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Upcoming Luncheon Meetings



Date: July 8, 2011
Topic: CBT for Insomnia
Speaker: Joel Becker, PhD

Date: August 5, 2011
Topic: NO LUNCHEON

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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Audit...\$10

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Audit...\$15

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

PRESIDENT'S MESSAGE



Dear Members,

I am sitting in my now clean house reflecting on the feel and the experience of our New Members party here last Friday, June 3rd and wanted to share my thoughts. Usually one gets excited about a party in a community that is well known to them because of the friends and acquaintances that will be there. I am no exception, and I eagerly anticipated seeing many warm, familiar faces. My favorite aspect of this night, however, was getting acquainted with so many people whom I did not know or had only recently met. A full fifty percent of the 60 or so in attendance were new members (a record number!). I had a variety of engaging conversations ranging from treatment specialties to interests and life paths. While some members are deeply involved in neurofeedback, some work with very young children ("the biters and the fighters"), and some have experience working with prison inmates, addiction and severe pathology. Others still are interested in spirituality, depth psychology and forensics. We also had a wide variety of experience levels - students just venturing forth and getting excited about the world of psychology, unlicensed early career professionals, and licensed and seasoned clinicians. I was pleased to see all the different mental health disciplines represented as well. Upon reflection, I think that it is precisely this kind of diversity that makes SGVPA such a compelling community to be a part of.

Along with our diversity in interests and skills is our diversity in needs from the

(continued on next page)

organization. I often say that I hope that each of you find a niche in SGVPA – a way to share your skills and interests and develop your social network. In consonance with that goal, I would like to share some ideas that have surfaced as areas of interest and concern. Several members are experiencing frustration with insurance companies – reimbursement and treatment planning - and SGVPA could be a vehicle for bringing people together to figure out how to best address this issue. In addition, many have an interest in talking in greater depth about the intersection between spirituality and psychology. Thus, there is an idea “in the air” to possibly form a SIG around this broad and interesting topic. Thirdly, many have expressed an interest in getting a book club rejuvenated or starting other kinds of clubs. If any of these topics peak your interest, all you have to do is send an email and get a conversation started! I am happy to help connect people in this very regard.

Finally, I know I represent all of us in attendance when I send out a huge “Thank You!” to Dr. Stephanie Law and the membership committee for putting on such a lovely New Members event. An additional thanks to all the various members who contributed their time and good spirit!

Warmly,
Deborah Peters
President

Annual SGVPA New Member Welcome Celebration An Evening in the Garden

By Stephanie Law, PsyD
Membership Chair

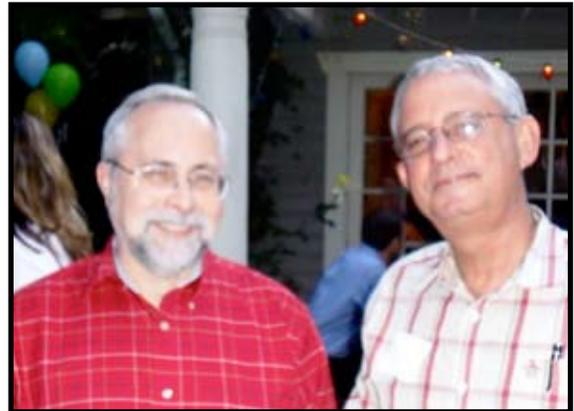
Here at SGVPA, we try hard to make newcomers feel welcome. The annual New Member Celebration is an opportunity for the new members in our midst to meet the Board of Directors, hear about ways to increase their involvement, and start putting names to faces of those they may have heard of. On Friday, June 3, a record number of new and old members alike descended on President Deborah Peters’ cozy and warm home in South Pasadena to accomplish just this task. Amidst the clinking of wine glasses, sparkling evening lights and torches, and the colorful balloons tastefully placed around the edges of this gathering, new introductions were made and conversations flowed.

The Board of Directors graciously supplied scrumptious dishes to enhance the festivities. As the organizer of this event for four years in a row now, I received numerous comments from people as they were leaving, thanking me for the warm and inviting experience, and expressing excitement about getting involved in more ways.

No matter who you are, there IS A PLACE for you in SGVPA! Feel free to contact Deborah Peters or myself for ideas of ways to get involved – be it participating in a committee, taking a position of leadership, or starting a new kind of interest group yourself. Jump in! We want you!



Annual SGVPA New Member Welcome Celebration



NEW MEMBERS

Student:

Pam Albro
 Dawna Bilow, MA
 Drew Carr, MA
 James Creely
 Jesse Malott
 Bikat Tilahun, MA

Kelley Vandewalle
 Shaun Wehle, MA
 William Whitney
 Jenna Wierenga, MA
 Jonathan Wong, MA

Licensed:

Bobbi Carlson, PhD
 Nina Nguy, PsyD
 Emma Oshagan, PhD



Prelicensed:

Jennifer Larsen, PsyD

The Power of SGVPA: The Power of Mentorship

By John Nelson, MA
SGVPA Student Representative to CPA



Have you ever benefited from a mentor in your own life or career? Have you ever considered becoming a mentor to an graduate student member *yourself*? Now is the perfect opportunity to inspire a student by becoming his or her mentor, as part of the SGVPA

Student-Professional Mentorship Program.

Mentorship is generally defined as a relationship whereby a mentor--usually someone older and always more experienced--helps and guides another individual's development. While this is a more formal definition of mentorship, John Crosby offers this: "Mentoring is a brain to pick, and ear to listen, and a push in the

right direction." As masses of successful individuals throughout history are surveyed, one thing for sure is that what all of these people had in common was the presence and support of at least one exemplary mentor. To offer a few, and fun, examples-- take



for instance Michael Jordan. Michael Jordan is arguably the best player the sport of basketball has ever seen. However, much of his success can be attributed to the strong support of his mentor and coach, Phil Jackson. What about Dr. Phil McGraw? Dr. Phil is widely known for his successful daytime talk show, the Dr. Phil Show, which in turn was due largely to the support of his mentor, Oprah Winfrey. Some may argue that Whitney Houston, one of the most successful female vocalists of our times, would not have achieved as much as she did without the support of her mentor and manager, Clive Davis. And how about Jay Leno? Indeed his career mentor, Johnny Carson, left a remarkable impact on his career in the comedy business. The list can go on and on. However, such examples offer a glimpse into the potential power of mentorship.

As an experienced psychologist, you also have



the ability to positively influence and impact another person's professional development. You have the power to mentor a graduate student. I am confident that one of the reasons that many of us are members of SGVPA is because of the wonderful opportunities for professional community. For student members, a significant part of this community entails the opportunities for mentorship. This is why the SGVPA Student-Professional Mentorship Program exists--in order to facilitate such opportunities. If you are a member of SGVPA and believe that your clinical experience and/or expertise might be beneficial to the professional development of an SGVPA student member, then I encourage you to consider becoming a mentor!



The Mentorship Program offers a rewarding opportunity for both the mentor and the mentee. Mentors will have the opportunity to be paired with one student member. The interactions between each pair will be primarily discretionary, and agreed upon between the participants. It is hoped that a mentoring partnership will maintain for at least six months, during which contact is to be made between the two at least once a month. Becoming an SGVPA mentor is by no means a commitment to a lifetime role! On the other hand, this may be the *opportunity of a lifetime* for the graduate student coming up in the professional ranks.



Winston Churchill once said, "We make a living by what we get, but we make a life by what we give." I hope you will find this an excellent opportunity to give of your time and expertise to a psychologist of tomorrow.

If you believe that you might be interested and available to participate in the Mentorship Program as a mentor, then I would love to hear from you!

Please contact John Nelson at
johnnelson1906@gmail.com, or at 626.687.0888

What is Psychoanalysis?

A Musing

By Daniel Goldin, LMFT
Substance Addictions SIG Chair



As I listened to Alan Karbelnig's presentation on Objects Relations at the recent monthly meeting, I found myself considering the rapid evolution of theories since Freud, and I began wondering whether the expansion of the boundaries of psychoanalysis has caused it to decompensate and to lose meaning. Once upon a time we all had a pretty good idea what "psychoanalysis" meant. So many old New Yorker cartoons showed us an intellectual-looking man, expressionlessly scribbling away in a chair, while someone upset gesticulated wildly on a couch. The analyst was supposed to be a *neutral observer*, collecting the patient's unconscious associations. Data-collecting and linking through interpretation were the main tasks of the analyst in those days. The analyst had supposedly undergone extensive training to manage and suppress his own potential countertransference reactions in order to present a "blank screen" with which to intercept his patients' projections.

Few analysts stick to this old-school Freudian approach these days. The question now is, are we ever really free of countertransference reactions? Is neutrality possible, or even an ideal worth pursuing at all? Edward Tronick's still-face experiments, in which a mother's deliberate lack of expression was shown to cause emotional fragmentation in infants, gave the lie to the blank screen serving as a good method of gathering relational information from the past. Actually, it fundamentally induces terror in the individual under study.

Meanwhile, psychoanalysis has split into factions. We have Kleinian psychoanalysis, ego psychology, object relations, the independent school, self psychology, relational psychoanalysis, and intersubjectivity theory--all of which pushed back the boundaries around how to relate to a patient. The more contemporary psychoanalytic journals have delighted in publishing case studies featuring analysts breaking the old rules--bringing dogs into the consulting room, allowing patients to sit on their laps, and--in one recent case elaborated in an esteemed journal--allowing a client to strip for the analyst! Robert Frost's complaint about free verse often seems to apply to this once rigorous field: "It's like playing tennis without a net."

Recently, a psychoanalyst in the journal *Psychoanalytic Dialogues*, after finding it impossible to secure a meaning to the word "psychoanalyst" that encompassed the multiplicity of contemporary theories and approaches, concluded that a psychoanalyst was someone who had immersed himself in a psychoanalytic training program. The idea that one can be trained in a discipline defined by that very process of training is infinitely recursive and truly dizzying to contemplate. It is also absurd on the face of it, a little like saying a writer is someone who has gone to writing school.

And yet I still find myself drawn to psychoanalysis, despite its identity crisis, and despite my own inability to understand quite what it is. Peter Fonagy recently defined psychoanalysis as a developmental approach to psychopathology. I like that. Unlike CBT or DBT, or the many other therapies that claim to provide *measurable results*, psychoanalysis seems more about fostering *immeasurable*, dynamic skills that cannot easily be tested-- such as adaptability and relatedness. These are skills that impact upon personality development in the broadest sense of the term. But Fonagy's definition fails adequately to express the intimate, interpersonal aspect of psychoanalysis, evident even in the earliest case studies by Freud.

One day, as I was browsing through a book by Lacan-- a writer I usually find impossible to understand--I stumbled upon this definition: "Psychoanalysis is the science of the particular." In a broad way, we have come to understand science as the expounding of sets of laws that generalize happenings in the universe, laws such as Newton's laws of motion. But a science of the particular? That doesn't even seem possible. And yet the definition gets at the paradoxical essence of the discipline. Psychoanalysis seeks to find unique patterns in an individual and in the clinical encounter, organizing principles and idiosyncratic laws of relating that are not universal but profoundly particular, elucidated during therapy and sometimes disconfirmed by that very process of elucidation. I have come to see psychoanalytic therapy as a form of collaborative portraiture in which the person "sitting" for the portrait develops a unique, shareable self, patterned, organized, articulated and yet one of a kind.

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

The Faces of Community Mental Health

By Wayne Kao, PsyD



Have you ever had any clients that have suddenly been unable to continue to see you in your private practice setting, due to financial setbacks? In these tough economic times, many of our clients are no longer able to

afford a private practice therapist, despite our best efforts to accommodate their financial needs. With this difficult reality, community mental health may be a terrific option to these folks to continue receiving services.

So What is Community Mental Health?

As someone who is now building a private practice, while also working full time at Pacific Clinics, I find these two worlds share similarities and differences at the same time. In private practice, I work with clients to understand and navigate their internal world in a healthier manner. I am generally the sole provider of mental health services for my private clients. Because they are generally stable individuals, and have insurance or are able to pay out of pocket, crisis situations are infrequent.

As a community mental health provider, the therapeutic goal is the same, but I seek to meet this goal differently. I work with a team of case managers, nurses, and psychiatrists to provide comprehensive and intensive mental health services. When I work with children and families, I work with multiple therapists assigned to that family in order to improve their quality of communication with each other, and with themselves. As a community mental health practitioner, I work directly with my clients in their community settings in order to aide them in better navigating their world. This may include providing field-based services and contacting different providers that our clients are currently working with in order to coordinate services. I also work directly with other agencies on a regular basis in order to improve the conditions of the community as a whole. Generally, the funding streams are different from those in private practice, such that my services are paid for through government contracts, low income insurance, and various other forms of payment. The situations of the adult clients I serve in the community vary between homelessness and near homelessness, often involving chronic and severe mental illness. With children and adolescents, my work is to prevent them from reaching the point of homelessness, or from developing severe mental illness.

Why Community Mental Health?

I love what I do.

Although it's common knowledge that the financial compensation from working in community mental health is not the most desirable, it is a career oftentimes driven by passion. I work with clients that may not make it to the next day, so every day it is a challenge to provide therapy to clients who may not value it the way that I do. If someone does not know where they are staying for the night, or if they will survive to see the daylight, what can my therapy offer? This is the challenge I take on every day, and it is a challenge that I embrace.

At the same time, I face failure on a daily basis. This may be ironic and somewhat masochistic, and you may ask yourselves why someone would embrace their own daily failures. I serve 100 clients at any given time. Many will be homeless or using illegal substances, despite my best efforts. Regardless, my team and I are their only lifeline. We are their connection to the world if or when they decide to re-connect with it. For that reason, I love what I do. It is simply a different form of "being with the client."

Prior to working for Pacific Clinics, I worked for other community mental health organizations, including South Central Training Consortium, South Bay Child Guidance, Enki, and Bienvenidos, providing services to children, families and adults. These services can range from substance abuse treatment, individual and family therapy, group therapy, and even linkage to housing and financial resources. I have loved it every step of the way, with all of its frustrations, hospitalizations, and--sometimes--triumphs.

Where Do We Go From Here?

I urge you to be on the look-out for opportunities that SGPVA may provide in the coming months to hear more about community mental health. These will be wonderful opportunities not only to learn how you might ensure continuing quality care to clients, but also to continue to better understand the different services that are available in the vast field of community mental health. It's time to meet some of the different faces of mental health care.

Dr. Wayne Kao can be reached at dr.waynekao@gmail.com or at 626.940.8670

Psychology and Family Law

The Misconception That Collaborative Attorneys Fail to Protect Their Clients



By Mark Baer, Esq.

I recently attended a conference for collaborative law practitioners, including many psychologists as well as lawyers in attendance. During a table discussion, a psychologist commented that, while Collaborative Divorce

and other forms of consensual dispute resolution seem like wise and valuable options to the adversarial process of litigated divorce, she herself refers patients to hard core litigators because she wants to “make sure that their rights are protected.”

I was troubled by this perspective--especially since fellow collaborative law practitioners had made similar comments to me at another meeting. In essence, psychologists (and others) fear that collaborative lawyers are too conciliatory, and will not well protect an individual in a divorce proceeding.

In reaching this conclusion, people are making the erroneous assumption that collaborative attorneys are somehow “weak,” “afraid to litigate,” or to otherwise advocate strongly for their clients. I certainly cannot speak on behalf of all collaborative attorneys. However, I know a number of very aggressive litigators who happen to also practice as collaborative law practitioners. They are savvy and capable of aggressive tactics, but they also acknowledge the crucial value of collaborative techniques in family law. Moreover, I recently had a consultation with someone who was referred to me by an attorney I litigated against several years ago, and who told him that I had been a very formidable opponent.

Here is an example of the difference in the way in which a collaboratively trained attorney, and a litigator never trained in mediation, might handle a situation. In a case I recently handled, the divorcing couple had a son (age 10) and a daughter (age 8). The family residence was located in a city which is reputed for having an excellent public school system. The parties agreed that the wife would have primary physical custody of the children, and

she wanted to receive the family residence in the divorce. My client, the husband, was insistent that the house be sold, on the grounds that it was too big for just his wife and their two children.

When I asked him if the children attended public or private school, he told me that they had moved to that city specifically because of the school district, so that the children could attend the public school. I then mentioned that if he were successful in forcing the sale of the house, it was possible that his wife would move to a different city with a less well-regarded school system. Would he want the children to attend public or private school if she moved to a city with a less well-regarded school district? He replied that he preferred the children to continue attending school in the same school district, or a private school in an inferior district. I then suggested that he calculate what it would cost his wife to rent a three bedroom house or apartment in that city, as well as private school costs, and compare it to the after-tax cost of her continuing to live in the family residence.

A couple of weeks later, my client modified his position and advised me that if his wife could afford to keep the house in the divorce, she could have it. Of course, he will consequently receive something of equal value in the divorce. However, I realize that I never argued over this issue with his wife’s attorney, or through the court system, saving countless dollars in legal fees, as well as the time and acrimony that would have been involved. Does the manner in which I handled this situation indicate that I am “weak”, “afraid to litigate,” or “unable to protect my client?” On the contrary, I think that the manner in which I handled this situation protected my client far more than if I followed his lead and argued over whether or not the house get sold.

I agree that litigation is necessary on occasion. However, people are very mistaken when they believe that the only attorneys able to adequately protect them are “pit bull attorneys.” Moreover, this widespread belief has contributed to the breakdown of families, negatively impacted the parties and their children, and has adversely affected society as a whole.

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

Obsessive Ruminations

Osama bin Laden, Symbol and Symptom

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.



Within minutes of the killing of Osama bin Laden, media outlets flooded us with giddy, gloating, repetitive descriptions of the event. Fresh details came in surprisingly far and few between, but that didn't stop the news outlets from recycling the story over and over. In the true sense of the word, the media, and of course the American public which consumes its product, was obsessed.

Osama's power as symbol was most strikingly manifested by the crowds that gathered within hours at the White House and Ground Zero, waving American flags and chanting, "Obama got Osama." But what exactly was bin Laden a symbol of for these surging, ecstatic throngs? His death symbolized the end of a notorious terrorist, yes, the mastermind of 911 and other horrific attacks. But our jubilation was disproportionate, and that's because it was also a sort of American psychological symptom: Our collective psyche condensed terrorism in all its global, historic complexity to a single event, masking truths that bin Laden's death calls us to confront.

All our neurotic national baggage – our insecurity, our anxiety, our terror of terrorism, our economic uncertainty, our guilt, our moral qualms about our own capacity for evil, our unhappiness – these symptoms fed the symbol and the symbol allowed us to exult and forget. No wonder we were obsessed. And though we celebrated Osama's death like the end of an era, dancing around it like a hanging at high noon, it's hard to imagine it will ultimately make much of a difference in our "war on terror."

Ironically, the same week that the bin Laden story broke, I began treating a woman who had a different obsession. She had fallen in love with her husband's best friend, and thoughts of him were haunting her day and night. She felt extremely anxious; she couldn't sleep or eat. She loved her husband, but something had "snapped," causing her to be almost totally psychologically consumed.

When I first met her I was struck by the intensity of her distress, and the single focused nature of her thinking.

Unfortunately for her, I was briefly distracted thinking about the parallels between her acutely frightened state, and the country's obsession with bin Laden. The man she loved was a symbol that was similarly fed by her symptoms – her underlying lacks, fantasies and yearnings. Some of the reasons for her obsession could include deprivation of attention during childhood, insufficient emotional attention from her husband, depletion of her own emotional needs by the birth of her first child five months earlier, projection of unmet parental needs onto her dinner guest, or of course the possibility of authentic love-feelings that could threaten her marriage. Moved by her pain, and wanting to offer some immediate relief, I could only suggest these possibilities in that first session, warmly offering to spend time with her to explore what was fueling the obsession, and thereby helping her to break it up.

Bin Laden was a symbol personifying evil, while the man who came to dinner was a symbol personifying good. But together they offer identical examples of the typical meaning of the psychological symptom: A panoramic matrix of processes and dynamics condensed into a single arresting symbol. As Adam Phillips, a contemporary Object Relations theorist once wrote, "A psychological symptom represents a truth that can't be told in any other way."

The public glommed onto bin Laden's death as if it represented the defeat of terrorism; the woman glommed onto her husband's friend as if he represented salvation. The relationship of symbol and symptom is endlessly complex, but it always involves a distortion of the truth, a trick of the psyche, a distraction from where conflicts or deficits really lie. And the job of the psychoanalyst is to recognize symbols and symptoms for what they are: An interim focus of attention whose multiple causes and layers of subtle meaning beg for gradual unraveling. Hopefully the American public will soon acknowledge the essential insignificance of bin Laden's death and instead explore the historical and political realities that provoke and sustain terrorism; hopefully the woman will soon let go of her painful focus on her dinner guest and similarly begin to explore the multifaceted meanings behind it that subvert her self-understanding and peace.

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

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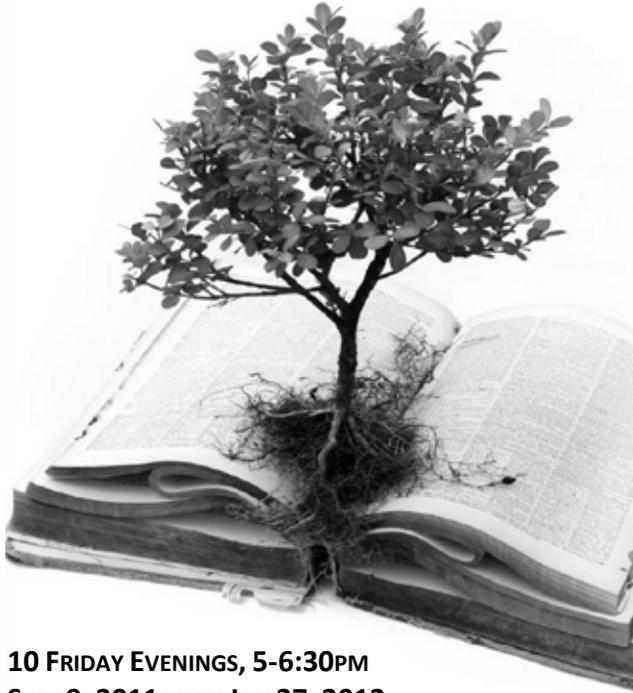
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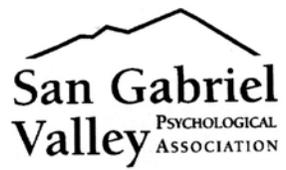
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** Other Link with newsletter advertising purchased concurrently	\$10	\$20	\$30	\$40

**** 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 maryhannon@ymail.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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