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Disaster Response

Open

Ethics

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Fall Lunch Meetings

Date: Friday, September 14, 2012
Topic: Lust, Envy, and Greed: Case Studies in Countertransference
Speaker: Alan Karbelnig, PhD

Date: Friday, October 12, 2012
Topic: Relational Psychoanalysis
Speaker: Leslie Maxson, PhD



FALL CHANGES!!

*Brand new location!
Brand new Friday!
We will gather at
the WOMEN'S CITY CLUB
dining room at
160 N. Oakland Ave.*

*Meetings will be regularly be held on the
SECOND FRIDAY of each month.
(All costs will remain the same.)*



Monthly luncheons are from 12:00 to 1:45 p.m.
Members Costs:
Luncheon, Service, and Parking Privileges...\$22
CE credits...\$20
Audit...\$10
Non-Member Costs
Luncheon, Service, and Parking Privileges...\$27
CE credits...\$25
Audit...\$15

PRESIDENT'S MESSAGE



Dear Colleagues,

As you read this, I hope and trust you've enjoyed the summer months. Our schedules typically slow down a bit in July and August, and vacationing is at a premium. But a lot has also occurred this summer. If you were like me, I found myself horrified at the shooting in Aurora, Colorado, hypnotized by the summer Olympics, and amazed (not necessarily in a good way!) by the Presidential election process in this country. Despite all that's happens internationally or domestically, please don't forget to take care of yourself, to stop and smell the roses. Although the work we therapists do is fruitful and rich, it is also hard, sacred, emotionally taxing work. If we don't take of ourselves, it's more difficult to attend to our patients. (And yes, I'm talking to MYSELF as much as I'm encouraging you!)

That said, here are a few reminders of upcoming SGVPA happenings. First of all, please don't forget that SGVPA has a new home for our monthly CE luncheons. Beginning on Friday, September 14, at the usual time of 12 pm, we'll be meeting at the **Women's City Club** INSTEAD of our former location. Also, we will now be meeting

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the SECOND Friday of each month. Pricing and time frame are all the same. Free parking is located behind the **Women's City Club** building, just off Madison Avenue.

Secondly, thanks to the folks who came to my "Happy Hour with the President" on July 27. It's always a joy to connect and network with SGVPA members. Be on the look-out for more opportunities in the fall, which I'll faithfully plan and advertise.

Thirdly, one of my presidential initiatives for this year was increased awareness and chapter activity around advocacy. Thanks to the hard and tenacious work of Dr. Linda Nelson, our Governmental Affairs Chair, SGVPA will be hosting a legislative Meet-n-Greet with California Senator Ed Hernandez in September. Let's not forget that forming strategic liaisons with local legislators REALLY does make a difference with state-wide mental health issues!

Sincerely,

Stephanie Law, PsyD
President

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



By Stephaie Law, PsyD
President

Following my earlier discussion in the May/June issue, I would now like to briefly explore some of the more common evidence-based treatments for PTSD.

Many reviews list Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) as the empirically supported treatments for PTSD, and considerable evidence has been amassed to suggest that these treatments result in improvement among survivors of trauma. However, evidence also seems to suggest they also have high dropout and non-responsive rates.

Of the Cognitive Behavioral Therapies, Prolonged Exposure Therapy (PE) is one of the most researched. Based on basic behavioral principles, it is empirically validated, with more than 20 years of research supporting its use. Among the variations of exposure therapy, the PE protocol has been the most extensively studied, and has been found to be highly effective, producing clinically significant improvement in about 80% of patients with chronic PTSD. PE was developed by Edna B. Foa, PhD, Director of the Center for the Treatment and Study of Anxiety, and listed in TIME's Magazine 100 Most Influential People in the World for 2010. PE is delivered in an individual format, typically consists of 9-12 sessions, and consists of four things: 1) Psychoeducation; 2) Breathing retraining; 3) Imaginal exposure; and and finally, 3) in vivo exposure.

Another common CBT treatment for PTSD is EMDR. The patient is told to maintain an image of the original traumatic experience, and encouraged to simultaneously evoke the event and associated feelings, while engaging in eye and tapping movements. There's has been mixed research results on its efficacy, but other studies have shown it seems capable of producing powerful therapeutic effects.

There's now another new treatment that's gaining a large following. Virtual Reality Exposure Therapy, or VRET, is an effective and safe treatment for combat-related PTSD, which utilizes both SUDs (subjective measures) and ongoing physiological measurements (objective measures). The VRET combat environments were designed to simulate or re-create various missions that sailors and marines would have executed while deployed. Research shows comparable efficacy rates between VRET and other CBT treatments, and the advantages of VRET seem to be many. The VR treatment takes place in the office and can be terminated at any moment. Since there is more control of the VR scenario, the warrior is able to, at any time, remove their headphones or direct the psychotherapist to stop the VR scenario. Also, the VR therapy may be just "unreal" enough that many warriors who have resisted therapy due to in-vivo approaches are willing to try it. VR's treatment flexibility allows for more effective and successful treatment that may require less treatment time, thereby reducing the costs of treatment for

(continued on p. 6)



In Supervision: A Meeting of at Least Two Cultures

By Ellen Miller-Kwon, PsyD
Diversity Liaison to CPA

The characteristics that stand out upon meeting someone are often physical in nature. It is, however, more difficult to identify the full complexity of a person from initial visual cues alone. There is the more complicated task of seeing deeply into a person in order to know what they experience and how they feel. The question that I pose is, “How does this occur in supervision when two differing cultures meet?”

I had the privilege of talking this query over with three doctoral students. They had had a total of 24 primary supervision experiences, and only 4 of those were with a supervisor of a similar cultural background their own. I found their reflections illuminating...

“Being in a ‘state of uncomfortable’ is normal” said an African-American female. She expressed to me that her own perfectionism was exacerbated by her awareness of being different: “Often, [I] feel like I have to overcompensate in every environment... I feel this great sense of pressure and responsibility, because I know that whatever I do will reflect back on my race. My actions are a larger projection onto my people, for good or for ill. So when I mess up, my behavior feeds the negative stereotypes about African-Americans.” This pressure makes the exploration of professional development issues more sensitive for her than it might be for others. Issues such as professional image, timeliness, and communication style all become more delicate when there are diverse cultural implications inherent in supervisory discussions.

It seems then that the pertinent question becomes, how can supervisors invite culturally sensitive discussions? One student gave a great example of what this might look like. He described an incident in which a child client asked about a physical difference between them. He mentioned this hesitantly, unsure if his supervisor would open the interaction up for discussion, ignore it, or choose to focus on something else. The supervisor did not ignore the interaction, but rather discussed multiple ways of responding to, in part as a way of teaching the child client about diversity. Ultimately, the conversation helped the supervisee feel that the supervisor acknowledged and respected their differences.

An African-American male student shared that the process of adjusting culturally to his supervisors had become familiar and automatic. It was not until he had a supervisor with whom he shared a cultural affinity that he noticed the significant differences that had existed between him and previous supervisors. With a culturally similar supervisor, he felt there was an easier use of language, more confidence in being understood, and more energy focused on conceptualizing than on the supervisee/supervisor communication issues themselves.

In my discussions with the students, it became apparent that there are many ways in which differences may become problematic. For example, it is important not to send a message that we are better than our supervisees. In one instance, a supervisor who “corrected a word...how it was pronounced” by asking the student not to use certain cultural pronunciation because it did not sound “academic” enough. As supervisors who strive to be culturally aware, we can ideally keep our focus on helping students to navigate client/supervisee discomfort, rather than introducing it to the supervisory situation..

Each student spoke about noticing internal and/or external pressure to represent their culture, to be an “expert” on it, or to excel beyond ordinary standards. An Asian-American male interviewee noted being asked by a supervisor, “Do you study Asian research?” He surmised that this person was expressing that “just because we are Asian, we have to focus on Asian type research.”

As a Caucasian-American I have never felt the pressure to be an expert of cultural issues, nor to represent or explain my culture to other professionals. I thus believe this particular kind of pressure is unique to minority students. On the other hand, in the aspects of myself that I do identify as a minority, I deeply resonate with these students expressions.

I venture to say that in our field there is a historical person of power who is typically male, European-American, Caucasian, non-religious, not working class, heterosexual, able-bodied, and works in an academic and/or private practice setting. This is the floor of majority culture in our field. In aspects where each of us may differ, we might experience our own diversity. And, in our own histories, whatever they are, we can find our own unique point of reference--our culture. We must bring this awareness into the room with us as supervisors.

Dr Ellen Miller-Kwon can be reached at ellen@drellenmillerkwon.com.



Psychology and Family Law

Family Court: Fighting More Than “Fairness”

By Mark Baer, Esq, and Suzanne Lake, PsyD



The term Family Court might be seen as paradoxical by some folks, since one of its primary functions is to adjudicate the fracturing of families in the divorce process. Nevertheless, in its best sense, Family Court--as well as family law attorneys--serve the necessary purpose of attempting to fairly and reasonably facilitate decisions that the separating couple probably wouldn't be capable of doing on their own. In the majority of cases, the very process that leads to divorce involves pain, anger, alienation, and mistrust--hardly the optimal conditions for creative and fair-minded negotiation.

Whatever benign purposes Family Court is designed to accomplish, in actuality it is often terribly destructive. In some cases, the very length of time without decisions being made extends the agony of ambiguity about the settlement. Litigation reinforces the tendency to focus on fault, blame, and righteous entitlement and anger. The polarizing and adversarial attitudes naturally fostered by litigation can have disastrous effects on the parents' relationship, which in turn affects any children involved. No one denies that the costs of bringing the suit to court can be enormous, and further deplete the family's assets, which are already being sundered. The longer the proceedings go on, the greater the burden on both parties, and the smaller the net gain for anyone--except the lawyers.

Nevertheless, although the California system provides for negotiated out-of-court settlements, and an infrastructure of mediation and collaborative divorce negotiation is in place, the majority of divorces are resolved through litigation. Why is this? For one thing, many people have the misconception that without an aggressive push for what each side wants, they are likely to “get less” of what they want. For another thing, the legal system does not promote out-of-court settlements as much as it might. Certainly, attorneys are often biased--whether consciously or not--towards going to court. Court proceedings such as hearings and trials are public events, unlike out-of-court resolution processes. Rightly or wrongly, attorneys are judged more on their ability to win in court than on their ability to settle out of court. Also, family law attorneys bill for services and time, rather than on a contingency basis (since there are many reasons contingency arrangements are unsuited for family law matters). Thus, there are often powerful incentives to avoid settlement.

Subtle psychological factors are also at play in individuals' disinclination to settle without litigation. Research has isolated two strong and salient human traits in this regard. The *Self-Interest Bias* causes individuals to overestimate what they have positively contributed to a marriage, and what they deserve from a dispute resolution, while at the same time underestimating what their opponent has contributed, and thus deserves. This tends to lead divorcing parties to seek or demand benefits and rights which would seem excessive to a neutral observer, and would likely be opposed in a pre-trial settlement.

Flowing from this, there is the innate human *Expectation of Fairness*. The notion of “fairness,” however, is likely to be profoundly affected by the Self-Interest Bias. Psychological research on these traits reveals that people routinely demonstrate an egocentric bias in how much they have contributed to a collaborative task, versus a collaborator. Similarly, in a dispute individuals systematically overestimate the value of claims brought by them, while underestimating the claims of an opponent. Thus, both divorcing parties may believe that whatever settlements on the table before them are “unfair” to them, and that the only way to obtain “fairness” is to have their day in court.

In short, fueled by a righteous desire for “fairness,” divorcing spouses are lured by the illusion that a presumably impartial arbiter--a Family Court judge--will be more likely to see “fairness” their way. Unfortunately, whatever their aspirations, judges are human and have unknowable biases. Further, as one of us has written previously in this space (Baer), jurists are hampered by conflicting constraints of the law as well as personal biases, and few have had any training in positive or creative conflict resolution. Thus veteran Judge Bruce Peterson comments on the divorce system, “It is amazing to me that the American public has put up with government officials dictating the most intimate details of their lives.” He adds, “After watching this process for years, I have come to the conclusion that the time has come to consider taking divorce out of the hands of lawyers and judges... We can create a more healing process.”

In our opinion, well-trained lawyers and other mediators could and should be a large part of such a process.

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

Dr Suzanne Lake can be reached by email at DrSuzanneLake@aim.com.

Obsessive Ruminations

The Murder of Julia Kraft

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.



Yesterday afternoon, while shopping at Whole Foods, Julia Kraft, a senior partner at Gibson, Dunn, & Crutcher, had her first panic attack. She was flooded by profound anxiety at the precise moment she dropped the Green Giant frozen peas into the shopping cart, while trying to decide between the Hanover's Golden Niblets and the 365 Everyday Value Supersweet Yellow Corn. Her breath caught in her throat, a tight knot formed in her chest. She barely remembers the drive home in her Mercedes SUV, but she recalls speeding, spilling her Starbucks latté onto her Apple iPad II on the passenger seat, and then feeling furious as well as terrified.

As soon as she got home, Julia took a Xanax, a mild tranquilizer manufactured by Pfizer. Her husband John greeted her with concern in his Calvin Klein jeans and a Rag-and-Bone casual shirt that emphasized his muscular frame. He walked her to their patio. They sat down on their Brown and Jordan patio furniture and talked, looking out at their Pottery Barn planters and the Smith and Hawkins decor. Julia didn't have a clue what had set her off. At John's suggestion, they searched the internet, first Web MD and then Wikipedia, where they read the DSM-IV criteria for a panic attack. They located a psychotherapist using Psychology Today online. Ernest Jones, PhD, PsyD, ABPP, a psychologist specializing in CBT and DBT, quickly returned her message, giving her an appointment time for the next morning. Julia used her Verizon cell phone and her Gmail account to cancel her morning appointments.

In an effort to soothe her, John suggested that they go to dinner. The Xanax had taken effect, Julia felt better, and she agreed. They got into his Ford F-150, drove to Houstons and had the special, sharing a bottle of Grgich Hills Chardonnay. On the way home they picked up dessert from the La Brea Bakery. Julia's anxiety returned by then; she took another Xanax. When she struggled to fall asleep that night, her husband gave her Ambien, made by Pfizer's competitor, Sanofi-Aventis.

Next morning, Julia prepares for her appointment thoughtfully. She showers using L'Occitane soap and

Nexus shampoo. She next smooths Neutrogena light sesame formula body lotion onto her legs and arms, and massages Origins Plantscription anti-aging serum and Clinique Moisture Surge Gel onto her face. Next she applies Lancome Maquicake UV Infinite Everlasting Compact Foundation. Wearing her Felina underwear, Julia puts on her Ann Taylor slacks, her Anthropologie top, and her Nine West heels. She leans over and kisses John, still nestled in their Ralph Lauren sheets, exits their Kaufman-and-Broad house, and uses her Genie remote to open the garage door.

As Julia drives the few miles to Dr. Jones' office at San Marina psychiatric, passing a Chevron station, a Jack-In-The-Box, a Jiffy Lube, and a Marshall's Department Store, she feels terror again. She realizes that she has ceased to exist as an individual. Not only have her desires for her material possessions been implanted through the media, but she realizes that outside influences – social, cultural, institutional – account for virtually all of her life choices, from her university degree, to her career, to her current family lifestyle, to her recreational pursuits, to the kind of future she imagines for her children. By the time she enters Dr. Jones' office, well-appointed with Ethan Allen Furniture, Julia is in the grip of acute panic.

Dr. Jones greets her in the waiting room with a warm smile, clutching a handbook entitled Structured Psychosocial Interventions (STI). He escorts her into his office and, peering through his Belinsky prescription eyeglasses, has her take the Beck Anxiety Inventory on his Hewlett-Packard desktop which he purchased with his United Airline Chase Bank credit card. (The results are instantly scored by Pearson Assessments utilizing his SBC Global DSL line).

Dr. Jones informs her that panic attacks are the result of biological factors, ways of thinking, and social stressors, and that upwards of 20 percent of Americans suffer from them. Although this fact also resides somewhere in the far reaches of his mind, he fails to tell her that the average American is exposed to tens of thousands of brand names each day. As he hands her an Avery-Dennison notepad and instructs her, with a click of his Waterman pen, to begin writing down her automatic thoughts, Julia runs screaming from his office—ripping off each piece of clothing, every accessory—and into the neighboring woods. She has not been seen since.

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

Post-traumatic Stress Disorder

(continued from page 2)

combat-related PTSD. And finally, there is a decreased stigma. Voluntarily seeking mental health treatment can be personally challenging for some, due to fears of how one will be perceived by peers and leaders, or concerns about a potential negative impact on career advancement. Virtual reality mental health treatments are acceptable to most soldiers and are preferred over traditional talk therapy by some.

And on a final note, I would be remiss not to mention the importance of group psychotherapy and appropriate pharmacology. Anti-anxiety medication, especially for acute stress disorder, and tricyclic antidepressants have been shown to assist with sleep induction and can suppress the REM component of sleep in which disturbing dreams can come forth. Selective serotonin re-uptake inhibitors (SSRI's) can reduce numbing and hyperarousal through serotonergic sites, and tend to be well tolerated. Initial drug management that decreases autonomic arousal will decrease nightmares and flashbacks, can promote sleep, and may prevent the limbic kindling that is thought to underlie the long term establishment of PTSD.

Recent empirical evidence points to the growing efficacy of psychodynamic treatments in treating PTSD. For instance, psychodynamic treatment may be more adept at addressing the complications of complex trauma, especially with regard to interpersonal functioning. Research comparing psychodynamic and CBT treatments appears to indicate that CBT treatments may be more adept at reducing symptoms of intrusion, while psychodynamic treatments are more effective at reducing symptoms of avoidance. And research evidence increasingly supports the notion that taking attachment style into account when conducting therapy may improve the chances of successful treatment

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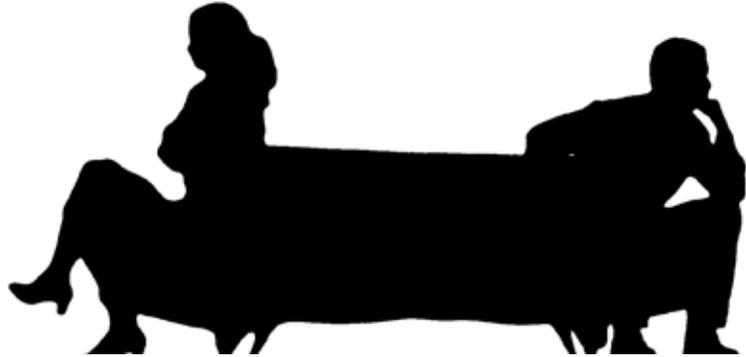
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Taught by Alan Karbelnig, PhD, ABPP



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Pride and Prejudice by Jane Austen
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Tender is the Night by F. Scott Fitzgerald
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Wonder Boys by Michael Chabon

Dates

10 biweekly Fridays, 5-6:30 PM,
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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.

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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.

The Thriving Couple: Psychoanalytic and Literary Perspectives

Taught By
Alan Karbelnig, Ph.D.
Training and Supervising Analyst
New Center for Psychoanalysis
Newport Psychoanalytic Institute
Fall 2012

Classes meet every other Friday evening from 5p to 630p. Ten MCEP units will be granted pending approval. The course costs \$550 per licensee /\$450 per student (includes all articles and books). A \$250 deposit is required; balance due at first meeting. To enroll email Alan at amkarbelnig@gmail.com or Candace Franco at candace.franco@gmail.com. Complimentary wine and snacks served. The seminar will be limited to ten participants.

Course Syllabus

1. Understanding couples psychoanalytically – September 14th – *The couple and the group by Kernberg & other psychoanalytic works*
2. Love in the short story – September 28th – *Short Stories by Bausch*
3. Relationships in poetry – October 12th – *Collected Poems by Berry, Levertov...*
4. Couples in conflict – October 28th – *Who's Afraid of Virginia Wolff by Albee*
5. Marrying a patient? – November 9th – *Tender is the Night by Fitzgerald*
6. Role complications in marriage – November 30th – *Tender is the Night*
7. Love and war – December 14th – *For Whom the Bell Tolls by Hemmingway*
8. Intense romantic love – January 11th (2013) – *For Whom the Bell Tolls*
9. Extra-marital couples – January 25th – *The Wonder Boys by Chabon*
10. Comedic love – February 8th – *The Wonder Boys*

Target audience: Licensed mental health professionals, interns, and students

Goals: Participants will learn: a. basic psychoanalytic principles of the dynamics of couples; b. how to better understand romance and attachment through literature; c. what literature, poetry, and short stories reveal about clinical interventions with couples.



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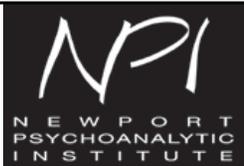
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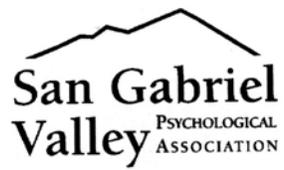
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**c/o Suzanne Lake, PsyD, Editor
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