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UPCOMING PROGRAMS 2002

DATE: December 6th

TOPIC: "Why Is It Always About You?" Theoretical Considerations on Narcissism.

SPEAKER: Sandy Hotchkiss, L.C.S.W.

DATE: January 10th, 2003

TOPIC: Contemporary Psychoanalytic Perspectives on Addictions.

SPEAKER: Peter Radestock, Ph.D.

Meetings are located at the University Club, 175 N. Oakland Avenue, Pasadena, 12:00 p.m. to 1:45 p.m. Lunch: \$15.00. \$2.00 to attend without lunch. Reservations a must to SGVPA office (626) 583-3215 by Wednesday 10 a.m. before each meeting. MCEP Units: SGVPA Members: Psychologists: \$15; MFCC/LCSW/s: \$10; Combined: \$20

Non-SGVPA Members:MFCC/LCSW/s: \$15; Combined: \$25.

RSVP TO SGVPA VOICE MAIL NUMBER (626) 583-3215. CEUs available for Psychologists, LCSWs and MFCCs

PRESIDENT'S ADDRESS

Those of us who were fortunate enough to attend the October SGVPA *Conversations with Colleagues* event were pleasantly surprised to discover the wealth of artistic talent in our organization. Manny Burgess, who pooled together our musically gifted members for this event, demonstrated his guitar-playing prowess and fine vocal accompaniment, along with Mark Hassan. Vocals were provided by Lydia Glass and Don Cadogan. Members in attendance enlightened each other as to their "pathway into the profession of psychology." We have in our ranks a former Capitol Hill speech writer, concert pianist, aviator, engineer, and professional singer. Stay alert for news of our Annual Party sometime in February, which will comprise an expanded music event showcasing more of our SGVPA talent.

Our November conference, *A Tribute to Stephen Mitchell*, is over and was a success in large part due to the efforts of the SGVPA Program Committee, led by Keith Valone. Joanne Stevens (Manny's wife) is to be commended for her spectacular brochure design! Although we fell short of our projected enrollment figures, many of those in attendance lauded our program and came away from it satisfied.

The holiday season is upon us and I wish you all good cheer.

Enrico Gnaulati Ph.D.
SGVPA President



SGVPA SPOTLIGHT SHINES ON



Nancy Rhodes Ph.D

by Linda Bortell, Psy.D.

When I think about Nancy and her long standing affiliation with SGVPA, somehow, metaphors and stories come to mind. *Still waters run deep the tortoise and the hare ... rock solid ... and we are family.* Luckily for SGVPA, Nancy is like an excellent stage manager. She organizes and sets up a lot of behind the scenes activities and helps the organization flow in a much more effortless manner. An impressive statement is when Nancy told me that she's been a member of SGVPA since 1985. This is a true, long standing commitment to SGVPA! She continues with her active participation in the organization for many reasons.

Nancy has a strong desire to contribute to the profession and she enjoys being involved in local organizations. Additionally, she likes the networking aspect of the meetings. She feels like this is vital, given the inherent isolation that comes with running a private practice. Nancy also likes the “small slices of CEU's” that are offered at the monthly meetings. She states, “ It's a way to learn about a lot of different topics and be exposed to different ways of thinking.”

Nancy is a midwesterner, born and raised in Chicago. She states that she is still able to acclimate to the frigid winters when she goes back for a visit and she enjoys the occasional bout with freezing temperatures. She earned her undergraduate degree in psychology from Hope College in Michigan and then headed west to attend Fuller Theological Seminary for her graduate studies. She wrote her dissertation on domestic violence, a specialty she continues to date. She completed an internship at the VA and was exposed to a wide range of PTSD patients. While at Fuller, she also met her husband and got married. They have a 14 year old son and Nancy alternately spends time each week cheering him on in football and worrying that he will be hurt while playing the game.

Here's where the “we are family” part of the story comes into play. When Nancy graduated from Fuller, she got a psych assistantship with our own program chair, Keith Valone. Several years later when Nancy was firmly entrenched in her own practice, she took on a psychological assistant named Carla Schuler. So working with SGVPA is a logical outgrowth of her “psychological family.”

To fill in the blanks created above, after Nancy's psych assistantship, she went on to work as a staff psychologist at Stop Abusive Family Environments (SAFE) in Pasadena. She saw battered women and taught and supervised interns at the placement. She has been published in the *Journal of Family Violence, Aggression and Violent Behavior*, and *Intimate Violence* on issues of domestic violence. She continues to work with women who have been in domestic violence situations, women who have been stalked and victims of violent crime. While Nancy has run groups in the past, she is not currently facilitating any group therapy. A few other little known facts include that Nancy supervised at the psychology clinic at Fuller for many years, and she was an adjunct professor.

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Nancy Rhodes Ph.D

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Currently, Nancy loves the flexibility offered by private practice. She states that she was able to work part time when her son was younger, and step back into a full time practice when she felt ready. She states that she “loves doing therapy”, and she is committed to furthering her clinical knowledge. In the Fall of 2002, Nancy started the psychodynamic psychotherapy program at the Institute of Contemporary Psychoanalysis in Pasadena. Previously, she was involved in an ongoing consultation group for three years. When that ended, she looked for something that had a more formal training component, would stimulate her thinking, and would push her to be ready to study on a more regular basis. She is thrilled with the training thus far and is enthusiastic about the curriculum and chance to study with other professionals.

Currently, Nancy has served on the program committee for SGVPA for several years. She is our official liaison with the University Club, and chooses our menus (any complaints or compliments should be directed her way!). Additionally, Nancy takes the telephone RSVP's for the monthly meetings as well as taking all the registrations for our annual November event. A wonderful trait that Nancy possesses is that she always takes on tasks with a cheerful smile. Anyone can feel confident when they ask Nancy to do something, it will get done!

LEXAPRO (ESCITALOPRAM)

A NEW SSRI ANTIDEPRESSANT DERIVED FROM CELEXA (CITALOPRAM)

by Mariel S. Tourani, M.D.

Celexa (citalopram) is a selective serotonin reuptake inhibitor which is an effective and well tolerated anti-depressant. An isomer of citalopram called Lexapro (escitalopram) is now available for the treatment of depression and appears to offer significant clinical advantages over its parent form. Isomers are chemically identical molecules with different chemical structures and properties. Citalopram consists of a mixture of two isomers (called enantiomers) which are mirror images of one another (a racemic mixture). This consists of a left-handed molecule (the S-enantiomer) and a right-handed molecule (the R-enantiomer). Escitalopram consists of the S-enantiomer only. It has been shown that the SSRI activity of citalopram actually resides in the S-enantiomer. By treating the patient with only the S-enantiomer, drug exposure can be decreased while the therapeutic effect of citalopram is maintained. Studies have actually shown that escitalopram at 10 mg/day is as effective as citalopram at 40 mg/day. It also significantly improves depression beginning at week 1 or 2 and treats anxiety symptoms which are associated with depression. The most commonly reported adverse events were nausea, diarrhea, insomnia, dry mouth, and ejaculatory disorder. These were mostly mild in severity and it was noted that somnolence and general activation (such as nervousness or anxiety) was not on the list of common side effects. Sexual dysfunction was also quite low with only ejaculatory disorder exceeding 10% of patients. Anorgasmia was reported in only 1-2% of patients and loss of libido was reported in only 2-3% of patients. These findings appear to indicate that escitalopram given by itself may be more potent and better tolerated than when administered as a component of citalopram.

References: 1. Burke WJ, Gergel I, Bose A. Fixed-dose trial of the single isomer SSRI escitalopram in depressed outpatients. *J Clin Psychiatry.* 2002;63:331-336. 2. Wade A, Lemming O, Michael, Jedegaard K, Bang. Escitalopram 10 mg/day is effective and well tolerated in a placebo-controlled study in depression in primary care. *J International Clinical Psychopharmacology.* 2002; Vol.17, No.3; 95-102.



PROFESSIONAL ACCOMPLISHMENTS

Congratulations are in order for **Dr. Linda Bortell** who recently was named President-Elect of the Los Angeles County Psychological Association! Linda also made her debut T.V. appearance on *Lifetime Now* giving a presentation on sibling rivalry.

Dr. Marilyn Simpson, on a whirlwind visit to the East Coast, gave the following public presentations: *Becoming a Postmodern Therapist: A Clinical and Theoretical Journey* (University of New Hampshire); *Psychotherapy with Latter-Day Saints: What's a Good Mormon Girl Like Me Doing in a Field Like This?* (LDS Family Services, Cambridge, MA); *Not Knowing: A Clinical and Philosophical Stance* (Smith College); and, *Relationships of Hope for the Depressed and Suicidal Youth* (Berkshire Medical Center, Lenox, MA).

ETHICS BRIEFS: ETHICAL CONSIDERATIONS FOR PSYCHOLOGISTS PROVIDING SERVICES ADJUNCTIVE TO PSYCHOTHERAPY

by Ethics Committee:
Alan Karbelnig, Ph.D., Chair;
Linda Bortell, Psy.D. Isabel Green, Ph.D., Melissa Johnson, Ph.D.,
Toni Cavanaugh Johnson, Ph.D., Alan Kaplan, Esq., Colin Vogel, Ph.D.,

This is part of a series of bi-monthly articles written by the SGVPA Ethics Committee. The articles reflect research from a variety of sources, including the Ethical Principles of Psychologists and Code of Conduct from the American Psychological Association and other sources. These articles are intended to provide education, not actual legal advice.

The following activities may be considered adjunctive when a psychologist's primary professional activity is the provision of psychotherapy: group therapy, continuing education workshops, executive coaching, parenting classes, psychoeducational workshops for teens, and diversity training in schools and the workplace. Psychotherapy-focused psychologists may engage in these activities to share much needed psychological resources and information out of a commitment to the community (e.g., a workshop on dealing with trauma following September 11). In addition, these services offer the opportunity to gain visibility by sharing expertise. And, using skills in diverse settings, outside our consultation rooms, can offer personal satisfaction and fulfillment.

Given this, what are the ethical considerations we need to take into account when providing these services? While not exhaustive, the following discussion identifies a number of relevant ethical standards from the APA Code of Ethics to be considered when providing adjunctive services.


- (1) **Describing the Nature and Results of Psychological Services** (1.07) applies not only to clinical practice but to teaching, consultation, and other services. This suggests, for example, the importance of clarifying for participants of a self-esteem workshop the nature of the program (e.g., is it a therapy program or an educational program?), the procedures to be used, their purpose, alternative approaches, time involved, cost of the program, and any foreseeable negative reactions.
- (2) **The prospect of Multiple Relationships** (1.17) must be considered. Psychologists are advised to make every effort to avoid multiple relationships that could impair their judgment or that could generate exploitation of the client. Here are two examples that need to be evaluated integrating clinical and ethical concerns: (1) A client plans to attend a series of parenting classes that his/her psychologist is providing at the school where the client's child attends. (2) A psychotherapy client learns you also offer executive coaching and is interested in this service from you.
- (3) **Misuse of Psychologist's Influence** (1.15) and **Exploitive Relationships** (1.19) are of concern when referring for adjunctive services from which the psychologist may gain financially.
 1. A psychologist refers an individual therapy client to his/her Psychological Assistant for testing.
 2. A psychologist refers an individual therapy client to a therapy group that he/she facilitates.

These two examples are relatively common and frequently appropriate occurrences. However, any referral to an adjunctive service in which the therapist benefits financially should be carefully considered. While not suggested by the Ethics Code, psychologists may consider it appropriate to document their decision-tree regarding the referral.

- (4) **Consultations and Referrals** (1.20) provides additional guidelines for referrals to adjunctive services, emphasizing that the best interest of the client must always be the guiding principle.
- (5) **Advertising and Other Public Statements** (3.01 – 3.06) alerts psychologists to avoid "false, fraudulent, and deceptive" statements and to take responsible action to clarify such a statement made by others. Since adjunctive services are often advertised or promoted in fliers, ads, press releases, media announcements, and articles prepared by others (e.g., the sponsoring organization, a local newspaper), attending to these standards is especially important.

Adjunctive programs may raise ethical dilemmas. To resolve these issues it is wise to revisit the Ethics Code, develop and document a decision-tree that addresses potential ethical concerns, and consult with respected colleagues.

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