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Upcoming Luncheon Meetings



Date: September 9, 2011
Topic: Why Freud Is Still The Wild Guy On The Block
Speaker: John Wayne, PhD

Date: October 7
Topic: Integrating Psychopharmacology into the Psychotherapeutic Relationship
Speaker: Keith Valone, PhD

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:

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

PRESIDENT'S MESSAGE



Dear Members,

I hope your summer has been full and gratifying. We are looking forward this fall to the completion of several key projects for SGVPA. First and foremost, the bylaws for our organization have been revised and rewritten! Much time and conversation has gone into this very thorough revision, and by the time you see it, this revision will have been approved in full by our Board of Directors. Please look for the dissemination of the new bylaws this fall to the entire membership for review and comment. We look forward to your feedback! Pending approval by the membership, they will be sent to CPA for formal and final approval.

In addition, we will have an updated and redesigned website up and running by late this fall. The website will have a comprehensive membership directory that can be used as a referral resource. Each member can customize their own profile and update it periodically. In addition, we will have news items and links to other resources. Finally, you will be able to sign up for luncheons, pay for CE's and even renew your membership, all online! The Board is also beginning to discuss and set budget priorities for 2012, emphasizing priorities around membership, networking and speakers.

I'd like to share few noteworthy news items from CPA as well. The 2012 CPA convention in April is being chaired by Dr. Mark Kamena, and the keynote speaker will be Dr. Lonnie Barbach, talking about the state of marriage today and couples' communication. She will also lead a convention session on "Sex After 50" which is her new area of interest. In addition, CPA is hosting

(continued on next page)

three continuing education events in the fall: Pain Management on Nov. 4 in LA; APAIT Risk Management workshop on Nov. 5 in Marin County, and Nov. 19 in Riverside. Registration is open for all of these courses on the CPA website.

This fall is also the time of year that we will be putting together a slate of officers to vote on for next year. Committee Chairs are often shifting around as well. Please contact Dr. Linda Tyrrell, our Past President, or myself, if you are interested in running for office or joining the Board.

I look forward to seeing you all at the September 9 luncheon to hear Dr. John Wayne talk about the “wildness of psychoanalysis.” And we offer a hearty and proud “congratulations” to Dr. Keith Valone for the honor of being chosen to act as the Member at Large for the Board of Directors of APA’s Division V (Clinical Psychopharmacology)!

See you all soon I hope,

Deborah Peters, PhD
President



Mindfulness Not Just About Meditation

By Martin Hsia, PsyD
Early Career Professionals Chair

The concept of mindfulness in psychological treatment generally refers to paying conscious attention to events, thoughts, and feelings in the present moment with acceptance and compassion, while withholding the often more natural impulse to evaluate or judge. It is often cultivated via mindfulness meditation (as opposed to other types of meditation), in which clients are directed through basic breathing exercises to practice and develop the aforementioned skills. Research increasingly reflects mindfulness meditation’s benefits for dealing with depression, anxiety disorders, ADHD, addictions, and a host of other medical conditions.

“Raymond” came to see me because he heard I had a weekly mindfulness meditation group, and thought that might be helpful for addressing his feelings of depression and anxiety. He said he wanted to start with individual therapy, however, possibly integrate meditation into our sessions, and consider attending the group in the future. Raymond showed himself quickly to be articulate, introspective, and motivated to change.

The mere process of putting his feelings into words was helpful for him, and my role in the therapy felt natural and very rewarding. Every few sessions he would bring up mindfulness meditation again, though, suggesting that I walk him through a basic meditation exercise of sorts in the next session. If he had ever insisted this was what he wanted, and if I had felt it would have been helpful, I would have been more than willing to do so. However, I found that at each session, Raymond would lead in with new insights to discuss, and that breaking the flow of psychotherapy with a meditation exercise seemed

unnatural. So I continued to allow Raymond to guide the sessions--though I kept wondering if he would continue to persist in his periodic requests for a more directive mindfulness-based intervention.

Interestingly, he didn’t. Yet despite never participating in any formal guided meditation, Raymond benefited from therapy in many of the same ways that mindfulness would have been helpful. By this I mean that he, 1) became more aware of his present thoughts, feelings, and impulses as they arose in given situations; 2) became increasingly able to delay acting on his first impulses and choose his actions more intentionally; and 3) experienced the positive benefits of not dwelling on negative thoughts or feeling states, while at the same time allowing more mental space for positive ones. In turn, coping with depression and anxiety became that much more manageable, and he was more aware of his impulses to react as he had in the past when dissatisfaction arose in his work and relationships.

I thought this was interesting to share in order to illustrate that “mindfulness” as a development in psychological treatment is a basic aspect of psychotherapy as we know it, regardless of whether formal meditation is involved. Meditation from a mindfulness perspective is merely an alternative way to facilitate increased awareness, bring feelings to a conscious level, and open up the possibility for new behavior.

I do not think of mindfulness meditation as a substitute for the deep benefits of psychoanalytic therapy. Nor do I think of psychotherapy as always directly cultivating the same skills as mindfulness exercises. However, they can be helpful complements to one another, and in cases like this, it is evident that some of the potential benefits of each can overlap.

Dr Martin Hsia can be reached at (626) 403-3500 ext.106 or MartinHsia@gmail.com.

Introduction to The Low Energy Neurofeedback System

By Diann Wingert, LCSW, BCD



Traditional neurofeedback has been around since the 1970's, and has been shown to be effective and well tolerated for a variety of brain-based disorders. Its usefulness has been limited by several factors: 1) overexaggerated claims by some early pioneers in the field, causing credibility problems; 2) limited published research, combined with lack of support from the medical community; and 3) the significant time, money and commitment involved--particularly when compared with the perceived cost and ease of popping a pill.

The Low Energy Neurofeedback System (LENS) is a relatively new form of neurofeedback, which was developed in the early 1990's by Len Ochs, PhD, a northern California psychologist. LENS directly stimulates biochemical changes that are thought to help the brain regulate itself. We might think of it as helping the brain to "reboot," like a computer that is no longer functioning optimally. With applications for both problematic functioning and "peak performance," it seems that neurofeedback may warrant a second look.

The treatment itself consists of administering invisible radio frequency waves at an intensity several thousand times weaker than those your brain is exposed to every time you hold a cellular phone to your head. Not only is the feedback signal incredibly weak, but the length of exposure to is extremely short. The duration of actual feedback during a typical LENS session is a total of 7 seconds. When I first encountered information about LENS, I was very skeptical, but intrigued. A neurologist acquaintance pronounced all neurofeedback "voodoo" and attributed any perceived benefits to placebo... Undaunted, I continued my investigation!

It has been observed among neurofeedback clinicians that dysfunctional thinking, moods, and energy levels are correlated with high amplitudes of slowed brainwave activity. LENS appears to positively impact functioning in these areas by reducing this activity. LENS also appears to break up the rigid, self-protective way the brain has of responding after physical or psychological stress or trauma. Patients often report feeling a greater sense of calm, increased self-awareness, and the ability to observe their habitual tendencies in thinking and feeling, which enables them to pull back and make different choices.

We have all worked with individuals who are rigid

and inflexible, seemingly incapable of experiencing or demonstrating anything more than a limited range of affect, or an excruciatingly restricted behavioral repertoire. Some patients seem to be perpetually stuck in overdrive -- unable to wind down at the end of the day, or even to sit still for very long without excessive fidgeting, foot tapping, knuckle cracking or frequent smoking breaks. Others seem to be perpetually shut down emotionally and physically, with flattened affect, low energy, and minimal interaction with others.

Each of these individuals are suitable candidates for treatment with LENS, because their limitations go beyond personality pathology, or the residue of stress or injury. There is significant evidence that during any kind of trauma (physical, infectious, toxic, or emotional), the brain defends itself by releasing neurochemicals that prevent seizures and overload. Unfortunately, this protective response also reduces the brain's overall functional capacity, causing limitations in multiple arenas.

One woman I worked with, "Linda," a middle age attorney, had suffered a "mild" traumatic brain injury ten years ago during a car accident. At discharge she was told "this is as good as it's going to get." Since then, she had been forced to give up her law practice due to her cognitive limitations: a dramatically shortened attention span, word-finding difficulties, information processing and reading comprehension deficits, memory impairment, and mental confusion. Her self esteem plummeted, leading to depression and difficulties in her interpersonal relationships.

Linda began to respond to LENS within 3-4 sessions. Over the course of the four months I treated her, I saw her twice weekly and each time we met, I noted and she reported improvements. She became giddy when she suddenly realized she could remember words that she had not been able to think of in over a decade, and without effort. As her limitations were shed, her mood brightened as well. When I first met Linda, she presented as someone who had given up and was just going through the motions, appearing disheveled, with dirty hair and wearing stained and wrinkled clothing. She arrived smiling on the day of our final LENS session, her hair and nails freshly done, and wearing a bright and flattering dress. As she left, she tearfully thanked me for "giving me my life back" and announced, "She's baaacckkk !" while waving at her own reflection in the mirror.

Diann Wingert, LCSW is in private practice in Pasadena, and can be reached at (818) 679-4879.

What is Psychoanalysis?

A Response to Daniel Goldin

By John Wayne, PhD



As one who takes his field to be that specified by Freud, as read by Jacques Lacan and others, I am very interested in this question as well. As most of us know, psychoanalysis, historically, has referred to a means of discovery in the clinic, a theory arising out of those discoveries, and a method of “cure.”

As Daniel Goldin correctly notes in his article last issue, what Freud inaugurated--a “talking cure” that took up first and foremost the effects of the unconscious on humans--has devolved into practices where it is not clear who should be paying who, or for what service.

When people hear of Lacan, it is often in relation to his call for a Return To Freud, by which he meant, the field specified by the unconscious as discovered by Freud. In other words, not a return to an original doctrine or orthodoxy, but to a founding gesture that involves a speaking and a listening oriented toward the subject of the unconscious.

In *The Language of Psycho-Analysis* (1974), LaPlanche and Pontalis wrote, “If Freud’s discovery had to be summed up in a single word, the word would without doubt have to be ‘unconscious.’” Last year at the Division 39 (Psychoanalysis Division) conference in Chicago, where I presented a paper on “Wild Analysis,” I also attended a number of the presentations. To my astonishment, the word “unconscious” was not spoken even once, nor did there seem to be any interest in formations of the unconscious, i.e. dreams, parapraxes, etc.

I would suggest that a primary problem leading to the kinds theoretical and practical trajectories cited by Daniel has to do with the way people read, and are taught, Freud. For example, the idea of the analyst referred to as depicted in the *New Yorker* cartoons has much less to do with Freudian practice, and much more to do with the transformation of what might be called a European psychoanalysis into an American psychoanalysis (e.g. Ego Psychology).

Freud’s papers on technique preclude any possibility of neutrality or objectivity (in the sense of the natural or exact sciences) on the part of the analyst, since the analyst is listening with his unconscious, according to

Freud! What Freud did argue for was that the analyst not impose her or his values on the analysand. The very idea of “free association,” currently eschewed by many, was to follow the chains of signifiers (words and sounds) of the analysand, so that a knowledge of the truth of their unconscious desire could be produced.

As for the so-called “blank screen,” Freud did not use the expression. His notion of the opacity of the analyst, suggestive of a mirror, did not entail a denial of his subjectivity, but an asymptotic approach to a position that opened up as much space as possible for the emergence of the analysand’s speech. Today, it appears that the only way to be honest about one’s subjectivity as analyst in the clinic is to share it in abundant detail with the analysand.

The point I wish to make is that it is not a question of which model is best. People are helped through any number of treatment modalities both within and without psychoanalysis. We make a choice about how and where to position ourselves, and what we listen for in our patients’ speech. Once we have done that, our clinical acts will follow logically. The point is to be cognizant of what may be opened and what remains closed as a consequence of our clinical acts.

Insofar as I believe that psychoanalysis is not a training, nor an education, but an experience of the unconscious, I am inclined to say that it is not one’s training or education that makes one an analyst, but their analysis.

As for Fonagy’s definition of psychoanalysis, we do well to remember that Freud was interested in how psychopathology was both an effect of the conflict between the unconscious and the collective, and a way of speaking desire.

Finally to the Lacanian quote, “Psychoanalysis is the science of the particular.” One way I read this is something that I have learned from my masters, Freud, Lacan and Apollon: one’s unconscious is an absolutely unique treasure, to be respected and listened to, encountered, and given a means of expression through other than a symptom or acting out. Of course, it is our duty to go beyond our masters.

I thank Daniel for reminding us of this eternally problematic, vital, and interesting question.

Dr John Wayne can be reached at (626) 441-0277.

Psychology and Family Law

Why Today's Lawyers Are Better At War Than Peace

By Mark Baer, Esq.



Law schools train attorneys to spot problems, but not how to resolve them. By teaching lawyers to identify problems, but not training them to solve problems, the practice of law has shifted from resolving conflict between parties to creating

it. This is particularly detrimental in cases dealing with children and families as heightening conflict causes wounds that often last a lifetime.

When I took the LSAT for admission to law school in 1986, part of the test involved problem-solving. Such a section is still part of the Bar examination and had been part of the examination long before I took the test, because problem-solving is a traditional hallmark of a good lawyer. Once in law school, we are taught the law, and to separate emotions from the issues, and then to analyze whether or not a particular case or statute applies to a specific set of circumstances. Unfortunately, we are not taught to problem-solve.

Problem-solving involves a creative attempt to discover a result that may be outside the specific provisions of law, ruling, or statute, but that will represent the best reasonable outcome for all of the parties involved. Since law schools, historically, have not taught problem-solving skills, the American Bar Association (ABA) advises lawyers-to-be that they must enter law school with a reasonably well developed set of analytic and problem-solving abilities, in order to become a competent lawyer. The ABA further suggests that lawyers take the initiative to learn analytic and problem-solving skills, and a basic understanding of human behavior and social interactions, as well as good listening skills. However, since it is not mandated that anyone learn these skills to receive a law degree, most lawyers do not learn such skills. Consequently, a lower standard of lawyering has been created, where rather than focusing on solving the original problem, lawyers instead create more problems and rack up billable hours doing so. It is a mistake to ignore the fact that judges attended the exact same law schools as those lawyers who argue before them, and are therefore in the same deficient situation when it comes to problem-solving skills.

In a recent case, the parents of a newborn were unable to agree upon a parenting plan and litigated that issue, even though both parents were unemployed and used all of their savings to do so. At the hearing, the court made orders regarding child custody, visitation and child support. Thereafter, the father secured employment. Since his job required him to travel out of town, he was unable to exercise all of his court-ordered visitation. Rather than agreeing to a more flexible schedule that would accommodate his changing work schedule, the mother filed a motion with the court, wherein she requested that the father's visitation simply be terminated. At the hearing, the judge ordered that unless the father comply fully with the original visitation schedule--that was made while he was unemployed--his visitation rights would be duly terminated. Since the father did not want to risk losing his visitation rights, he advised his employer that he would no longer be able to travel for work. He was terminated as a result. Had the judge been trained in problem-solving, the result in this case may well have been better for all involved.

I contend that problem-solving has become a lost art in the practice of law. I don't mean to imply that all lawyers are lacking in problem-solving skills. The fact is, many attorneys obtain outside problem-solving training through mediation programs, or through other means. For example, in my last article I described the collaborative law movement, which has become increasingly effective in developing lawyers' abilities to problem-solve effectively and wisely in family proceedings.

However, please note that mediation is unregulated in most places, including California. Thus, a person can practice as a "mediator" without ever having received any formal training. On the other hand, collaborative law organizations typically have requirements for membership, which tend to include significant training in collaborative divorce, mediation, and conflict resolution. Thus, when selecting professionals from such organizations, a person can be confident that the members have received at least the minimum level of training required for membership. Those who find such an individual to handle their legal matter can be sure that at least their lawyer will be interested in resolving their problem with the most reasonable and positive outcome, rather than simply defining the problem and litigating it in court.

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

Obsessive Ruminations

Treating Weenies

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.



If the Anthony Weiner circus accomplished anything at all, it was the added boost it gave to the continuing decline of American culture. Public attention to anything meaningful was, for a gaudy fifteen minutes of infamy, snuffed out beneath the onslaught. Representative Weiner is entitled to a private life, perverse or not.

But absolutely no one can really, seriously care about his puerile sexting or pitiful beefcake poses.

But the most dismaying aspect of the entire fiasco was the leave-of-absence Weiner took to obtain "treatment." This relatively recent cultural phenomenon – the rich and famous seeking "treatment" following the public disclosure of embarrassing or disturbing behavior – cheapens our work as psychologists. Worse, it is reminiscent of Soviet-style psychiatry. Let me explain.

During the Soviet era, certain psychiatric institutions, such as the Serbsky Institute in Moscow, were specifically set up for the "treatment" of individuals who stood against the political system. Psychiatrists could incarcerate people for their political beliefs alone. One such disturbance was known as "sluggish vilotekushchaia schizophrenia." It was characterized by otherwise normal-appearing people who could break into "cases" of "nervous exhaustion brought on by a search for justice" or "reformist delusions." The assumption was that you had to be insane to find fault with communism.

Our own society, too, has been rife with such abuse of "treatment"-- i.e, treatment offered up for ideological rather than psychological reasons. Any number of celebrities, politicians, and other public figures are corralled into "treatment programs" when none of their problems qualify as mental disorders. A perfect example of this is Mel Gibson.

Like some Soviet dissident sent to the nut-house for wearing American jeans, Gibson was shipped off to a rehab facility in Malibu. Why? Among other things, to "cure" what the Jewish Anti-Defamation League condemned as his proclivity to utter "vicious words," a reference to Gibson's anti-Semitic outburst during his DUI arrest. Yes, Mr.

Gibson needed to have his mouth – and his soul – washed out with soap. But his vicious words do not emanate from any form of madness requiring treatment. They are, pure and simple, the expression of an ideology, in this case anti-Semitism. Neither man – neither the hip Soviet dissident nor the un-hip Gibson – would find in "treatment" a "cure" for the ideological "mental disorder" their respective societies tagged them with.

To be fair, Weiner might clinically present with a touch of Narcissistic Personality Disorder, or maybe he has symptoms of what the DSM-V will be referring to as a Hypersexual Disorder. But doesn't this frantic search for formal labels reveal a kind of self-imposed poverty? Has our vocabulary become so strapped by labels and categories that we can no longer articulate, or even appreciate, the concept of accountable personhood? Have we totally abandoned the humanist vision of woman and man, creatures of consciousness and conscience?

When the Roman empire was descending into much the same kind of debauchery we now see in America (think, Reality TV), Stoic philosophers such as Seneca preached for "the good, the true and the beautiful" and "the right life" against such moral decline. Seneca wrote, "Most powerful is he who has himself in his own power." Some thirty years earlier, Aristotle wrote that ethical virtue "is a habit disposed toward action by deliberate choice... and defined by reason as a prudent man would define it." Congressman Weiner is not ill. He acted "by deliberate choice," at odds with "the right life", as even a less-than-prudent man would define it.

I believe that Weiner, simply put, has quite the problem with his weiner. Why does he have to be declared insane? Why can't he just be a moron? Does every human error of judgment have to be reduced to a disease? Weiner is a man of flawed character. He does not need treatment. He needs a long walk in the woods, a long talk with a best friend, a long look in the mirror – but not the one in the congressional gym, on our dime. He needs to reflect on his poor judgment, his arrogance, his stupidity – the stuff of human frailty, not human insanity. For him and us, it's time for simple common sense about the simple common flaws in human character.

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

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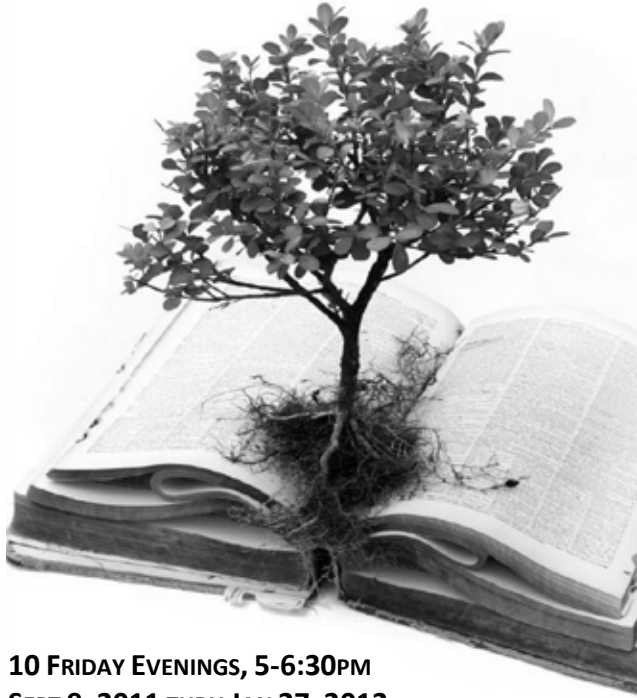
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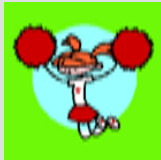
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Advertising Rates on our Website

	2 months	4 months	6 months	12 months
Homepage Link	\$25	\$45	\$60	\$120
Other link	\$20	\$35	\$50	\$100
*** Homepage Link with newsletter advertising purchased concurrently	\$15	\$30	\$45	\$60
*** Other Link with newsletter advertising purchased concurrently	\$10	\$20	\$30	\$40

**** Note: Special rates available to advertisers who purchase website and newsletter ads concurrently.**

Be sure to include your license number. Ads should be emailed to Mary Hannon at maryhannon123@gmail.com. Payment must be made before publication and mailed to:

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



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