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Upcoming Luncheon Meetings



Date: January 7, 2011
Topic: The Ordinarity of Good Psychotherapy
Speaker: Enrico Gnaulati, PhD

Date: February 4, 2011
Topic: Addiction and Sense of Time
Speaker: Daniel Goldin, LMFT

PLEASE RSVP NO LATER THAN THE FIRST MONDAY OF THE MONTH TO YOUR INTERNET EVITE, OR TO THE SGVPA VOICE MAIL (626) 583-3215. 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:

Luncheon, Service, and Parking Privileges...\$22
CE credits...\$20
Audit...\$10

Non-Member Costs

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CE credits...\$25
Audit...\$15

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

PRESIDENT'S MESSAGE



Dear Colleagues,

Welcome to the beginning of a new year - and a new SGVPA Board of Directors - with all the possibility, opportunity, and renewal that this time of year encourages us to feel. In my mind, this year for SGVPA will be one marked by teamwork, progress, positive, connected energy, creative ideas and gratifying professional experiences. I am very excited to introduce our newly-elected Executive Committee members. Dr. Stephanie Law, our new President Elect, has been an active and diligent Board member for years, and we are lucky to have her positive energy. Dr. Colleen Warnesky, our new Secretary, and Dr. David Lorentzen, our new Treasurer, are also both experienced Board members who are committed to making SGVPA a more fun and fluidly run organization. I feel fortunate to have such warm, professional colleagues to collaborate with in the coming year.

SGVPA has been growing steadily, with approximately twice as many members in 2010 as three or four years ago. I want to thank the outgoing officers for the hard work and dedication that they have poured into SGVPA in order to ensure that we are a thriving organization. President Linda Tyrrell, in particular, devoted countless hours in devotion to all aspects of association business. On behalf of SGVPA, I want to thank Dr. Tyrrell for her immense effort, and thorough involvement, in all matters big and small! Several projects are underway which started during her presidency, and will continue to evolve, develop, and come into fruition during the coming year.

A big thanks also goes to Dr. Elisse Binder for her attentive, diligent job as Secretary. And,

(continued on next page)

of course, to Dr. Suzanne Lake, as last year's past president, for all of her involvement in front of and behind the scenes for SGVPA. Dr. Lake's level of commitment continues to support and inspire new generations of leadership in SGVPA! Finally, as Dr. Linda Bortell vacates several Board positions this year, I want to applaud the numerous years of dedication and service she has provided --- most recently in her roles as Diversity Chair, CLASP Chair, and SIG Chair. Dr. Bortell is a seasoned veteran of the Board, and on behalf of SGVPA, I thank her for sharing her expertise, time, and energy so generously!

There are many creative projects underway this year, and I want to encourage each of you to get involved in any way possible. The Board is in the process of designing a new and updated website, continuing the process of reworking our bylaws to help shape the future of our organization, and looking forward to reconvening our Ethics Committee. We have also added several Special Interest Groups (SIGs), which are now up and running! These fascinating and professionally enhancing meetings are open to the entire SGVPA membership, and can be attended as regularly or sporadically as you wish.

The best and most immediate way to get involved in SGVPA is to mark your calendars for the big evening of January 28! We will be having our annual January Jubilee--the biggest, most exciting, and best attended networking event of the year. This elegant evening will be held at the Shakespeare Club in Pasadena, and membership renewals will be offered at a 10% discount! Also, please remember to join us for our monthly luncheons at the University Club.

Please feel free to contact me directly if you are thinking about how to get involved in SGVPA, if you have any feedback about what you'd like to see happen at SGVPA this year, or if you have any new ideas forming that might enhance our community.

Deborah Peters, PhD
SGVPA President

News You Need To Know



CPA Offers Psychologists Health Insurance

By Stephanie Law, PsyD
CPA Representative

Here's exciting news about the newest of the California Psychological Association's benefits to its members: They are now eligible for group health insurance, through an arrangement between CPA and Healthnet Insurance Company!

This is guaranteed coverage--with no health questions, and approximately 23 plans to choose from. It is now available to every active CPA member who works 20 hours or more a week (excluding pro bono work), and who lives in the state of California. If you have a group practice, you can extend the coverage to your employees as well (with a 15% discount for groups of 6-50). Solo practitioners also are eligible for these plans, and at group rates!

Knowing the quandary faced by many private practice clinicians when it comes to medical insurance, CPA has worked long and hard to discover a way to address this issue on their behalf, and to offer a solution to its members. All the information you need to get started is available on the CPA website (cpapsych.org). Enrollment is now open, with your choice of an effective date beginning either December 1 or January 1. The next open enrollment period will not be until June, so please act now if you're interested.

If you are a psychologist and not already a member of the California Psychological Association, here's another great reason to consider joining! No other organization fights for your California license, and its strength, the way CPA does. No other organization holds you, and your profession, and your livelihood in mind when it comes to governmental policy the way CPA does. But CPA functions in the real world, which means it needs your activity--and funding--to keep up its fight for psychologists.

*Please visit cpapsych.org
and to get more information on available health insurance plans.*



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...For our third almost annual



January Jubilee!!

Friday January 28, 2011
6:30 to 9:00 PM

At Pasadena's Gorgeous Shakespeare House Villa

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Renew your membership in SGVPA at a ***special discount rate!***

Please consider inviting potential new members to come
and enjoy a ***special introductory rate*** to join SGVPA themselves!

At the January Jubilee, you will also have the opportunity to
meet local California lawmakers,
honor SGVPA Leadership,
and install our new Board of Directors!

RSVP

Dr. Elisse Blinder, January Jubilee Ad Hoc Committee Chair
dreblinder@charter.net



Addiction and Sense of Time

By Daniel Goldin, LMFT



In 1972, large numbers of combat troops began returning to the states from Vietnam, many of whom were dependent on heroin. Alarmed at the prospect of flooding a nation in the grip of a crime wave with lifelong addicts, President Nixon hired Lee Robbins, a leading light in psychiatric epidemiology, to study drug abuse among the returning soldiers. Lee Robbins studied 400 returning soldiers, all of whom reported themselves as addicted to heroin, all of whom shot, smoked or inhaled the drug on a regular basis and all of whom experienced physical withdrawal symptoms upon stopping use. In 1974, Lee Robbins published her surprising results. Two years later, only 12 percent of these soldiers continued to meet the study's criteria for addiction.

How do we square the notion of addiction as “a chronic, relapsing brain disease” with such overwhelming evidence of spontaneous recovery? And what caused 350 soldiers to use heroin compulsively in Vietnam and to stop when they returned to the states?

The secret ingredient X that is the sine qua non of addictive behaviors in humans has as much to do with the mind as it does with the brain: it is our sense of time. The addict trades feeling worse in the future for feeling better in the present, a bad deal made in order to override immediate, overwhelming emotions. Unsolved problems inevitably get worse, and the addict, by systematically falsifying with drugs the feelings his body reports to his brain, gets worse at solving them. But he can always rely on the same desperate solution: he can operate directly on his emotions by taking more substances. Soon the solution *is* the problem. The future shrinks around the addict, measured in minutes and hours instead of days and years.

All humans tend to discount future over immediate rewards, choosing, say, 5 dollars today over ten dollars next month. But this tendency, known in economic models of behavior as future or delay discounting, is far more pronounced in those who have patterned their lives around addictive behaviors. Among heroin users, studies have shown that the future discounting rates are about twice that of control participants.

So what might have happened to our troops in Vietnam to produce a state of temporary dependence on heroin? When faced with a threat to our immediate survival, we sacrifice reflection for speed of response. We do not dwell on our feelings in order to string the events around us into a narrative but feel and act simultaneously. We remain oriented entirely to the moment. No one thinks about their college education during a firefight. In short, hostile, uncertain environments such as Vietnam greatly increase our natural tendency to devalue the future. When our Vietnam veterans returned to the states, their sense of time opened up again. Feelings for family and career – “big-picture” feelings – gradually took precedence over immediate regulation of emotions, and heroin lost much of its draw.

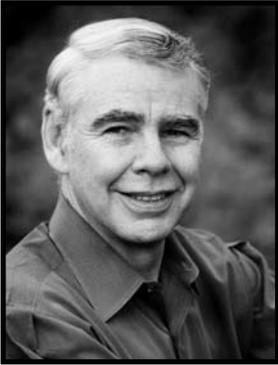
But what about the 12 percent of soldiers in the study who continued to use heroin compulsively? Interestingly, the percentage corresponds almost exactly to the percentage of combat soldiers who experience significant symptoms of post-traumatic stress. Traumatic stress reactions cause us to relive past horrors in the same intense, fragmented way that we experienced them originally, with a similar bias toward the moment over the future. It may be that many of the veterans who continued to use heroin remained in Vietnam.

How do those who struggle with symptoms of post-traumatic stress and those who battle a thirst for substances (often one and the same) widen their temporal horizons? By telling their stories. Functional MRIs (fMRIs) have revealed that the same brain regions involved when one considers the past are activated when one projects into the future. One must look backward to see forward. To accomplish this double process, one needs to be able to reflect on one's feelings, as all sequential recollections are glued together by an awareness of internal states. For an individual who has spent years suppressing emotions by taking drugs, it is useful to have the support of a reflective, elaborative listener who can provide some of the internal glue. It is no accident then that two mainstays of AA are the sharing of stories and the forming of mentoring relationships.

Daniel Goldin, MA, LMFT, can be reached at DanielGoldin@gmail.com.

The Benefits of Neurobiology in Psychotherapy

By James S. Graves, PhD, PsyD



Upon reading Daniel Goldin's article entitled "The Limits of Neuroscience" in the previous issue of *Analyze This!*, I was moved to write an article with a somewhat different perspective. When I began teaching doctoral courses a few years ago, it seemed necessary to better understand the neurobiological underpinnings of mental activity in order to provide the most contemporary view of the field. Since the early 1990's, there has been an explosion of neuroscientific research on mental functions in health and disorders. Several authors, such as Drs. Dan Siegel and Lou Cozolino, have been promoting the value of neurobiology in psychotherapy for at least a decade. In recent years, collaboration between neuroscientists and those studying the therapeutic value of contemplative practices has begun to develop the scientific underpinnings of this "new" paradigm.

As a clinician who is passionate about understanding his clients' inner world, I find it helpful to try to understand their unique neurobiology as well. There are psychotherapeutic--not just psychopharmacologic--approaches that flow from such understanding. For example, a fairly new client spoke in one session about how she adopts the perspective of whomever she is with at the moment, and feels no sense of self in these interactions. Research results suggest that one's sense of self is partially derived from the so called "sixth sense" of *interoception*, an awareness of our internal bodily states, which has a known neuronal pathway. After discussing this concept with my client, she was quite open to suggestions of exercises she could do between sessions to enhance her interoceptive capabilities and, thus, improve her sense of self. This process has not inhibited our discussions of the psychodynamic origins of her poor sense of self.

Using a physical metaphor of brain function can be a helpful way to explain a psychological phenomenon. For example, I have used a neurobiological approach (borrowing Siegel's "fist model" of the brain) to help both clinical clients and workshop participants with anger management issues. If you hold your hand up as if taking an oath, fold your thumb across your palm, close your fingers over the thumb, and turn your fist around, you are looking at a model of the brain. I use this model to explain the biological origin of anger (i.e., the limbic system or, more technically, the amygdala) represented by the thumb, and the regulatory mechanism (i.e., the frontal lobe or, more technically, the orbital frontal cortex) represented by the last knuckles of the fingers touching the thumb. An explanation of how, during the early stage of anger, we begin to lose the regulating connections between frontal lobe and limbic system (i.e., fingers rising off the thumb), and how in some cases we can "lose it" (i.e., fingers pointing straight up), provides a visual foundation for a discussion of the cognitive-behavioral approaches to better managing one's anger. My experience over the years is that people really "get it."

As the scientific foundation of the field of psychology evolves, I believe it is important for psychologists--especially those in teaching and supervisory roles--to incorporate contemporary, empirically-derived concepts into clinical practice. Because mental functions are derived largely from the activities of the central and peripheral nervous systems, it is important to understand the neurobiological principles underlying these functions. There appears to be an evolutionary trend in psychotherapy toward utilizing these neurobiological principles in clinical practice, as evidenced by the cover of the January/February, 2010, issue of *Psychotherapy Networker* entitled, "Psychotherapy and the Brain: Are We Entering a New Era of Practice?" Several articles in that issue suggest the answer is "yes." One of the authors, Janina Fisher, writes: "As we learn more about the brain, it becomes apparent that therapists need to pay as least as much attention to the body and nervous system--both their clients' and their own--as to the words, emotions, and the meaning-making processes of the mind." In my own practice, considering the neurobiology of mental functions and psychopathology in no way limits my efforts to understand my clients. On the contrary, it greatly expands my ability to appreciate and treat the clients I serve.

*Dr. Jim Graves will present on this topic at SGVPA's February monthly meeting.
He can be reached at j.graves@sbcglobal.net*

Psychology and Family Law

Why Lawyers Now Avoid Assisting with Pre and Post-Nuptial Agreements

By Mark Baer, Esq.



Each state has its own laws pertaining to the financial consequences of marriage and how they play out in a divorce or upon the death of one of the spouses. As many of you may know, prenuptial and post-marital agreements are hot topic issues these days, especially with the highly publicized McCourt divorce case in Los Angeles. According to the statistics, an increasingly large percentage of the population is entering into such agreements. Yet ironically, fewer and fewer attorneys are willing to handle them.

There was a time, not long ago, when a person (usually the husband to be) would give his fiancée a prenuptial agreement to sign within days, hours, or even minutes of the wedding ceremony. The fiancée would sign the document under duress, because otherwise the wedding would be called off, and she would often do so without fully understanding the terms and effects of the agreement. It is not surprising that agreements entered into under such circumstances would often be successfully challenged in a subsequent divorce proceeding. More disturbing is the fact that many such agreements were actually enforced by the courts, even when the agreement was written in English, which was often not the fiancée's native language.

As a result, legislation has been enacted to protect people from such dubious practices. Nevertheless, people still regularly challenge the enforceability of prenuptial and post-marital agreements in divorce proceedings. Now they are challenging agreements, even though they were given to them the requisite number of days before the wedding, and when each party had separate counsel representing them in negotiating the terms of the agreement, explaining the basic effect of the agreement, and the rights the party was relinquishing by signing the agreement. I believe that the reason that such agreements are still challenged so regularly has a great deal to do with the fact that we are living in the "Age of Entitlement," where narcissism has become epidemic, and people do not wish to take responsibility for their actions.

By definition, people who enter into prenuptial or post-marital agreements are agreeing that certain financial issues ensuing from a marriage be governed by a set of rules negotiated by them--and not those which would otherwise have been imposed on them by the State. Unfortunately, approximately 50% of marriages end in divorce today, at which time the spouse who would be better off financially without the prenuptial or post-marital agreement will frequently challenge the enforceability of the agreement.

When such challenges arise, the attorneys involved in the negotiation of the agreements cannot be involved as the attorneys in the divorce proceedings. Instead, they are brought into the litigation as witnesses, and thus cannot charge for their time. Moreover, depending upon the enforceability or unenforceability of the agreement, one of those attorneys may well find themselves in a malpractice action.

This reality creates a great deal of risk to any attorney involved in drafting and negotiating prenuptial or post-marital agreements. As a result, every time I have been to a continuing education seminar relating to such agreements in the recent past, I have been instructed that an attorney who charges less than \$10,000 to handle such matters is foolish. While that may seem like a lot of money for each party to spend, in my opinion it is one of the unfortunate consequences of the fact that we are living in the "Age of Entitlement."

The recent ruling invalidating the post-marital agreement in the McCourt divorce is distinguishable because the attorney who drafted that agreement admitted to having changed the pages that resulted in Jamie's relinquishment of her interest in the Los Angeles Dodgers after she signed the agreement. Therefore, Jamie's reason for challenging that agreement had nothing to do with a refusal to take responsibility for the consequences of her actions. Apparently, she never agreed to relinquish her interest in the Los Angeles Dodgers, even though the agreement was altered to show otherwise.

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

Obsessive Ruminations

Free Will and Kleptomania

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

Individuals who suffer from compulsions also struggle mightily from constrictions in their personal freedom. Compulsive gamblers, stealers, overeaters, hoarders, alcoholics, obsessive seekers of sex, and those with similar conditions often feel as if they simply cannot stop their self-defeating behavior. They do not feel *free* to stop. In some cases, the compulsion is illegal. If the compulsion continues, society takes responsibility for controlling the behavior, typically through incarceration. Thus a lack of inner freedom can lead to a lack of outer freedom as well.

Working with certain compulsions, particularly those in which the behavior is illegal, requires us to encounter the fascinating interplay between psychological "illness," personal freedom, and the need for societal protection. As psychoanalytic psychotherapists, we must believe in free will; our work rests on a foundational belief that people can make free choices and change.

Patients' free will is easy to see in milder forms of psychopathology. A man whose romantic partner just left him, and who becomes anxious and depressed as a result, can be expected to respond well to standard psychoanalytic interventions. Although he may feel helplessly gripped by his emotional distress, we can be confident that by facilitating a mourning process, by eliciting anger he may be experiencing, and by otherwise "working through" the trauma, his condition will improve. Psychotherapy provides ways to free him from his painful experience; perhaps the relationship was destructive anyway, and in any event, he will grow from the experience. Once his relatively mild inner constrictions have been lifted, he is further freed to seek social support, exercise, and other outside interventions that will help him to recover.

In stark contrast, I recently provided a course of sessions to a true Kleptomaniac, a Mr. Jones. He clearly met the criteria for the "illness" of Kleptomania. He could not resist impulses to steal objects – most of which he did not need. He would experience an increasing sense of tension immediately before stealing, and then pleasurable

relief after the theft was completed. Mr. Jones experienced little if any freedom in managing his feelings. He had already been arrested and convicted twice, and was facing time in prison should he steal again. As a child, he had been severely abused, at one point being literally tied to a tetherball pole for an entire day while his mother ran errands. He never met his father.

We explored his compulsion to steal from a variety of different angles, focusing particularly on how his childhood had left him feeling worthy of punishment. The same pattern emerged in the transference when he would enact ways he could be seen as unworthy. The Kleptomania was, in effect, an unconscious strategy for ensuring that he would be punished. It was like a game. A successful theft offered faux competency and autonomy; to be caught was to be tethered again. It was a drama about freedom and punishment. We worked through these and other themes repeatedly.

Despite our best efforts, Mr. Jones was arrested again for stealing a \$10 item. I wrote a letter to the District Attorney advising her of Mr. Jones' progress in treatment. She extended his probation period. Then, after another six months of intensive psychotherapy, Mr. Jones was arrested again. Since it was by then his fourth offense, the Court sentenced him to one year in prison. The Court – which also believes in free will following a long legal tradition with roots in both Judeo-Christian and Graeco-Roman ethics – concluded that Mr. Jones could have freely chosen not to steal and stole anyway.

Exploring the question of free will and psychopathology could elicit endless obsessive ruminations, but one simple solution is to view freedom as existing on a continuum. I can willfully lift my right arm, for example, but cannot change my height. I may be able to change my weight, but this metric has its own continuum of freedom in that some lose weight easily and others feel their free will proves insufficient for dieting. In the final analysis, we should cling dearly to our belief in free will, and intensively work to enhance the personal freedom of our patients, despite the fact that some of them experience, or actually have, little freedom to change.

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

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Sandra E. Fenster, Ph.D.

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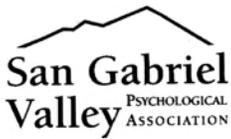
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(Membership runs from January to December)

2011 SGVPA Membership Application

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Graduate School/Program: _____

Check all that apply: [] Licensed Psychologist [] Registered Psychologist [] Psychological Assistant
[] Licensed Marriage Family Therapist [] MFT Trainee [] Student
[] Licensed Clinical Social Worker [] MSW Trainee [] Licensed Psychiatrist

I am a member of: [] APA [] CPA [] National Registry I am a Board Certified Diplomate: [] Yes [] No

Membership Preferences:

You may / You may not: List my professional information in a membership directory
You may / You may not: Share my information with other professional organizations
You may / You may not: Contact me to volunteer at upcoming events and/or SGVPA Committees

Please check committees of interest:

[] Membership [] Pre-licensed or Early Career Professional [] Governmental Affairs
[] Programs [] Website Management [] Colleague Assistance
[] Newsletter [] Disaster Response [] Ethics
[] Book Group [] Movie Night [] Mindfulness Group

Topics You'd Like to Hear About at SGVPA Functions: _____

PROFESSIONAL ETHICS DECLARATION*

[] I have read and agree to abide by the Code of Ethics of the American Psychological Association

Please Mail Back Your Application to:
(Make Checks Payable to SGVPA)

Stephanie Law, PsyD, SGVPA Membership Chair
16 S. Oakland Ave., Suite 216 • Pasadena, CA 91101 • Stephanie@drstephanielaw.com



LOVE IN THE AFTERNOON

Understanding the Role of Love in the Psychoanalytic Process

A new course
Taught by

Alan Karbelnig, PhD, ABPP
MCEP Provider No. 504441

Overview

This 5-month course will explore psychoanalytic, literary and case materials relevant to love. The first two sessions will be devoted to a review of recent psychoanalytic articles on love and psychoanalysis. In the remaining eight sessions, we will apply psychoanalytic ideas to literature by studying *Lady Chatterley's Lover*, *Love in the Time of Cholera*, *Mrs. Dalloway* and other fictional works. Participants will be invited to share case materials. Complimentary wine and snacks will be served at each meeting. To keep discussion active, the class is strictly limited to 10 participants.

Dates

10 meetings, every other Friday, 5:00-6:30 PM, beginning February 12 & ending July 2, 2011.

Fees

\$550 per licensee or \$450 per student/intern (fees include all articles and books). A \$250 deposit is required to reserve a spot; balance due at first class meeting.

C.E. Units

15 units from the MCEP Accrediting Agency.

To Enroll

Email Alan at amkarbelnig@gmail.com or April Caires at april.caires@gmail.com. Mail registration deposits to Alan Karbelnig, PhD, 625 Fair Oaks Ave., Suite 270, South Pasadena, CA 91030.