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Upcoming Luncheon Meetings



Date: May 7th, 2010
Topic: Perinatal Mood and Anxiety Disorders
Speakers: Emily Dossett, MD

Date: June 4th, 2010
Topic: Working with Autistic Spectrum Patients from a Psychoanalytic Perspective
Speaker: Christina Emanuel, MFT

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

Luncheon, Service, and Parking Privileges...\$27
CE credits...\$25
Audit...\$15

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

PRESIDENT'S MESSAGE



Dear Members,

How To Be One Of The Good Ones

A first year psychology graduate student in my class recently declared that it was unethical to allow her to see clients next year during practicum training. She argued that she had no previous clinical experience and, in her history as a patient, she has come to recognize the good therapists from the bad. She wants to be one of the *good* ones, and thought a few more years of textbook learning would teach her more about how to be good therapist than hands-on training. It took a robust class discussion to persuade her that good and bad psychologists start out very similarly, and that the path to becoming a good practitioner is through *practice*. Good therapy skills evolve by a process of experience. Supervision, knowledge, and all the genuine care and respect we can muster help to keep us on the path.

This incident reminded me that while we all want to be one of the *good ones*, there is a gradation of skill and effectiveness among psychotherapist. How do we maintain our awareness and gain updated knowledge to keep us in the company of the good ones?

One way is to stay current on professional and practice issues, and laws. Just reading *Analyze This!* is good way to begin. Did you know that our newsletter was selected over 21 chapter newsletters in the state to be awarded the CPA Outstanding Newsletter award for 2010? In bestowing this award on editor Suzanne Lake last month, CPA President Janet Hurwich affirmed the newsletter

(continued on page 2)

President's Message
(continued from page 1)

is “packed with useful professional information for members.” She declared that for its breadth of professional scope, diverse topics, and readability, it beat out many other excellent and beefier competitors, for which she appreciatively named it, “the little newsletter that could.” Congratulations to editor, Suzanne Lake, her staff and contributors for making ours a notably informative newsletter that helps our membership stay intellectually stimulated, current, and well-informed!

CPA Director of Professional Affairs Dr. Charles Faltz highlights the risks of being uninformed recently, in *The Probability of Licensing Disciplinary Action: Does State Association Membership Matter?* (The California Psychologist, March/April 2010). Many psychologists, he tells us, do not realize they lack current information, which makes them more vulnerable to both disciplinary and legal action. Since state psychological associations facilitate the sharing of knowledge via Listservs, publications, and continuing education presentations, annual conventions and the like, research shows that members of such associations are *demonstrably less likely to be disciplined for license violations*. I recommend reading the article to learn more, and to join CPA to increase the probability you will never face disciplinary action.

SGVPA is fortunate to offer a number of Special Interest Groups (SIGs) that will make it even easier to keep current in our particular areas of interest. Dr. Carrie Dilley is now starting up a group on Child and Adolescent Development. Additional SIGs coming soon include groups focusing on Clinical Psychopharmacology, Addictions & Recovery, GLBT Issues, and Forensic Psychology. SGVPA is an amazingly vibrant group of good psychologists and other psychotherapists who work hard to stay that way! ...Perhaps not coincidentally, the psychology graduate student I mentioned earlier recently joined CPA's grad student association, CPAGS, and now stands an even greater chance to be one of the *good* ones herself.

Respectfully,
Linda Tyrrell, PsyD
President

**SGVPA's *Analyze This!* Wins California Psychological Association's
2010 Award for Outstanding Newsletter**



Analyze This! Editor Dr. Suzanne Lake
accepts the Outstanding Newsletter Award
from CPA President Dr. Janet Hurwich at
CPA's Annual Convention.

Excerpt from CPA Award Manual's Tribute: The SGVPA Newsletter “*Analyze This!*” edited by its 2005-2009 President, Suzanne Lake, PsyD, has made significant improvements in the last four years, receiving a new name, expanding its pages, increasing its readability, introducing regular columns and member essays on professional or clinical topics, and gaining advertising revenue... The Association is proud of its newsletter and finds it to be one of the primary benefits of membership, and we congratulate them on their success.

Getting to Know Your Colleagues in SGVPA

President-Elect Deborah Peters, PhD

By Sheree Bailey, MA



Inspiration can come from unlikely places, if it is well timed. That's usually during a critical period when a person is "ready" to receive a certain message. Certainly, this is how the movie Gorillas in the Mist happened to inspire Deborah Peters--who is now President-Elect of SGVPA, and co-chair of the Early Career Professional Committee co-chair--to become a psychologist."

The year was 1988, and Deborah had just received her undergraduate degree, majoring in both Economics and Psychology from Duke University in Durham, NC.

She recalls having spent that summer in Berkeley with college friends. This and the few years that followed turned out to be a critical period for Deborah. Deborah was struck at how Berkeley's prevalent liberalism contrasted with political climate of Durham, in northern New Jersey, where she grew up. She enjoyed Berkeley's bohemian lifestyle, rich diversity, and academic community. At the end of that critical summer, she faced the option of taking a job as a market researcher--which would have employed her economics background--or working at a group home for severely emotionally disturbed children, and drawing on her studies in psychology. After seeing the movie—which portrays the true story of Dian Fossey's fight to protect gorillas from illegal poaching in Rwanda, Deborah was spurred on by Fossey's devotion to risk her life to protect the gorillas. Deborah decided to work in the group home.

"The emotional suffering I discovered in the world seemed like a well-hidden secret, and I felt compelled to do more about it," Deborah explained.

After her experience at the group home, Deborah pursued a master's degree in child development at the University of California, Davis, and subsequently earned a Ph.D. in clinical psychology from New York University. Her background in child development and subsequent positions such as acting program manager of the Child and Family Guidance Center in Canoga Park, CA, and her internship at the Karen Horney Clinic in New York, which had a therapeutic nursery, were great preparation for her current private practice work in Pasadena with children and adolescents. Deborah also provides psychotherapy to adults and couples in her private practice.

Deborah is also working with others at the Rose City Counseling Center in Pasadena to develop an adolescent training track. "I look forward to teaching at Rose City, and am deeply committed to their mission of bringing in-depth mental health services to those in our community that wouldn't otherwise have access."

Deborah describes her theoretical orientation as primarily Jungian, but her therapeutic approach as flexible and broadly psychodynamic. She has been interested in Jungian theory since adolescence while attending a Protestant church where the minister was trained in the overlap between theology and psychology. She has enjoyed learning about the unconscious and the path of individuation with the help of symbols and dreams. Deborah has attended several classes at the C. G. Jung Institute of Los Angeles, and says that her first therapist was Jungian. Additionally, Deborah says that she still likes learning from many different psychoanalytic schools of thought and is considering analytic training in the future.

Like many working mothers, Deborah must balance motherhood and her career. She has three children—a girl who is 11 and two boys, ages 7 and 3—and a husband who works in commercial real estate. Deborah explained that it took about seven years to become accustomed to West Coast living, but she now loves it.

"I've really found a home and a wonderful community of friends and colleagues in Pasadena," Deborah said. "I especially love my South Pasadena neighborhood." She's also an enthusiastic member of SGVPA, enjoying serving on its board and looking forward to her presidency in 2011.

On Sex and Free CEU's: Revitalizing SGVPA's Disaster Response Team

By Joseph B. Dilley, Ph.D.



"Driving a fire truck is always a thrill. ...Is it better than sex? No!"
--Lou Angeli, Disaster Response Videographer and First-line Volunteer

As any seasoned disaster responder will tell you, in all their excitement and drama, many disasters are "sexy." But preparing for them usually isn't. This is the quandry that we members of SGVPA are faced with: Several recent minor earthquakes have reminded us that we are in a unique position, and probably should mobilize our forces in anticipation of further potential dangers. While preparing ourselves in this fashion might seem somewhat appealing, and even obligatory, it's also easy to de-prioritize doing it in favor of other, more--shall we say--*attractive* responsibilities.

Indeed, joining (or even learning more about) SGVPA's revitalized Disaster Response (DR) Committee might incite transference reactions similar to purchasing life insurance: a prudent action given the likelihood of future benefit, but an action that is sadly fatalistic in that it will only be beneficial *after* tragedy strikes. However, as the new Chair of SGVPA's DR Committee, I humbly offer to resolve any such ambivalence by suggesting that earning 4 FREE CEU's from the American Red Cross will make your participation on this committee quite immediately beneficial indeed. And in the longer and somewhat more benevolent term, I would invite you to visualize with me some of the endless humanitarian and clinical opportunities that being equipped to assist disaster survivors and fellow volunteers would afford. As we imagine these opportunities together, let us consider how we might become involved in any and all of the three stages, or aspects, of a disaster: *preparedness, response, and recovery.*

Especially because we are mental health professionals in a major metropolitan area that has experienced all too many of its own natural and unnatural tragedies, there are myriad ways we can become involved in disaster mental health. It is exciting to realize that we have the opportunity to train and serve in the areas that most fit our clinical interests and personal gifts. Perhaps your strengths would lend themselves most optimally to helping with *preparedness*--e.g., disseminating information to other volunteers to ensure that they are "at the ready" should a disaster strike. Alternatively, you may see yourself *responding* at the scene--i.e., rendering psychological first aid to directly impacted individuals. Still another possibility is that you may be most drawn to assisting with *recovery*--such as volunteering a clinical hour each week to addressing the trauma experience of a disaster survivor or volunteer after the event itself. If this is the stage that most inspires you, you might be further inspired to know that you will be in particular demand. In a recent dialogue with psychologist Dr. Richard Allen, Co-coordinator of the California Psychological Association's DR Network, I was surprised and concerned to learn that, after the news coverage has concluded and the first responders have gone home, *paraprofessionals* are typically relied upon heavily in helping the victims and volunteers of disasters overcome the psychological sequelae of their traumatic experiences; Dr. Allen indicated that there is a "tremendous need" for licensed and disaster-trained mental health volunteers to offer services during this stage.

The preceding examples represent but just a few of the infinite ways we can become involved in addressing the psychological complications of disasters. In whatever way(s) you might envision yourself bringing to bear your expertise and care, I would invite you to join SGVPA's new DR Team as we expound on and implement these visions together. If Angeli was right in the opening quote, then certain responsibilities of disaster responders should always prove to be exciting...well, relatively, anyway. Then again, while he might argue that tasks like driving a fire truck deserve the qualifier, what would he say about the relative thrill of earning free CEU's?

*To join or to find out more about the DR Committee,
you can reach Joe at (626) 539-2001 or PhDilley@gmail.com*

Obsessive Ruminations

Crushed by the Counter-Transference: A Tale of Descent and Recovery

By Alan Karbelnig, PhD



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.

In some unknown but dramatic way, I must have felt vulnerable the day I was suddenly crushed by counter-transference. I was obsessing about a new sports coat I'd just bought at Barney's. It has cashmere in it. I've never had a coat with cashmere in it. I purposefully donned the jacket, and even a flashy orange tie, in preparation for the meeting with a new patient. The referral source told me he was an authoritarian, successful physician who had strayed in his relationship with his wife and strained the trust of his partners.

Just as I feared, the man proved to be "Mr. Perfection" himself. Aged around 40, 6'4" tall, sun-tanned and muscular, highly-educated and even better-compensated, articulate and charming—he was a perfect male specimen. And he was wearing a sports coat five times more expensive and ten times better-looking than mine. Worse, just as I prepared to hide behind my well-rehearsed professional role, Mr. Perfection hands me my signed informed consent form, downloaded from my website. He had attached a check for \$1000 so he could "buy a number of sessions in advance."

Reflexively I accepted the check and, in my best pre-adolescent voice, squeaked out my standard line, "Tell me something of what brings you and I'll tell you about me and how I work." He proffered various confessions, but they sounded more like conquests than failures. He showed little guilt or shame about his ethical breaches, and no anxiety or depression.

The first half hour was unbearable. I was drowning in feelings of inadequacy the likes of which I hadn't felt for 45 years. I was in recess in elementary school, skinny and sickly. I was small, weak, unintelligent, out of shape, ignorant, and even poor. He was so good-looking that I wondered if I was having homosexual longings. It wasn't clear who was the patient and who the doctor.

Then, slowly, a few ideas broke loose from the swarm of self-doubt. He was no psychopath, but he clearly

demonstrated that concept of externalization so popular in academic psychology these days. Rather than look inward at his intra-psychic dramas, he enacted them in the outside world. He was seeking my help because of problematic ethics, I told him, not because of mental pain. He admitted that, like a slight aching in a distant limb, he could feel guilt at the pain he'd caused his wife and partners only minimally. And even that discomfort was absorbed by the externalizing behavior of consulting me: he was seeking help, after all; he was actively solving the problem.

As we talked my gaze fell upon the informed consent form lying on my ottoman with the check neatly clipped onto it. Because he had paid for a number of sessions in advance, I suddenly realized that I was in truth indebted to *him*. He had turned the tables on me. Classic for those who externalize rather than internalize: he had projected the entirety of his vulnerability into me.

Adrenaline rushed through my system, and strength returned to my muscles (well, kind of). The dynamics suddenly became clear! Mr. Perfection here, just another wounded human being like all of us, had managed brilliantly to transform his internal emotional world entirely into external action. He had left no small number of burning wrecks in his past in the form of ill-informed patients, envious colleagues, cheated wives, and wounded children. We had some serious work to do, and now I was finally engaged in it with him.

Counter-transference is always an interpersonal process, with your fault lines intersecting with your patient's. Identifying these subtle reactive feelings ideally helps guide your work. But sometimes these feelings transport you to shadowy spaces long forgotten. My brilliant Mr. Perfection, with his dulcet voice and smooth rhetoric, carried me right back to painful elementary school years. That Barney's sports coat really seems absurdly overpriced – all that cashmere for protection against nothing.

Psychology and Family Law

By Mark Baer, Esq.



In my last column, I explained that the public's use of "pit bull attorneys" in family law matters is a suboptimal choice because such attorneys act in their own self-interest by always looking for more points to fight over, and even taking unreasonable positions on behalf of their clients in order to generate more money in fees that are billed at an hourly rate. I want to point out that both sides have to incur such costs even if only one party is represented by such an attorney, which is why people often complain that after paying the legal fees and costs associated with their divorce, they had little if anything left of their marital assets. It is no coincidence that divorce is often a factor leading to bankruptcy. What I failed to mention in my last column is that the field of family law has been flooded by "pit bull attorneys," because those are the type of attorneys that the public has sought out in such matters. This tragic result reminds me of the old adage, "Be careful what you ask

for, you might just get it."

The speakers at the March 5 SGVPA lunch meeting on "Collaborative Divorce" described the following four kinds of divorce: (1) contested divorce; (2) uncontested divorce; (3) mediated divorce; and (4) collaborative divorce.

The only way in which a contested divorce is resolved is through a trial. The cost of a fully contested case involving custody and financial issues can easily run \$250,000.00 and \$175,000.00 if it just involves a custody dispute. The percentage of divorce cases which go to trial has increased tremendously in the 19 years since I have been practicing law. This means that the average cost of a divorce has increased significantly, and an increasing number of people are assuming the risks involved in demanding your "day in court."

In an uncontested divorce, the parties resolve all of their issues on their own or with the assistance of their attorneys. This can occur at any stage in the divorce, even immediately before the commencement of a trial or just prior to the conclusion of the trial. Depending upon the issues involved and the point at which the matter is resolved, such a divorce could easily cost \$100,000.00. Even though the parties were finally able to settle their case, it may have been that a "pit bull attorney" made the case so costly for the parties that they ultimately settled out of desperation.

A mediated divorce is one in which the parties resolve their case with the assistance of a professional mediator. In my column (September/October 2009), I opined that the "safest" form of mediation is where each party is represented by counsel throughout the process, because otherwise the more dominant spouse may take advantage of the more submissive spouse. The panelists at the March 5 luncheon had the exact same concerns about mediation that I had mentioned in my article. The cost of such a mediation is not inexpensive because the parties would each be paying for their respective attorneys and the cost of the mediator. Moreover, just because the divorce is being mediated does not mean that the attorneys involved are conciliatory by nature.

A collaborative divorce is much like a mediation wherein the parties each have separate counsel, but without the mediator. The reason that the parties do not require a mediator is that the attorneys involved have been trained in the collaborative process. It would therefore be unlikely that any of the attorneys involved would be of the "pit bull" variety. In collaborative divorce, a team is assembled of specially trained attorneys, mental health professionals, and a neutral financial specialist to assist the clients when working out sensitive child custody and financial issues. Since the SGVPA luncheon, I signed up for a three-day collaborative divorce interdisciplinary team training, and am now practicing collaborative law, as well as litigation.

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



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John Nelson
Charles DeLeeuw, PhD
Allison Huett
Stephen Huett, MA
Gina Yu, MA

OBJECT RELATIONS IN CINEMA SERIES

On CAPOTE (2006)



By Suzanne Lake, PsyD

Art, in all its forms, can expose the workings of the unconscious and personality dynamics in especially vivid ways. Thus film, as art, can and does illuminate psychodynamic theories and constructs. This article is the first in a series of articles exploring psychological themes in film. CAPOTE, which earned a Best Actor Academy Award for Philip Seymour Hoffman in the starring role, was screened in March as part of SGVPA's Movie Night program.

Truman Capote is already a successful writer in late 1950's NYC when he is drawn by the mysterious massacre of the Clutter family, in rural Kansas. He swiftly decamps from New York to the site of the crimes, where the majority of his research takes the shape of intensive interviews with the two killers. Truman becomes fascinated by the story, which he decides to portray in the form of the "world's first non-fiction novel," to be titled In Cold Blood. He is assisted by his childhood friend, Nell Harper Lee, who had just completed her own novel, To Kill A Mockingbird.

The heart of the movie, however, is Truman's unfolding relationship with one of the murderers, Perry Smith. Perry is a cold blooded murderer, but with a surprisingly touching innocence and vulnerability (at least to Truman). At first Truman turns on the charm for purely selfish motives--i.e., to persuade Perry to confide his story, in order for Truman to write his book. But over months and months of intimate conversations, Truman cannot avoid becoming attached to Perry.

This attachment, however, is divided. It is derived from Truman's narcissism, and grows in two directions. On the one hand, Perry is a self-object, without any emotional value to Truman other than as a means to an end. On the other hand, he is Truman's twin, or shadow self, to whom Truman cannot help but be drawn.

Truman is attracted to Perry both emotionally and erotically, but he convinces himself he is only playing a part. He trades on Perry's helplessness and trust, manipulates him, and lies to him shamelessly--even as Perry's life literally depends on Truman's advocacy. Truman mocks Perry to his sophisticated friends, as he laments candidly, "I just hope they don't hang him before he tells me the whole story, or I can't finish my book!"

In fact, Perry is Truman's self-object in the most primitive form--an extension of Truman's narcissistic ambition, or a "thing" for Truman to use to achieve his own ends. (The book's title, describing Perry and his partner's crime, is In Cold Blood. Yet the movie's obvious irony is that Truman's manipulation of Perry is almost as cold blooded as Perry's destruction of the Clutter family.)

Narcissistically based as his attachment to Perry is, it makes him vulnerable and afraid. He sees himself with terrifying clarity in Perry. Both are at the same time innocent and sadistic, vulnerable and yet cold, emotionally hungry and yet deeply estranged from others. Perry is a mirror image of Truman, but it is a dark image of his shadow self. Both have been abused, abandoned, and terribly damaged by their parents. Both have a literary sensibility and a lust for attention and acclaim. But Truman has sublimated his sociopathy, sadism, and alienation into socially acceptable channels. Perry, by contrast, has not, and now stands naked before the abyss.

Truman's stark recognition of how fine the line is between himself, the celebrated literary star, and Perry, the brutal, disenfranchised murderer, is the fundamental fascination of the movie. I think it speaks to all of us inasmuch as we all have a primitive, uncivilized unconscious with anti-life, anti-love, and even murderous trends which we manage, defend against, and sublimate with various degrees of success.

Finally, I invite you to consider Truman's relationship with Perry from the perspective of therapeutic transference. As therapists we experience all sorts of evocations from the patients who pour out their psyches to us, just as Perry does with Truman. How aware are we of the deep resonances of the more unpleasant aspects of what we hear from them? And if so, what do we do upon facing the terrifying things within ourselves?

For Truman Capote, it was a calamitous encounter. After In Cold Blood, which made him a worldwide celebrity, he never finished another book.

Deconstructing the ADHD “Epidemic”

By Daniel Goldin, MA, MFT



A few years ago, the Ecuadorian mother of a boy I was treating told me that her son’s teacher wanted her son tested for ADHD for talking out in class. My client’s mother wanted to know more about “this ADHD.” I brought out the DSM and showed her the entry for ADHD, which describes multiple behavioral symptoms of inattention and impulsivity, using phrases such as “often does not seem to listen when spoken to directly,” “often blurts out answers before questions have been finished” or “often has trouble waiting one’s turn.” Mom was in a state of culture shock. “This is a definition of children,” she said.

The mainstream scientific response to this mother would be that ADHD is a spectrum disorder, regarded as pathological only at the far-end of the continuum. But when we are now close to placing 10 percent of our children at the far end of this continuum, one begins to suspect that the diagnostic criteria for the disorder is overly inclusive, or that it is simply being misdiagnosed--or both.

To understand the true origins of our current ADHD “epidemic,” we need to look at the medical history of ADHD as it dovetailed with the rising influence of the pharmaceutical industry. Hyperactivity was originally associated with brain damage. In 1940, scientists discovered that amphetamines improved the behavior of brain-damaged hyperactive children. The 50s and 60s witnessed the explosive growth of the pharmaceutical industry and the deployment of increasingly sophisticated marketing techniques. By 1970, what had been thought of as a hyperactivity brain-damage syndrome morphed into a developmental neurological disorder, and got the new name Minimal Brain Dysfunction. Drug companies had already cooked up 31 amphetamine preparations, were now producing billions of pills a year, and funding expensive research studies. By 1997, we had an even less stigmatizing name, Attention Deficit Hyperactivity Disorder, with a new type (inattentive) and an extension of the age-range into adulthood. By the new millennium, mainstream science firmly decided that ADHD is a hereditary neurological disorder best treated with stimulants. The production of the top-selling amphetamines rose more than 2000% between 1993 and 2003.

If we consider the history of ADHD, we cannot help but note an expansion of the criteria defining the illness running parallel to the discovery, and later the marketing, of amphetamine treatment. This expansion of market-share for the drug companies should come as no surprise, since they had the perfect pitch, true or not, for over-worked, guilt-ridden parents. “You are not to blame. Your son simply has an hereditary neurological disorder best treated with stimulants.” And who doesn’t feel at fault for their child’s misbehavior?

So here we are in 2010. We have a research establishment at least partially co-opted by the pharmaceutical industry, reluctant to question assumptions about the hereditary nature of ADHD. We have a sizable number of pediatricians and psychiatrists paid to promote pharmaceutical company talking points. And due to the work of parent advocacy groups like CHADD (26% funded by drug-companies), we have a population of caregivers open to interpreting impulsivity and spaciness as symptoms of a brain disease.

Probably only a small percentage of children are correctly diagnosed with ADHD--meaning they have biologically driven delays in frontal lobe development that prevent them from thinking before acting. Many of the misdiagnosed are no doubt abused children, inasmuch as the behavioral symptoms of abuse are almost identical to ADHD.

A recent study indicates that teachers frequently identify children suffering from maltreatment as exhibiting ADHD symptomatology. The study goes on to warn that “...we have a responsibility to investigate whether we are medicating abused or neglected children for misdiagnosed ADHD.” The rest of the misdiagnosed are no doubt children who lie in the mid-range of the spectrum--difficult, fidgety children with perhaps more of a present-tense bias to their temperament--but unimpaired.

Daniel Goldin can be reached at danielgoldin@gmail.com

Where I'm From

By Rodney Arnett

I am from hell.
From screaming voices, trapped without air.
From broken down houses.
From sobbing of survivors
and grumbling stomachs.
From the cracked ribs and arms and legs pinned down
so you can't crawl to freedom.
I'm from fresh mango and dirty water.
From buckets in the room to catch the rain.
I'm from the blisters of your feet.
From the starving and malnourished.
I'm from broken spirits and crushed hopes.
I'm from pain and labor
From lemons and sticks
From dirty fingernails and beat up sneakers.
From early mornings and late nights.
I'm the son of.. ? And brother to...?
I wish I could tell you but I myself have no clue.

On my shelf was a picture.
A picture of freedom, opportunities and survival.
Five feet, ten inches, blond hair, brown eyes, and a heart
bigger than one can ever imagine.
I'm from as bad as it gets but always was optimistic.
I am from those moments.
But it doesn't matter where I'm from, all that matters is
where I'm going.

Editor's Note: Rodney Arnett is a 16 year old who was born in Haiti, and adopted by my friend, Maryanne Arnett RN. Rodney was barely 5 years old, impoverished and languishing painfully in a Haitian orphanage in 1998. Maryanne had been participating in a medical mission trip--a single woman at the time, and not at all planning on adopting--yet she fell in love with the winsome little boy. Once back home, she determined to bring him home as her son. And, she did.

Rodney has never returned to Haiti, and has grown up in Southern California as a normal American boy, talented at mathematics and sports. Although he has always known about his origins, he was shocked by the media images earlier this year of the unimaginable suffering and death in his birth country that resulted from the January earthquake. As an eloquent expression of youthful confrontation with life's horrors, bi-cultural identity strivings, gratitude, and adolescent hope, this poem is almost unbearably poignant.

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- Young Women's Program (for adults in their 20's & 30's)
- Summer Workshop Programs (3rd grade–High School)



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Melissa Johnson, Ph.D. PSY13102

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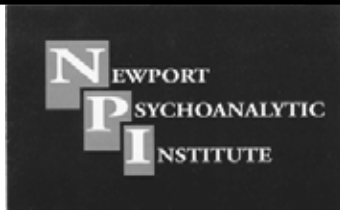
All groups are facilitated by:
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Supervised by Rick Williamson, PhD
Please contact Dr. Miller Kwon
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The Group List

Metropolitan Los Angeles Outpatient Group Therapy Resource Directory

James J. De Santis, Ph.D., C.G.P., Editor, 138 North Brand Boulevard, Suite 300, Glendale, California 91203-4618
(818) 551-1714 JJDeSantis@aol.com www.JJDeSantis.com

The Group List is a concise directory of therapy groups in Los Angeles county, edited by a licensed psychologist & certified group psychotherapist. Groups are (1) within Los Angeles county, (2) in an outpatient setting, (3) under the direction of a licensed mental health professional, (4) therapeutic, process, supportive, didactic, or consultative, and (5) either currently running or in wait-list formation.

Including 500 therapists offering a total of 1,300 groups, the list is available via mail or via download from the internet. We have received 20,000 visits since first posted on the internet. There is no cost to professionals or prospective clients for this directory.

Licensed mental health professionals may submit their groups by writing on professional letterhead a brief description or title of each group, name, degrees, license type & number, office address & phone. Services provided by pre-licensed individuals must be listed under their licensed supervisor.



The Assessment List

Metropolitan Los Angeles Psychodiagnostic Assessment Resource Directory

James J. De Santis, Ph.D., Editor, 138 North Brand Boulevard, Suite 300, Glendale, California 91203-4618
(818) 551-1714 JJDeSantis@aol.com www.JJDeSantis.com

The Assessment List is a concise list of licensed doctoral-level psychologists in the Los Angeles area who administer and interpret psychological testing. The directory is edited by a licensed psychologist. For easy reference, the list is alphabetically cross-indexed by type of testing, by ages seen, by city, and by last name.

Including 250 psychologists offering psychological, psychoeducational, neuropsychological, vocational, custody, forensic, and general psychiatric assessment, this list is available via mail or via download from the internet. We have received over 4,000 visits to The Assessment List since first posted on the internet in 2006. There is no cost to professionals or prospective clients for this directory.

Licensed psychologists may submit a listing by writing on professional letterhead a brief description of the services you offer, your name, degrees, license number, e-mail address, office address, & phone number. Services provided by pre-licensed individuals must be listed under their licensed supervisor.



East San Gabriel Valley Directory

James J. De Santis, Ph.D., C.G.P., Editor, 112 West Bennett Avenue, Suite 4, Glendora, California 91741
(818) 551-1714 JJDeSantis@aol.com www.JJDeSantis.com

The East San Gabriel Valley Mental Health Professional Private Practice Directory is a concise list of 89 licensed mental health professionals, edited by a clinical psychologist. Our catchment area includes Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, Glendora, Hacienda Heights, Irwindale, La Puente, La Verne, Pomona, San Dimas, Walnut, and West Covina. For easy reference, the list is cross-indexed by city, services provided, problems treated, second languages available, and insurance accepted.

Our mission is to advance professional development through networking and public awareness. We offer equal participation to all licensed mental health professionals regardless of discipline, reflecting real patterns of professional referral in the community. Launched in June, 2009, the directory is not a profit-making entity. Membership is free, and the directory is available without charge to the community. 450 copies have been distributed in print at no charge, and it is posted on the internet as a free download.

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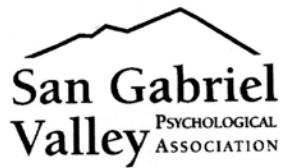
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