytic psychotherapists, actually requires that we distract them, and ourselves, from these immediate concerns. We listen intensively to their subjective pains, and then we probe beyond these into the deeper layers of the self. What we find there are their hopes and dreams, their regrets and nightmares, their loves found and loves lost. Pleasant or not, at the most basic levels of their being, we help them discover what Jacques Lacan describes as their “desire.”

Yet we live in a society that may well be increasingly threatened by individuals pursuing such desire, particularly in occupational settings. Many people may find their work gratifying and fulfilling; their work may well be consonant with their actual wishes. But some may consider these to be the lucky ones. Too many individuals simply don’t know where their skills or passions lie, and in a depressed job-market their quest becomes all the more bewildering and desperate.

Our society as a whole rarely promotes true self-actualization. The skewed values promulgated by the media and the advertising industry often serve as outright impediments to personal authenticity. Our public educational institutions and the recent proliferation of “for-profit” schools of higher education can also fail the developing self. The former often promote students by any means possible, ignoring who they really are, be they artists, musicians, or writers. Limited cognitive-intellectual modes of learning marginalize whole populations of students. The “for profit” advanced educational institutions lure students by offering aid packages and, typically, false promises of job placement. Their focus is not the students’ discovery of the gifts or true desires that could lead to fulfillment in the marketplace, or in their lives overall.

What Lacan means by desire is not a wish per se, but a general striving for fulfillment or meaning, a seeking of what makes life worthwhile. Often our patients’ mental pain has emerged from the thwarting of their desires, typically resulting from adherence to unconscious dramas into which they were unwittingly drawn during their early childhood. As a result, they find themselves involved in unsatisfying love relationships and unfulfilling careers, lacking sufficient recreation or play, and generally living their lives in an inauthentic fashion.

Once these layers are unpeeled, and the underlying dramas are exposed and slowly altered, the more authentic being emerges. Gradually, individuals begin conducting their lives in harmony with their true natures. Of course, exceptions exist. Not everyone will benefit from psychoanalytic psychotherapy. Some individuals need the assistance of psychopharmacological agents to reduce biologically-based psychiatric disorders; others need governmental and alternative forms of aid so that they can achieve basic standards of living before the process of self-actualization can realistically begin. But even these individuals, assuming that they have mental pain and feel they are not thriving in their lives, can benefit from psychoanalytic psychotherapy. This also assumes, of course, that they can afford it, are educated enough to even know of its existence, and are not swayed by cultural biases against it.

With the rise of globalization and the metastatic growth of multinational corporations, the individual’s search for “personal truth” may become increasingly undervalued. The concentration of vast wealth in the hands of so few raises the specter of the kind of “slavery” that Karl Marx decried, in which the dreams, needs and welfare of the workers were completely subordinated to the “true desires” of the all-powerful owners of industry. Even the behaviorist B.F. Skinner, of all people, once argued that the interests of the large corporations would ultimately conflict with the basic needs of individuals.

In his excellent book, *The Empire of Illusion*, Chris Hedges forcefully argues that corporations meet the criteria for being considered psychopaths – they are motivated solely by self-interest and lack empathy for others; they manipulate to achieve their goals, lie and deceive when necessary, and seek only profit.

Now that corporations can contribute to political campaigns as if they were individuals, their influence upon government is greater than ever, beyond what even Marx might have imagined. The last thing a corporately-influenced government would want is a profession that raises the consciousness of individuals, helps them find themselves, and assists them in adjusting their lives to be more in consonance with their true desires. Therefore, the work of the psychoanalytic psychotherapist may well become unpopular, or even dangerous. If corporate America ultimately sets its sights on federal governance, then maybe they should kill the psychologists first.

Dr. Alan Karbelnig can be reached at AMKarbelnig@gmail.com.

The Borderline Brain

(continued from page 3)

reduction appears to be related to reported child abuse or ongoing PTSD symptoms, but causation has not been shown definitively. As an integral part of the HPA axis negative feedback system, an impaired hippocampus may play a role in HPA axis dysregulation.

The question arises as to what may be the cause of the structural impairments of the mPFC and hippocampus. Our ability to regulate negative emotional states is determined by a combination of genetics and developmental events during the first several years of life. Genetically, we may be predisposed to negative emotional states, but the ability to regulate these emotions, in most cases, is fine-tuned by interactions with the interpersonal environment during early brain development. BPD has a significant genetic contribution (Reichborn-Kjennerud, 2008), but most individuals diagnosed with BPD report maltreatment and often sexual abuse during childhood. Thus, the borderline-to-be child is usually exposed to a stressful environment. The neurotoxicity of excessive cortisol secretion in such a family-of-origin environment may lead to pathogenic alterations of development of the emotional regulatory systems and/or damage to more mature structures that are a part of that system.

So, what does all this neurobiological understanding have to do with treatment considerations? If we know at least some of the structural/functional impairments of the brain in BPD, we can design treatment strategies that address these issues. This leads to what I call a “heal-the-wound” philosophy of treatment.

Mindfulness meditation has become an important tool in psychotherapy for a variety of disorders, but its neurobiological mechanisms are still being investigated. Dialectical Behavior Therapy (DBT), in which mindfulness practice is a major component, has been validated by many studies as an effective treatment for BPD. In addition, laboratory studies have shown benefits of mindfulness training or instruction in emotional regulation paradigms (Keng et al., 2011). A recent study with healthy subjects showed that an eight-week Mindfulness-Based Stress Reduction course, originally developed by Jon Kabat-Zinn in the 1980s, caused a significant increase in the grey matter concentration in several brain structures, including the hippocampus (Holzel et al., 2011). This creates hope that such a program might heal the damaged hippocampus in people with BPD; however, to my knowledge this has not yet been demonstrated in the literature. Further work is also needed to identify specific interventions that will repair the impaired frontolimbic circuitry in BPD.

Longitudinal studies have shown that psychopharmacologic interventions (including antidepressants) can reduce emotional instability in BPD (Nose' al., 2006). Of great interest is the recent demonstration that fluoxetine promotes neurogenesis in the hippocampus which restores HPA axis regulation (Surget et al., 2011). Such evidence of brain plasticity is encouraging in efforts to find specific ways to heal the wounds in the borderline brain.

James Graves, PhD., PsyD, a long time SGVPA member, teaches at the California School of Professional Psychology at Alliant International University. In addition to his PsyD, he has a PhD in physiology from Duke University.

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*References used in this article are available
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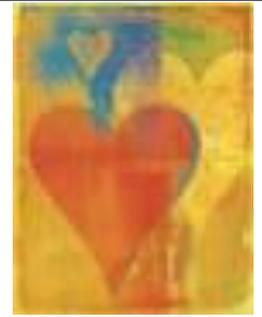


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The Therapist's Journey an e-Newsletter 

Stephanie Law, PsyD

Clinical Psychologist (PSY22190)

Psychodynamic Psychotherapy

Specialties:

Grief/Bereavement

PTSD

Trauma

Reverse Culture Shock

Mood Disorders

Professional Affiliations:

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Rose City Center, Board of Directors

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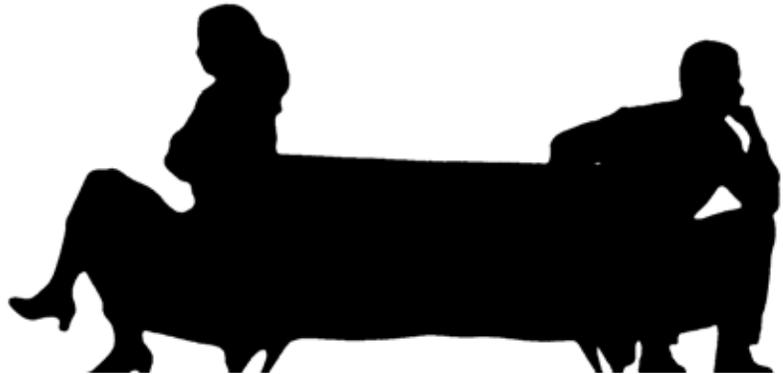
www.drstephanielaw.com

The Thriving Couple:

Psychoanalytic and Literary Perspectives

A continuing education course

Taught by Alan Karbelnig, PhD, ABPP



Love, conflict, jealousy, sex, hatred, children... and then there are the in-laws... Few endeavors are as complex, fraught, and enticing as the pairing of two lives. Coupledness is considered many things, the foundation of family life and even of society, or, in the words of Albert Einstein, "the futile attempt to make something permanent out of a temporary infatuation." Facing a gauntlet of obstacles both internal and external, social and biological, how does a couple survive, let alone thrive? What can psychoanalytic thinkers and fiction writers tell us about the nature of couples, and how might we apply these ideas to our psychotherapy practices and even to our personal lives? We will begin this course with a few key psychoanalytic articles, and will then move on to a list of superb novels featuring couples of all types, from cautionary tales to lessons in longevity.

Readings

Pride and Prejudice by Jane Austen
Who's Afraid of Virginia Woolf by Edward Albee
For Whom the Bell Tolls by Ernest Hemingway
Tender is the Night by F. Scott Fitzgerald
Saturday by Ian McEwan
Wonder Boys by Michael Chabon

Dates

10 biweekly Fridays, 5-6:30 PM,
September 14th through February 1, 2013.
Complimentary wine and snacks will be served.
The seminar will be limited to ten participants.

Fees

\$550 per licensee /\$450 per student (includes all articles and books). A \$250 deposit is required; balance due at first meeting.

C.E. Units

15 units pending from the MCEP Accrediting Agency.

To Enroll

Email Alan at amkarbelnig@gmail.com or Candace Franco at candace.franco@gmail.com. Mail registration deposits to Alan Karbelnig, PhD, 625 Fair Oaks Ave., Suite 270, South Pasadena, CA 91030.

Isabel Green, Ph.D.



Independent, licensed psychologist specializing in testing and assessment, as well as therapy and treatment, of a number of psychological disorders including:

- Learning disabilities**
- Attention problems such as ADHD**
- Behavioral problems in children and adolescents**
- Certified Alzheimer's Disease and Other Dementias Treatment Specialist**

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*...a member of the American Psychoanalytic Association and
the International Psychoanalytical Association*

**Psychoanalytic Training Program:
Adult, Child and Adolescent**

The New Center's Psychoanalytic Training Program prepares mental health professionals for the practice of psychoanalysis. NCP strives to provide students with a deep understanding of psychoanalytic theory and the critical skills that enrich both their clinical work and their research, allowing them to participate fully in the vibrant analytic world community.

*Application deadline for fall 2012: August 1st
Application fee waived if application is submitted
by June 15, 2012*

N-C-P.org
2014 Sawtelle Blvd., Los Angeles, CA 90025
Ph: 310.478.6541x10 ~ Fax: 310.477.5968

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Whole Page Ad	\$100	\$250	\$500
Insert	\$120	\$300	\$600

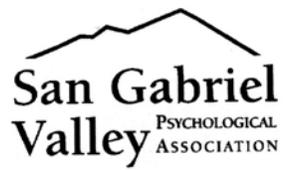
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** Other Link with newsletter advertising purchased concurrently	\$10	\$20	\$30	\$40

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Mary Hannon, 1122 Avon Pl., South Pasadena, CA 91030,
phone (626) 354-0786.



**c/o Suzanne Lake, PsyD, Editor
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