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Upcoming Lunch Meetings



Date: Friday, November 14, 2014

Topic: An Integrative Approach to Working with Dreams

Speaker: Larry Brooks, PhD

Date: Friday, December 12, 2014

Topic: TBA

Speakers: TBA

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PRESIDENT'S MESSAGE



My Dear Colleagues,

I found myself reflective and pensive as I sat down to write this last President's column. I found myself thinking back to the first moment I joined SGVPA eight years ago and all that's occurred since. As I pondered all the events I've attended, the activities I've helped organize, the people I've met, the dear friends I've made, my heart is full and grateful.

For me, joining and leading SGVPA has been one of the richest experiences of my life. Embedded in the hours and years of organizing, relating, and attending numerous events, I've felt myself grow as a person and as a psychologist. Rubbing shoulders with so many of you, and acquiring deep friendships and collegial relationships in the process, has felt like a precious gift. Over the course of the past three years, colleagues have frequently asked me how I've felt being your President. My answer is always the same. *I've loved it.*

If you've known me for very long, you'll quickly ascertain that I grew up in Africa – Zaire to be exact, which is now the Democratic Republic of the Congo. As a skinny little blond-haired kid, I played marbles in the sand with my Zairian buddies and hiked through the jungle on countless treks. I've experienced the thrill of hunting lion, boated down the lazy Congo river

(continued on p. 2)

on a river barge, witnessing the existence of elephants and crocodiles on its shores, conquered Mt. Kilimanjaro, and faced head-on a silverback gorilla as he barked and pounded his chest. Although those experiences were life changing, one of the profoundest one was that of village life and community. Neighbors always took an active interest in each other. All shared in one family's tragedy or exultation. A dinner invitation was not just for a quick two-hour expedition – it lasted for five hours. Sitting and catching up on life was paramount and nothing – not a cell phone call, not a movie, not another concern – was enough to take away from the immediacy of visiting with one's neighbor in the village. After being with one another, the common parting comment was, "*Kutchu kalala wulu,*" or "*Go with strength.*"

The San Gabriel Valley Psychological Association has been my village, my professional family – and I'm eternally grateful. So many of you have been my fellow villagers. You've joined me in projects, sat with me in board meetings, helped each other become better and more informed clinicians, and we've laughed together! So many of you have allowed me to consult with you on professional matters, you've allowed me to pick your brain, you've become my friends, and you've cared about the things I've cared about – community, advocacy, having fun, and supporting the California Psychological Association. Perhaps my proudest moment was early in 2013 when CPA notified me that SGVPA had won the illustrious "**Most Outstanding Chapter**" for CPA! Words cannot express how wonderful that was!

I now leave you in very capable hands. Dr. Ellen Miller Kwon will take the reins as President as of January 1, 2015. She's hard working, sincere, generous, and has become a good friend. Please support her as you have me. And as the time for my Presidency is now in its sunset, I leave you with this parting comment, "*Kutchu kalala wulu.*"

Stephanie Law, PsyD

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

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DISCOVER

Older Adults:

Loneliness, Exclusion and the Care Cafe



By Brenda Shorkend, MA
Shorkend Care Management

As a Geriatric Care Manager, I provide support and guidance to older adults and their families as they go through challenging transitions. I assist them in complex decision-making, becoming an ally, an advocate, and a source of informed support as we go along. Of course, I always conduct a comprehensive and objective assessment of my clients, but I also get to know them personally. I find that when I put the paperwork and checklists aside, and lay down my pen, a window of opportunity is opened to have truly meaningful conversations. I stop scrutinizing the home for bathroom safety, or the lighting in the hallway, or the food in the refrigerator. I finish noting diagnoses, medications, and functional abilities. I stop asking about legal documents, insurance, and all the other things I need to know about, and instead listen to individuals, to discover who they are and what they are concerned about.

One major theme that runs through my clients' lives is that of feeling lonely and excluded. Adult children are busy, or live far away, and grandchildren are grown up and busy as well. Perhaps a client's spouse has died or has a debilitating disease. My clients are invariably dealing with multiple losses – including loved ones, good health, mobility, and independence. Not everyone has the resources or the resilience to find new activities and make new friends - especially when there are health and/or cognitive issues. Many folks find they are obliged to move, either closer to their adult children, or to a retirement community. Some have to decide to accept personal assistance from a family member, or paid caregiver. The situation can be traumatizing.

This frail, older population is discriminated against, forgotten and excluded. Spouses and adult children who are caring for a person with a physical disability or memory loss are often faced with seemingly insurmountable obstacles when, for example, they want to take them out to a restaurant or social event. Access to the venue is often not wheelchair-friendly. Often restaurant patrons and even long-time friends do not have the knowledge or skills to relate appropriately to a disabled person, especially if they are older. The client and their family caregivers also tend to resist help or taking

advantage of respite opportunities.

One relatively new movement that addresses some of these difficulties is the Memory Café. This movement originated in Europe with an educational model, and it has been built upon in the US with a greater focus on socialization and enjoyment. Persons with memory issues as well as their Care Partners (spouse, adult child, friend or paid caregiver) are invited to a welcoming venue, where all are treated with respect and courtesy, even as they are entertained and pampered. Opportunities to socialize with those facing similar challenges abound, and guests are implicitly given permission to seek out various kinds of help they may need.

I belong to a wonderful non-profit organization, Monrovia Providers Group—an alliance of professionals serving seniors in Monrovia and surrounding communities. We have created our own cafés—We call them Care Cafés, which includes disabled seniors as well those with memory loss. We have had three successful Care Cafés this year, with a plan for three more next year. We offer a morning of fun and relaxation, including snacks, beverages and lunch. Participants are able to enjoy two workshops as well as a free massage or manicure. Certified nursing aides assist the frailer participants, and many other volunteers are also on hand. A resource specialist mingles with participants, offering resources and information.

The unique aspect of the day is that it is almost impossible to identify who the “caregivers” are, versus the “care recipients.” None of the usual buzz words such as “respite” or “support group” are mentioned. The day is tailored to suit a full range of abilities, and to send our participants home feeling more connected to the community. At one event, we celebrated a 94th birthday. At another, we saw the the relief in a woman caring full-time for her frail wheelchair-bound husband with dementia, when she realized that there were trained professionals on hand to help, who were not put off by his incontinence.

I work with my clients on a personal and individual level, but am acutely aware of the greater needs of the growing number of people with dementia and other forms of disability. The Care Café is one small contribution to making the world a more inclusive, age and dementia-friendly place.

Brenda Shorkend, MA can be contacted at brenda@shorkendcare.com or (626)437-5530.

Observations:

A Fundraiser for Assemblyman Ed Chau

By Ellen Miller Kwon, PsyD
Governmental Affairs Chair & President Elect



On September 5, four of us representing SGVPA and CPA attended California Assemblymember Ed Chau's birthday fundraiser in Monterey Park. We were: SGVPA President Dr. Stephanie Law, Past-President Dr. Linda Bortell, SGVPA Board Member Dr. Dustin Plattner, and myself. Mr. Chau has figured prominently in CPA's political efforts. For example, he spoke at CPA's Advocacy Day this past March in Sacramento.

Advocacy Day is an annual event held by CPA in which contingents from chapters throughout the state converge on the capitol for a number of events designed to provide briefing on current political issues bearing on Psychology in California, and active advocacy efforts with pols in the capitol. The primary exercise is breaking up into small teams and visiting legislators' offices to discuss pertinent legislation, usually promoting CPA's position. These visits are designed to lobby for specific bills, but also to build relationships with pols, out of which grows political influence.

Mr. Chau authored Assembly Bill 2015, which was the bill chosen for CPA lobbying efforts on Advocacy Day this year. AB 2015 dealt with prohibiting discrimination by insurance companies against any health care provider who is acting within the scope of their license or certification. Obviously, as psychologists we have reason to support Ed Chau, as someone who not only votes on, but authors important bills touching on mental health policies.

There were hundreds of people at the birthday fundraiser for the Assemblymember representing Alhambra, Arcadia, El Monte, Monterey Park Rosemead, San Gabriel, San Marino, Temple City, and portions of Montebello, and South El Monte. Despite the crowd, and our relatively low status level among lobbyists, Mr. Chau recognized us. (*Recognition is important, as it is a cousin to remembrance.*) SGVPA covets remembrance with politicians who both author and vote on bills, as Chau does. He also serves on committees with influence, such as the Select Committee on Privacy (which he actually chairs), and Labor and Employment Committee.

To explain the function of a committee, note the following: once introduced bills are categorized according to what issues they address. They then have to be approved and passed through various committees before making it to the floor of the Assembly to be voted on. For example, a bill that addresses

privacy issues such as modifying access to medical records would go to the Privacy Committee to be reviewed.

Although Mr. Chau remembered CPA, and greeted our group warmly, I also noticed an irksome reminder of how substantial the contributions of the California Medical Association (CMA) are in comparison to those of CPA — inevitably indicating the former's greater influence. In the part of the program acknowledging financial contributors to Chau, CMA was featured as one of the most generous. The fact that CPA was not acknowledged anywhere highlighted the vast discrepancy in contribution level, which is obviously not to our advantage.

Politically, the interests of psychologists and medical doctors are sometimes at odds. For example, psychologists might be interested in expanding their scope of practice, while medical doctors might see this as an encroachment on their area of expertise—and income. Or medical doctors might want to limit the number of psychologists on insurance panels, and to keep psychologist reimbursement rates low in order to protect their reimbursement level.

Significantly, groups which demonstrate strong financial and relational support of politicians will likely have a higher level of remembrance when they go to vote. Although political ethics demand that votes cannot be purchased, common sense implies that stronger relationships allow for more opportunities to influence opinions... And it is this strengthening of relationship that is a main goal of our advocacy efforts. SGVPA and CPA hope to influence law makers when meeting to discuss bills.

These observations are meant to motivate each of us to continue to be involved, and to recruit other psychologists to join CPA, and to support the Political Action Committee (PAC). The CPA-PAC is the *only* entity which can make direct contributions to support politicians in Sacramento who have the power to impact our practices. By supporting the PAC, we finance the advance of our profession in the most practical way. Without a continued a surge in financial support of the PAC, and without a greater presence of SGVPA and CPA members at advocacy events like the one described here, I fear that our hopes for the fostering and advancement of Psychology on a legislative level will be minimal. Remember as the saying goes, there's *strength in numbers*.



Dr. Ellen Miller Kwon can be reached at Ellen@DrEllenMillerKwon.



Things Are About to Get CRAZY: An Alarming Look at a New Law in California

By Fallynn Cox, PsyD, and
Suzanne Lake, PsyD



While most of us were getting the kids ready to head back to school or just saying good-bye to summer ourselves, something occurred quietly in Sacramento—Something which carries potentially catastrophic consequences for us as well as for our patients. On August 22, Governor Jerry Brown signed Assembly Bill 1775 into law. Ostensibly simply an extension of current mandates for psychotherapists to report abuse against children, the new law will require us to report to the authorities any client who “downloads, streams, or accesses” images of any person under the age of 18, who is engaged in an act of obscene sexual conduct.

Sound simple enough? Certainly in its intent to curb sexual abuse of children, we would all unquestioningly be in agreement. However, “the devil being in the details,” the way this law is written would mandate psychotherapists to turn over to the authorities *any* adolescent or adult who accesses sexual images, even if it were innocent (i.e., a selfie sent to a boyfriend or girlfriend), or inadvertent.

Especially among teenagers, sexting and the like have become more or less common practice. Similarly, an adult might blunder on to a child pornography site, even if he or she were only interested in adult websites. But according to the new law, we would have *no leeway to use our professional judgment* about whether the issue was “abusive” of underage individuals in the eyes of the law. We will be automatically mandated to report *any such instance*—or risk for such draconian sanctions as hefty fines, losing our licenses, and (potentially) doing jail time.

The problem with this law is not, obviously, its effort to protect children from sexual exploitation. It’s presumably because of this laudable intent that AB1775 was supported by the Board of Behavioral Sciences, the California Psychological Association, and the California Association of Marriage and Family Therapists. However, we can only guess that these organizations—which advocate for mental health professionals and their clients—simply did not fully recognize the troubling implications resulting from generalities and poor wording. The law is simply not specific enough and it does not allow for our professional discernment. Moreover, unlike the laws supporting our existing mandates for breaking confidentiality, there is *no requirement that there be an imminent danger to an identifiable victim*. In other words,

when we currently report the abuse of a child or dependent adult, or a suicidal or homicidal intent expressed which has come to light in the clinical situation, there is an immediate danger to a known individual. By contrast, the new law’s requirement that we report anyone who accesses sexually explicit images of minors is indifferent to the fact that in most cases, there would be nothing authorities could do directly to protect anybody from harm.

It is also worth considering that even this vague prospect of protecting or helping someone being exploited is deemed more important than the risk of potentially pushing real offenders out of treatment, i.e., if they refuse to continue after being reported. Indeed, this is the potential of the current mandating laws, which has been considered worth following, since identifiable people may be rescued as a result of making a report. But the new law has no such offsetting benefit against the risks of innocent people being prosecuted, and psychotherapists forced to override their own good judgement.

As professionals, we know the horrible effects of childhood abuse first hand. We are on the front lines, and we unanimously agree that everyone should do what they can to intervene. I do understand that we are responsible for reporting abuse and that should be taken very seriously. As predators are taking advantage of new developments in technology to exploit children we must step in to protect where and when we are able to do so.

The problem with the new law is that it places us in a position to potentially damage the innocent. It must be rewritten. We must be allowed to use our best professional judgment regarding reporting, and not be legally forced to put our patients in harm’s way. Must I “turn in” my 17 year old patient who tells me his girlfriend texted him a photo of her breasts? Consider the damage to both youths, without anything like a true perpetrator involved.

This law will become effective on January 1, 2015. Meanwhile, we need to persuade our legislators amend it, and our professional organizations to exert all their influence to make this happen. Either clearer criteria for reporting, or a provision for professional judgment needs to be added. Because as it stands, the *letter of the law* is in conflict with the laudable *spirit* of protecting children from sexual abuse.

Dr. Fallynn Cox can be reached at mail@DrFallynn.com.
Dr. Suzanne Lake can be reached at DrSuzanneLake.com.

Kaleidoscope Development

Finding A Balance

By Carrie N. Dilley, PhD

Child & Adolescent Development SIG Leader



There exists a philosophical tension between behavioral and relational therapeutic approaches. Parents, whether they are therapists or not, feel this same tension deep in their cores. In any given parenting moment, the question of whether the child needs behavioral shaping or emotional connectedness can be a difficult one to answer. The alternatives might even seem mutually exclusive. In much the same way, the various shapes and colors of the shards within the kaleidoscope can sometimes appear to clash. However, when the viewer continues to twist the tube, it becomes clear that the shapes and all their properties are actually complementary. This column reminds us that as therapists, it is part of our job to help our clients and their parents focus their own metaphorical kaleidoscopes to achieve complementarity. This issue's column will offer suggestions for fusing behavioral and relational approaches with particular regard to facilitating free will.

Perhaps some of the aforementioned philosophical tension between therapeutic approaches can be explained by an unfounded fear that acknowledging the value of one approach might somehow discredit the other. For many of us who work with children (or have children of our own), it would seem that effectively shaping behavior requires establishing a sense of connectedness and in turn, successfully connecting with kids requires us to rely at times on robust ways of shaping behavior (from positive reinforcement to limit-setting). Child psychologists therefore might choose to transcend any polarizing philosophical debate and instead endeavor to fuse approaches in the interests of the child and in the context of the therapeutic moment.

As psychologists, we know that any behavior is fueled by internal and external causes; humans don't live in a vacuum. The process of determining those reasons is one critical aspect of our work. Helping parents to navigate the process to reach accurate conclusions about their child's behaviors can be enormously beneficial to the family as a whole. For example, the family is likely to be significantly empowered when parents understand that (relationally) their child is craving being understood and connected with, while (behaviorally) she is a product of her environment who is learning how to act, partially as a function of the structure

the parents provide.

Let's move from the notion that we can help parents understand their child's duality to the notion that we can also help them to implement this understanding in practical ways. As mentioned earlier, this issue's column emphasizes the facilitation of free will. Consider how relational and behavioral themes operate in concert (and powerfully!) when a parent orients the child to a conventional free choice behavior paradigm in a way that affirms for the child that his parents are nonetheless attuned to his need for autonomy. Such an orientation might sound something like this: "You have a choice. You can do what I've asked or you can make your own decision. If you do what I've asked, then you are showing me you're listening and I will have no reason to doubt you'll also listen when it's bedtime. So if you choose to do what I've asked, you're also basically choosing to enjoy a little more time on the computer before bed. If you choose not to do what I have asked, then you are showing me that we're likely going to have the same problem at bedtime so there's no more computer. It's your call."

What a shift such an orientation would be from the all-too-common threat of the parent "taking away" the computer for reasons misunderstood by the child! Notice that such threats don't effectively employ a behavioral or relational approach in the first place.

The three key elements for parents to understand as you guide them in implementing balanced interventions in the home are as follows: Parents must 1) Remain calm in delivering their "choice" message, modeling that the invitation is not loaded with parental judgment about what "should" be done; 2) Be willing to ride out any initial protest and wait for the extinction burst to occur, and most critically; 3) Be consistent with their follow-through on the outcomes. With these elements in place, the child is able to grow to trust her parents' intentions and integrity while also encountering authentic behavioral consequences (both positive and negative) as a result of making her own choices.

As therapists, we also have many choices to make. One is whether to split philosophical differences into clashing kaleidoscopic shards, or to unite approaches in ways that create complementarity for the families we serve.

Dr. Carrie Dilley can be reached at DrCarrieDilley@gmail.com.

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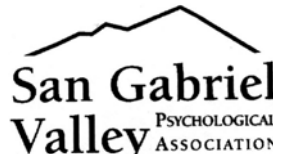
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