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UPCOMING LUNCHEON MEETINGS!



Date: February 2nd
Topic: Who is the Freud We Learn?
Speaker: John Wayne, Ph.D.

Date: March 2nd
Topic: Resolving Trauma through Depth Emotional Processing - An Accelerated Dynamic Approach
Speaker: Susan Warren Warshaw, LCSW

Monthly luncheons are held the first Friday of the month at the University Club, 175 N. Oakland Avenue, Pasadena, 12:00 p.m. to 1:45 p.m. Lunch \$15 members, \$20 nonmembers, \$5 auditing fee for those who attend without lunch or need CEUs; MCEP units: SGVPA psychologists \$15, non-SGVPA member psychologists \$25; SGVPA MFT/LCSWs \$10, combined \$20; non-SGVPA member; MFT/LCSWs \$20, combined \$30.

RSVP NO LATER THAN FIRST WEDNESDAY OF THE MONTH TO SGVPA VOICE MAIL (626)583-3215. CEUs available for Psychologists, LCSWs and MFCCs

PRESIDENT'S MESSAGE



Hello SGVPA'ers!

We launch into 2007 with the excited realization that our membership is burgeoning — over 20 new members since last fall! In addition, our early renewals are way up! I want to take this opportunity to remind you that you will receive a 10% discount on renewing if your application if it is postmarked by January 31.

Also as a reminder: Our special program for 2007 offers ALL NEW MEMBERS THE FIRST CALENDAR YEAR OF MEMBERSHIP COMPLETELY FREE OF COST! So, now is the time to encourage your friends and colleagues to join, and enjoy all the benefits of participating in SGVPA along with you. Come one and all!

Here is the run down on this edition of your newsletter. You'll find a summary of Dr. Art Kovacs' stimulating presentation earlier this month on page 3. Dr. Karin Meiselman contributes a fascinating conceptualization of therapeutic hypnosis, "Age Regression Hypnosis: Memorization and Creative Imagination" on page 2. "How Clients Change Their Therapists," a reprinted piece from *The California Psychologist*, is featured on page 4. Finally, there is an open invitation to the fifth annual Musicale & Social offering the talents of musicians and vocalists who double as clinical psychologists in their "day jobs" on page 7. Please mark your calendars and come party with us!

Submitted with all best wishes from the Executive Committee, and myself for a successful and rewarding 2007.

Suzanne Lake, Psy.D.

AGE REGRESSION HYPNOSIS: MEMORY AND CREATIVE IMAGINATION

by Karin Meiselman, Ph.D.



Hypnotic suggestion can easily be used to engage a client's imaginative capacity to progress into the future or regress into the past. The most common uses of clinical hypnosis focus on relieving current symptoms of anxiety, stress and/or pain or to change noxious habits by teaching the client to employ self-hypnosis. Cognitive-behavioral therapy, mindfulness meditation, mantras, and symbolic visualization are easily merged with hypnotic techniques, as is age progression in which the client is asked to go into a visualization of successfully coping with the presenting problem. You are now awakening on the day of your licensing exam, able to calm yourself effectively by breathing out excessive energy, able to focus intently.

Age regression is used far less frequently, partly because of concerns about its effects on vulnerable clients. As with any exploratory technique, there is the possibility of eliciting high levels of affect, so assessment of the client's ego strength and careful psychotherapeutic processing of the experience are imperative. The techniques described below should only be practiced by licensed mental health professionals who are also trained in hypnosis!! That said, it is actually rather easy to do and often produces fascinating results.

The most basic age regression simply asks the client in hypnosis to go back through time to the situation to be explored. Now return in time to your first day in kindergarten [or] the day you lost your mother [or] the kitchen of the house where you lived at age ten. To this basic suggestion you can add imagery about the pages in a calendar turning back--2006, 2005, 2002, 1998--or other regressive ideas. You're descending in an elevator where floors represent years in the past. Your body is becoming smaller, more child-like. It is also common to vivify the past scene by suggesting experiences in several sensory modalities. If the client is asked to visit the kitchen of his family home, for instance, you can make the imagined experience more intense and immediate by suggesting that he can smell the food recently cooked there, hear the sounds of birds

outside the windows, see the sink and stove, feel the warmth of the air, and experience the emotion of being there.

Once you have moved the client into vividly imagining a scene from the past, you have created the backdrop for a psychodrama. You can ask the regressed client about relationships with long-gone or much-changed family members by suggesting that they enter the scene: And now your dad is entering the kitchen in his work clothes. What does he look like? How are you feeling about him? Or, you could ask the client to wander around the other rooms in the house and report on his experience while you maintain a supportive presence with neutral comments such as, Umhmmm . . . and then what happens? Return to a previously established safe place can be suggested in the unlikely event that the client is becoming overwhelmed with negative affect.

A less commonly used age regression technique is the affect bridge. The hypnotized client is initially regressed to a recent situation where he experienced strong affect. Go back through the days to your supervisor's office to listen to your job review . . . [vivify]. Emphasis then shifts to the feeling state evoked by the scene: Notice how you are feeling as your performance is criticized and where you experience those feelings in your body. When the client signals that he is intensely involved in the scene, suggestions to return to an earlier time in which he felt this way are given, sometimes with a count backwards. And now you will go back in time as I count from five to one, to another time in your life when you felt just this way. You may find the client describing a scene from his last job or being criticized by his cub scout leader or experiencing an Oedipal drama of early life. In fact, if you omit the words "in your life" from the suggestion to regress, your client could land in a past life job situation!

The greatest danger of age regression work is the client's naive belief that whatever is produced by hypnosis must be historically correct information. One of the myths reinforced by portrayals of hypnosis in the popular culture is that it is a kind of litmus test that can tell us what really happened in the past. This belief has been debunked

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in the context of research about police use of hypnosis to help witnesses recall the details of crimes – and this preceded the “false memory” fracas of the 90’s. To put it in a nutshell, the use of hypnosis for recall produces a larger number of “memories” some of which are true and others “false positives”. The same is true in a therapeutic situation, so if you subscribe to the idea the hypnotically generated “memories” are necessarily historically true, you will be far outside the standard of care. It is more accurate to interpret the regressed experiences as being analogous to a dream state in which there is emotional truth! and perhaps some factual truth as well, but also distortions and downright confabulations. As with good police work, hypnotically enhanced memories must be corroborated or they remain hypothetical.

The selection of clients for exploratory, regressive work is actually the most crucial phase of treatment. A client who has already benefitted from therapy and has a moderate level of ego strength plus some imaginative capacity and willingness to experience hypnosis would be a good candidate. In addition, the intellectual and emotional capacity to accept uncertainty is a prerequisite for this work. A special consent form is an excellent idea and provides a springboard for discussion of the fallibility of memory and common myths about hypnosis. The American Society of Clinical Hypnosis (www.asch.net) has published guidelines, clinical hypnosis and memory work that you can consult. Best wishes in 2007 to all my SGVPA colleagues!

Karin C. Meiselman, Ph.D. has been in private practice in Pasadena since 1979. She is past President of the Southern California Society of Clinical Hypnosis, Treasurer-elect of LACPA, and an Approved Consultant for the American Society of Clinical Hypnosis.



He Said, She Said



by Suzanne Lake, Psy.D.

In our January monthly meeting, we were challenged once again by Dr. Art Kovacs, in his lecture entitled **Enhancing Client Alliances: Moving Away from 'Psychopathology.'* Dr. Kovacs, as Founding Dean Emeritus, and Distinguished Professor of Psychology of the California School of Professional Psychology in Los Angeles, brings great authority to any of his opinions on professional psychology. He has addressed SGVPA a number of times, and is always an incisive and stimulating speaker!

Thus, he most recently decried the profession’s increasing moves to embrace the perspectives of psychiatry, including its fascination with neurochemistry, neurophysiology, hospitalization, and the use of the DSM as a means of understanding and treating emotional problems. He further condemned the notion that only “empirically validated treatments” should be used therapeutically, arguing that “the most powerful determinants of patient care outcomes are to be found in the ...relationship between the therapist and the client – not in the specific tactics the therapist thinks are the healing ingredients in what he or she does.” A psychologist’s true role and identity, Kovacs maintained, lie in developing a constructive, adaptation-enhancing alliance with clients, rather than in aping the medical model. He further offered a life span paradigm of individual and family development to assist in conceptualizing treatment strategies.

*Dr. Kovacs’ talk is available on DVD for SGVPA members!

HOW CLIENTS CHANGE THEIR THERAPISTS

Reprinted from *The California Psychologist*, January/February, 2007

Traditionally, the subject of therapist change has most often been framed in the language of countertransference, that is, that therapists should be particularly cautious in allowing themselves to be affected personally by clients lest the therapeutic relationship become compromised. The negative effects of countertransference notwithstanding, the emotional responsiveness of therapists has gained increasing respect and value in many circles. With the emergence of intersubjectivity in contemporary psychoanalysis (in which the analyst is acknowledged as a participant-observer, incapable of being objective) and the interpersonal focus of object relations theory, among other theoretical developments, countertransference has been stretched to include nearly all types of therapist reactions to clients (Sommers-Flanagan & Sommers-Flanagan, 2004) and to offer a more positive therapeutic tool, one that can be used to inform diagnosis and treatment (McWilliams, 1994). In this way, countertransference can be viewed as an emotional reaction on the part of the therapist that is a) inappropriately about him or herself, b) is more about the client and in fact serves as a vehicle of insight into the emotional world of the client, or c) is an interaction of the two.

Far less discussed, but still acknowledged, are the privileges and joys of working with clients. Being a witness to another human being's earnest struggle and pain, being a "holder of secrets," observing courage and resourcefulness in the face of adversity: all these are privileges of being an identified healer (Yalom, 2002). In addition, there is often much self-healing that takes place as a result of helping other people deal with problems that may intersect with our own (Kottler, 2003). We sometimes experience accelerated psychological development which can lead to increased sensitivity, resilience, reflectivity, and self-esteem (Mahoney, 1991)

Narratives about Therapist Transformations

In spite of anecdotal evidence supporting the ways that therapists are positively changed by their clients, there is little discussion of this in the literature, perhaps because of a certain sense

of shame that we should not be benefiting in this way. Among other reasons, there is concern that if therapists truly open up about their internal experiences in relation to clients, they might reveal inappropriate countertransference, a lack of boundaries, or personal instability. While these issues certainly manifest among some professionals, this is hardly the entire story. It is obvious that therapists are indeed influenced by their clients and that this impact can be highly beneficial – life-transforming in fact – for the therapist. Furthermore, it is important to acknowledge and understand these kinds of change processes in their own right, and that a therapist whose life is transformed for the better is potentially of better service to his or her clients.

Kottler and Carlson (2005) used in-depth interviews to collect narratives from 23 of the most prominent therapists and theorists in the field. Such theoreticians as Albert Ellis (cognitive therapy), David Scharff (psychodynamic), Robert Neimeyer (constructivist), Laura Brown (feminist), John Krumboltz (behavioral), Lenore Walker (systemic), and many others were asked to tell the story of the one client in their distinguished careers who changed them the most: Which client or session stands out as their most significant transformative experience?

Participants were not only asked to talk about the changes they experienced, and their understanding of how they happened, but also about how those changes impacted the ways they work and lead their lives. A number of themes emerged in the stories, some that involved the *content* of the narratives and others reflected a significant underlying *process* factor.

Moved to Change Therapeutic Approach

As participants were asked to recall their more transformative experiences with clients, most of them spoke, at least in part, about how clients had shaped their skills and approaches to clinical practice. In many instances, these "expert" therapists recalled early encounters with clients who "taught" them to be therapists.

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Often, clients had let them know that they were on the right track and could trust themselves more. Other times, clients taught them that their approaches had limitations or that their boundaries were too strong or too weak. And frequently, clients taught them about their courageousness and resourcefulness, helping to move the therapists' understanding of them beyond the confines of labels and diagnoses and into an appreciation of the unique qualities and capacities of human beings.

Moved to Social Action

The unique vulnerabilities and life circumstances of particular clients provoked some of the therapists into social action. These were instances where the psychological profession itself was defective or where broader social action was needed. An African American therapist's experience with an overtly racist client was not as painful as the covert racism of his peers and supervisors; this moved him to take his career in a different direction, one in which a dialogue around diversity was prominent. An Ericksonian therapist faced years of being ostracized from peers and the public for what later came to be a validated stance on "recovered memory" of sexual (and satanic) abuse. In no way excusing actual perpetrators, he understood that many of those accused – identified through the techniques of well-meaning but ignorant therapists – were becoming a greatly harmed client population in their own right.

Moved to Intra- or Interpersonal Change

As therapists work to join with clients, empathically comprehend their histories and worldviews, and confront them with compassion, most find themselves reflecting on their own lives at some point. Sometimes this is due to what one brief therapist referred to as "continual reminder incidents," things that clients are working on that somehow parallel the therapist's personal issues. As the therapist talks with the client, he recognizes that he is talking to himself as well.

In a slightly different way, some therapists allowed themselves to be altered or shifted emotionally by their experience with a client. Often this involved an increase in the therapist's capacity for emotion or intimacy. It seemed that many of these more seasoned therapists could recognize the personal benefits of permitting

reciprocity in the therapy relationship while not acting out the problematic aspects of countertransference. "This has all been a huge gift to me," one therapist said, referring to her clinical work. "Growing up, I never knew this level of human contact with others." She told about her breakthrough with an extremely depressed woman by risking immediacy and intimacy in the session. She expanded her own capacity for intimacy right in the session, to the client's benefit, but strikingly, to her own as well.

Other narratives highlighted renewed spiritual awareness, greater levels of intimacy, more authenticity in relationships, increased capacity to resolve previously unresolved grief and loss issues, increased connectedness to family and deeper tenderness toward others.

On Being Human

A powerful dynamic appears to have operated in the change experience of many of the participants. That is, they reported experiences of becoming more fully *human*, a phenomenon long explored by existentialists (Bugental, 1981; Schneider & May, 1995; Yalom, 1980; 2005); nevertheless, a number of the therapists' stories conveyed the power of profound acceptance of themselves and their clients, and of understanding people as complex and contradictory. In addition, they embraced the healing quality of being fully present. While these concepts are taught to beginning therapists and often the ideals are appreciated, the participants' narratives suggest that work with a particular client brought these ideas to a deeper level, into an understanding that was new for them, and in a way that altered them internally.

In addition, a number of participants appeared to embrace a certain level of "not knowing," of not placing themselves as expert, while understanding that this was not the same as being incompetent or ignorant. Part of accepting themselves as fully human seemed to also create a willingness to have an authentic relationship – one in which hierarchy was minimized – and one that allowed the therapists to be open to their clients' influence. Assuming a position of "not knowing," and empowering clients to be experts on their own experiences, was critical for the therapists in their own development as people.

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How Clients Change Their Therapists

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Conclusions

The themes identified from the narratives parallel much of what is written about good therapist development. Ronnestad and Skevholt (2003) wrote about the phase of senior level clinicians who had maintained a manner of self-reflection and openness (as opposed to stagnation). These therapists ultimately demonstrated qualities the authors likened to Baltes and Smith's (1990) formulation of "wisdom," which included the appreciation of uncertainty, and the understanding that knowledge and reality are largely constructed.

It was our hope in writing about this phenomenon of reciprocal influence in therapy and in describing these seminal cases among

prominent theoreticians (Kottler & Carlson, 2002; 2003) that we could encourage therapists to become far more open in talking to one another about the ways they have learned, grown, and even been transformed as a result of their therapeutic work. Being open to personal change as a result of our work with clients does not have to mean that we have exploited our clients. In fact, understanding that we *will* change may increase our ability to navigate countertransference and enhance our clinical effectiveness. It is our humble wish that this article might spark stimulating reflection and conversations with your colleagues, peers, and supervisors in such a way that you could become more intentional about "practicing what you preach."

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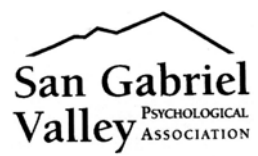
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