Contra Costa Psychological Association

2009 Summer Newsletter

President's Message

The Good Psychologist

At the Annual Meeting in January, Dr. Andrew Pojman succinctly cut through all the mystery and insecurity we can have about our role with our patients. Instead of trying to heal, fix, make happy or befriend, Andy said his job was, "just to be a good psychologist".

Now to each of us, that might mean something different. Be a good psychologist. Certainly it means different things in different settings. In my consulting room I use one set of tools. Those of us who work in forensic settings, other tools. For those of us who work with families others. To be a good psychologist, we don't confuse our setting , or use tools that we don't know how to handle.

In addition to changing tools, in different settings we change perspectives. In the consulting room I keep my political values to myself. As a psychologist in the greater world, I act in accordance with my understanding of well being and use my voice. Understanding the impact social reality has on us all, I feel an imperative to do what I can to promote a healthier world. Nuclear non-proliferation, reduction of greenhouse gasses… People who feel safer are better, calmer people.

As part of a community of psychologists, I work to protect our profession. I like the phrase, enlightened self-interest. If our profession is strong we can use that strength to push forward our agenda of promoting mental health. In research, in occupational settings, in schools, in the military, in hospitals we have the background to be the mind/body specialists, the ones who measure outcomes effectively, the analyst who sees the glitch in the pattern, the expert who can connect individuals and groups to their own healing potentials.

In the recent "Monitor", APA President James Bray wrote about the importance of psychologists' involvement in Politics. The nugget I am still digesting is, "What are the critical components of having political influence? Relationships, personal stories, money and data – in that order." We as psychologists, embedded in a political reality, in the interest of our world, our profession and our clients, need to attend to the details of political relationship. These are our tools and we can improve on how we handle them.

Our association has been assailing the membership with calls to action this month. We hope to advance a proven friend to the national level. Once again, we must defend our licensing board from a misguided elimination. I'm writing in advance of the outcomes. I hope we did our job, as good psychologists. ◊

IN THIS ISSUE

COCO Board of Directors

CONTRA COSTA PSYCHOLOGICAL ASSOCIATION

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Interview with Dr. Ed Abramson

How did you end up in the field of psychology?

When I was a freshman I had to pick a major. There weren't many choices and I knew I didn't want to study anything I'd had in high school so that left Engineering, Political Science and Psychology. I picked Psychology, and after a year or two decided I really liked it so I'd have to go to graduate school.

Do you have particular areas of interest that influence the type of practice you have?

I did my PhD dissertation on obesity and I've been hooked ever since (fixated at the oral stage?). For several years, while I was a Prof. at Chico State I was also Director of the Eating Disorder Center at Community Hospital. When the hospital was sold and the Center closed I went back to a more traditional private practice. Now, people with eating and weight problems are about 25% of my caseload. I like it better when I see a mix of folks with eating, anxiety, mood, sexual or relationship problems.

Are you involved in other activities outside of your practice? If so, what are they?

My Lafayette practice is part-time which gives me the opportunity to do a variety of other things. Lately I've been traveling to present continuing education workshops for organizations including PESI, APA in Toronto, UC Berkeley, UC Merced, etc. I'm just starting to do workshops for the general public on preventing childhood obesity. Also, two of my books are still in print so I do some promotional activities including interviews with various magazines, and I just had a CD, "Overcoming stress-related emotional eating" published. In Chico I did psychology features on several local radio and TV stations. I'd like to do that again. When I'm not being a psychologist I tend to business interests, ride my motorcycle, and I love to travel. (A few CoCo Psych members asked me about my recent Cuba trip. As soon as I'm finished editing my photos, I'll post them on Snapfish).

What do you find most challenging in your work as a psychologist?

Working with anorexics is probably the most challenging thing I do as a psychologist. Sitting with a silent, sullen, help-rejecting young person can be quite challenging especially since there are no good cures and there's a 10-20% mortality associated with anorexia.

Do you have any ideas about what direction the field of psychology is going?

I think the future of professional psychology has yet to be determined. In part, it will depend on the nature of health care reform that's coming. Best case scenario: psychologists will be an integral part of primary care group practices, perhaps writing some of those prescriptions for SSRI's and Benzodiazapines. Worst case scenario: psychologists will have a generic mental health license and will be fighting with MFT's, LCSW's, Licensed Professional Counselors, and Alcohol and Drug Counselors for ever decreasing managed care reimbursement. If the Governor succeeds in creating a Board of Mental Health we will be feeling the disastrous effects long after the current economic crisis has been resolved. On a larger scale, I think psychologists have a lot to contribute to public policy decision making. We need to be careful though as I don't think anyone is interested in listening to us pontificate based solely on clinical experience and good intentions. On the other hand, our research findings (after all, that is what differentiates us from other mental health providers) can help promote social change e.g., Brown vs. Board of Education, amicus brief challenging Prop. 8.)

What got you interested in Government affairs?

Until the last few years, I didn't have any interest in public policy affecting psychology. I became the Contra Costa rep on the CPA Board mostly because no one else wanted to go to LA for weekend meetings. After attending several meetings I became aware of some of the dozens of bills introduced in the Legislature each year that could affect what we do as psychologists. I'm very impressed with the work that Amanda and Chuck do monitoring the bills and lobbying for CPA. I'd hate to think what the practice of psychology would be like without CPA's work. Right now, it's important that ALL licensed psychologists write to their State Senators and Assemblypersons to protest the merging of the Board of Psychology into a generic Board of Mental Health, but over the longer-term, it's important to join CPA because no one else in Sacramento is looking out for our interests. ◊

CONTRA COSTA PSYCHOLOGICAL ASSOCIATION

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Good News from Sacramento on the Governor's Attempt to Eliminate the BOP

The following is a copy of an e-mail that was disseminated by Amanda Levy, CPA Director of Government Affairs

Hi All,

I'm happy to report that the Senate Bus and Prof committee voted 7-2 to REJECT the Governor's proposal to consolidate the BOP with the BBS and Psych Techs. All affected professions testified against the proposal, with Dr. Jackie Horn providing testimony on behalf of CPA.

All Democrats on the committee voted against the proposal (except for Senator Lou Correa who vote to merge on EVERY proposal). Republican Senator Mark Wyland voted against the proposal, while Senator Mimi Walters voted for the proposal. Senator Aanestad was not present at the hearing. Senator Yee offered very helpful comments about the differences between the professions.

Next Steps:

The Committee recommendation will be passed on to the Budget conference committee. I spoke with the budget committee staff and it is unclear whether the issue will be heard in the last day of budget hearings tomorrow. I think they'll defer hearings on the items until after the conference committee process. The Bus and Prof Committee will then move forward with the boards they approved to merge...which is good for us.

I'm not 100 % sure we're out of the woods, but we're on the right path.

Amanda
Amanda Levy
Director of Government Affairs
California Psychological Association

THANKS TO EVERYONE WHO RESPONDED TO THE CALL FOR ACTION! ◊

2009 CALENDAR OF EVENTS

June Quarterly Meeting
Dr. Shendl Tuchman on Collaborative Divorce (Rescheduled, TBA)

Summer
No meetings scheduled

September 24th
Quarterly Meeting
The Impact of Homework on Learning and Emotional Development:
By Dr. Richard Pollack, Dr. SusanO'Grady, and Dr. Kerstin Gutierrez

Fall/ TBA
Collaborative Divorce:
By Dr. Shendl Tuckman and Dr. Kerstin Gutierrez

Contra Costa Psychological Association

2009 Summer Newsletter

APA Seeks to Secure Psychologists' Role on National Health Reform

As the President affirms his desire to reform health care, the American Psychological Association (APA) Practice Organization is lobbying policymakers to pass health reform that integrates psychological services in primary care, preventive services and benefit packages.
Editor's Note: *California psychologists, with support from CPA, were heavily represented in the grassroots lobbying of Congress that is reported below….*

….During a March 12 breakfast held in her honor, **Speaker of the House Nancy Pelosi** (D-CA) discussed plans to move health care reform legislation that focuses on affordability, quality and accessibility. Peter Newbould praised Pelosi's leadership on parity and urged her to support the **mind-body connection** in health reform by **integrating psychological services** into primary care, prevention and health insurance benefit packages. Newbould also talked with Pelosi's top health aide, who predicted that Medicare changes and health reform would move together in one bill this year. Pelosi's health care fellow said that she had a substantive meeting with California psychologists during SLC and she appreciated the expertise they brought to the table. At a breakfast for **Sen. Arlen Specter** (R-PA) on Feb. 26, Mr. Newbould thanked the senator for supporting parity and suggested that he build on that achievement by integrating psychologists and psychological services into primary care in a reformed health system.

To provide feedback to the editor of PROGRESS NOTES, email cpadpa@pacbell.net.

To unsubscribe from this newsletter, please send a blank e-mail with the word "unsubscribe" in the subject line to progressnotes@cpapsych.org.

Relocation

Theresa M. Schuman, PhD Announces the Relocation of Her Psychotherapy and Assessment Practice with Children, Adults and Families Specializing in Divorce Related Issues and Abuse Allegations

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The Contra Costa Psychological Association is an active group of professionals committed to advancing the science and profession of psychology and serving Contra Costa County.

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CONTRA COSTA PSYCHOLOGICAL ASSOCIATION

2009 Summer Newsletter

Affect, Attachment, Behavior, Cognition
A Workshop Presented by Paul L. Wachtel, Ph.D.

Summary and Comments by Bruce H. Feingold, Ph.D.

Paul Wachtel, one of the leaders of the integration psychotherapy movement, recently presented a workshop, "Affect, Attachment, Behavior, Cognition." Many of the ideas from the workshop are found in his seminal book, Therapeutic Communication: Knowing What to Say When, an APA bestseller. In this book Wachtel challenges the dichotomies between schools of psychotherapy and moves seamlessly between theory and technique. His description of what psychotherapists *actually* say during treatment is highly useful and stimulating.

In his newest book, Relational Theory and the Practice of Psychology, he places his ideas squarely into the relational model. For therapists who are seeking a cogent model to integrate psychodynamics, directive, supportive techniques, and relational modes, these works are a breath of fresh air.

Wachtel presents the evolution of two fundamental concepts of psychotherapy: intrapsychic conflict and transference. He traces how strict Freudianism conceptualized unconscious conflict as sealed wishes and fixations and the sole determinant of behavior. Thus, therapists only focus on patients' childhood trauma and unconscious fantasies and deny the effect of current interpersonal, social, and family reality.

While Wachtel adheres to the primary role of conflict and defense in mental life, he elaborates on what he calls cyclical psychodynamics, "… the name derives from the two central features of the theory – its origin in the psychodynamic tradition and the central role it gives to repetitive cycles of reciprocal causation between intrapsychic processes and the events of daily life." Wachtel suggests we create "accomplices" in current life to confirm unhealthy beliefs about relationships and ourselves. Hence, he ties together the analytic idea of unconscious conflict with the behavioral and family system notions that pathological relationships are created and reinforced in the environment.

Since Wacthel proposes that actual events influence inner realty, the therapist helps the patient understand the interconnection between unconscious conflicts and his or her current situation. Wachtel's work fits my perception that traditional analytic therapists may become stuck examining the patient's inner life, deny the effects of a patients' external world, and are less likely to help patients directly deal with "reality." In Wachtel's model the therapist works freely between internal and external realities.

Regarding the concept of transference, Wachtel traces how Freud initially viewed the therapy relationship as exclusively related to transference. This model sets up the idea of the therapist as neutral, objective and omniscient and

the patient as irrational and sick. Hence, the analyst challenged the patients' defenses, which, in Wachtel's view, may lead a therapist to being critical, accusatory, or attacking.

Wachtel alternatively espouses the relational perspective that there are always two people in the room "embedded in a relational matrix." The therapeutic relationship is less authoritative and more collaborative. The therapist doesn't break down the patient's defenses but attempts to establish a safe environment. The therapist achieves this goal by understanding the patient's anxieties, being exploratory and not accusatory, not acting as an "accomplice" and enacting a healthier relationship in the here-and-now.

To give you an example from his handout, under the title, "Addressing the Patient's Anxiety Instead of Confronting Him with His Faults," Wachtel contrasts these interpretations, "I think you're being silent because you're hiding a lot of anger," or "You're denying how angry you are," with these alternatives: "I have the sense that you're angry, but feel you're not supposed to be," or "I wonder if you're staying silent because you feel you had better not say anything if what you're feeling is anger." In the former, Wactel argues that the therapist is authoritative and has a critical tone, while, in the latter, the therapist addresses the patient's underlying anxiety in a non-accusatory way.

In addition to revising the pivotal ideas of intrapsychic conflict and transference, Wachtel integrates psychoanalytic theory and behaviorism. For instance, Wachtel explores how exposure is a common principle of psychotherapy. When a therapist repeatedly explores with his patient a warded off, anxiety-provoking feeling, thought or behavior, he "exposes" a patient to the feared stimulus. This is the essence of "working through." We repeatedly discuss a new idea with a patient until he or she feels less anxious and more accepting.

Wachtel challenges many putative differences between psychotherapy models, such as the exploratory, non-directive techniques versus directive interventions. He bridges the gap between directive and non-directive interventions by suggesting that as a patient understands his issues, the patient may ask, "Now that I understand, what do I do?" It is often beneficial to actively assist a patient translate his or her insight into action. A therapist may support change through education and suggestion. In other words, for some patients, insight is not enough. This counters the unsatisfying experience of patients who feel their therapists, "just explored my feelings, didn't say anything and didn't give me any tools."

However, unlike directive approaches without any grounding in the patient's inner world, directive interventions are based on an understanding of unconscious conflicts, defenses and healthy aspirations. Wachtel, like all master therapists, is deeply empathic to the individual's anxieties, perceives the ways we hold onto self-defeating ways and appreciates the complexities of change. In my view, this understanding of human behavior ultimately separates us from counselors, coaches or technicians.

After Wachtel introduces a model, which synthesizes non-directive and active interventions, we come face to face with the issue of therapeutic neutrality. The classical model us that by listening, remaining relatively quiet, and not making direct suggestions we could remain neutral. Wachtel revises the idea of the neutral, "objective" therapist. His compelling chapters on affirmation, suggestion, self-disclosure, and emphasizing strengths demonstrate how to use behavioral, active principles to strengthen dynamic therapy.

The title of Wachtel's workshop reflects his integration orientation.

First, attachment is the primary principle of human health and dysfunction. In terms of therapy, the last forty years of psychotherapy research unequivocally demonstrate that the therapy bond, not technique or our particular school, is the best predictor of successful psychotherapy.

Secondly, dynamic therapy continues to highlight the patient's affective experience. The exploration and expression of affect continues to be a therapeutic mainstay. Patients want to tell their story and express their feelings. But, Wachtel also recognizes that cognition forms an equal partnership with affect in mental life. While Wachtel's therapy is not manualized or systematic like formal cognitive therapy, he helps patients examine their patterns of pathological thoughts and discover healthier ways to think about themselves. Expression and reflection are the yin-yang of psychotherapy.

Finally, Wachtel demonstrates how dynamic therapists may directly help patients change their behavior. He uses behavioral, active techniques to complement dynamic interventions. As an integrative psychotherapist I have always found that most patients, during therapy and within sessions, shift between feelings, thoughts and behavior. The integrative therapist creatively utilizes affective, cognitive and behavioral techniques in the best interest of their patients. ◊

We invite you to utilize the CCPA Newsletter as a format for sharing your knowledge and information with your colleagues, thereby with the community at large.

The following dates are submission deadlines for future publications:
September 15, 2009 (Fall Newsletter)
January 15, 2010 (Winter Newsletter)
April 15, 2010 (Spring Newsletter) *These dates are subject to change*

The following prices are in effect for advertisements:
¼ Page Ad $30 ½ Page Ad $60 ¾ Page Ad $100
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Email submissions by the deadline to sarahewoodphd@yahoo.com

CONTRA COSTA PSYCHOLOGICAL ASSOCIATION

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Reconceptualizing "the Container"

EXPANDING THE APPLICATION OF ATTACHMENT OF ATTACHMENT THEORY IN WORKING WITH MEN

by ACPA Member, Jeff Sharp, Ph.D.

Adapted by the author from article with same title published in *Viewpoint* (The Newsletter of The Psychotherapy Institute), March/April 2008. For full text see www.DrJeffSharp.com.

Given the preponderance of male violence, depression, addictions, and buried trauma in our culture, as well as the underutilization of psychotherapy by men (Rabinowitz and Cochran, 2001), it is important not to alienate men when they seek psychotherapy. The majority of my clients are men, so I've had numerous opportunities to experiment with various approaches toward deepening therapy with male clients. In this article I will describe interventions—inked to attachment theory yet sometimes falling
decidedly outside of the traditional analytical frame—that have enhanced my work. Based on my experience, I suggest that actively promoting healing relationships with individuals other than the therapist can be critical in psychotherapy with men. My background in existential-humanistic therapy, family therapy, and group therapy has led me to appreciate the importance of directly helping men create a less constrictive and more supportive social network. I employ 'informed eclecticism'—judiciously utilizing skills developed from these traditions and integrating these skills with more traditional analytical work which requires carefully exploring clients' reactions to directive interventions and continually monitoring the quality of the therapeutic alliance. What follows is a description of a variety of interventions I routinely employ with men, particularly in the crucial initial phases of therapy when developing and strengthening the therapeutic alliance that will fuel a client's commitment to the demanding process of depth psychotherapy.

PROBE REGARDING WISHES, INTENTIONS AND WILLFULNESS

While I'm committed to empathizing and hearing about the struggles and sources of pain in a man's life, I find it essential to explore what he would like to see different, what he hopes to get from therapy, and his level of commitment or dedication to this endeavor. Persisting in this exploration can strengthen the therapeutic alliance and help diminish a man's resistance to "talking forever about my feelings and my childhood." I may inquire, for example, "Given the abuse you experienced, what kind of father do you want to be?" or "Although you feel furious and cynical, what do you need to do to live up to your own integrity as a husband (or manager, father, employee, etc.)?" Many men feel shame about being in pain, and even more so about seeking help; I appeal to their honor, pride and desire for meaning while helping them deal with the pain.

USING STORIES TO IDENTIFY AND EXPAND NARRATIVES

I often explore the manner in which a man relates to the myth of Icarus, the Greek boy who ignored his father's warnings not to fly too close to the sun, with disastrous results. Many highly constricted (and shame-filled) men identify with Icarus' youthful inflation, subsequent failure and the accompanying humiliation, shame and despair; they know about a devastating loss of self-esteem and assertiveness, although they may not use those terms. Many driven, highly-inflated men relate to the Icarus story from another perspective: their fear is that if they stop pushing so hard, if they let go of their efforts to control their environment, or if they stop beating themselves up that they too will crash and burn. Other men convey deep anger, sadness or envy as they describe feeling that there was never anyone interested in helping them learn to fly. I emphasize to these men that in many cultures the death is not the end of the story. I link the myth of Icarus with the Phoenix story: out of ashes comes not only a rebirth, but potentially a wiser, more compassionate survivor. Building upon this I may talk with men about the difference between "cool" versus "soul," or explore their relationship to "the blues." These references help men

develop language for their struggles, see the universality of their experiences, and overcome isolation and shame. Hearing the Phoenix story brings a palpable sense of relief, and a glimmer of hope, to many men. These stories help men view failure not as a shameful secret but as an inevitable aspect of one's growth and development.

TALKING ABOUT MASKS AND ARMOR

Many men welcome the opportunity to talk about their use of masks or armor. I normalize the need to protect oneself during the trials of childhood, adolescence and adulthood. I try to provide men language
which helps them see the value of protecting oneself—and which sets a stage for later examining the conscious and unconscious utilization of such protection. I explicitly address the radical cultural changes in a post-feminist world, including the reality that many men (and, of course, women) find themselves in roles, situations or relationships for which they have had little or no constructive psychological preparation. Learning to judiciously shed their armor may comprise the bulk of their therapy.

STRUCTURED EDUCATION ABOUT EMOTIONS

I directly and explicitly educate men about feelings, particularly in relation to anger, anxiety, guilt, and shame. Many men are visibly relieved as they learn a distinction between anger and hostility—and that
their anger is not necessarily bad or destructive. I make a point of exploring whether or not men differentiate between guilt and shame. Addressing this conceptually is relatively simple; teasing this out in terms of their embodied experience requires far more time and effort. Similarly, I educate men about the function of anxiety and its relationship to fight or flight. I utilize metaphors that help them
understand anxiety, such as talking about an overly-reactive anxiety thermostat that prematurely triggers one reaction or another. I talk with them about the possibility, and importance, of developing new skills and muscles in this realm.

SUPPORT GROUPS

I encourage many men to develop or join support groups, such as a 12-step group, men's group, or a process-oriented therapy group. These groups can serve as powerful antidotes to the isolation and shame that many men experience (yet may not put into words). I find particularly helpful groups with the commitment and expertise to address here-and-now dynamics, which is arguably the most critical therapeutic aspect of an ongoing group. One of the most powerful and rewarding aspects of my practice is leading an ongoing mixed-gender therapy group comprised primarily of men and women who I also treat in individual therapy. It is fascinating, and enormously valuable, to explore in individual sessions what gets triggered during the group. The group becomes a laboratory in which clients can experiment with being vulnerable while simultaneously learning about protecting oneself. Individual sessions provide an excellent context to examine and refine these efforts. Groups also help men learn about the value of empathy and about the (frequently destructive) tendency to try to solve others' problems.

CONCLUSION

Effective therapy is an organic process that must be fundamentally linked to our clients' deepest wishes, feelings, and needs. Seasoned therapists have a multitude of approaches and interventions to call upon.
Analytical work can be enriched if we continually explore our clients' reactions to more directive interventions.

References:

Rabinowitz, Fred and Cochran, Sam. *Deepening Psychotherapy with Men.* APA,Washington, D.C., 2001 ◊

CONTRA COSTA PSYCHOLOGICAL ASSOCIATION

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Groups Offered in Contra Costa County

Group Title: **Men's Group**
Location: Walnut Creek
Group Size: 6-8
Age Range: 35 – 80
Meeting Day & Time: Monday, 7:30 p.m. - 9:00 p.m.
Length of Meeting: 90 Minutes
Group Leader: Bruce H. Feingold, Ph.D. (925) 945-1315
Group Description: This is a long-term support/process groups for high functioning men. The goals of the group are for the men to discuss their lives in a meaningful and authentic way and to gain insight, feedback and support. The range of issues includes marital problems and divorce, depression and anxiety, work difficulties, fathering, and forming intimate male friendships. The men work on fundamental emotional and cognitive patterns and challenge the limitations of conventional definitions of masculinity. As the men integrate into the group they experience it as highly rewarding and make profound changes in their lives.

Group Title: **Women in Sobriety**
Location: Meeting on Wednesday evenings in Berkeley
Group Leader: Sara E Fisher, Ph.D. (925) 256-8280 saraefisherphd.com
Group Description: This new group is intended for women working on successfully integrating sobriety into their lives at home and at work. The group will provide a safe context in which to develop skills for living sober in an un-sober world: Repairing and enhancing relationships, Realistic relapse prevention planning, Support for the 12-step program and other approaches to recovery, Consideration of co-existing conditions such as anxiety, depression, bipolar spectrum, and chronic pain. Understanding how and when medications may be appropriate in a confidential and compassionate setting, these women will work with a sober therapist who has 30 years' experience providing group, family, couples and individual therapy in private practice.

Group Title: **A Healthy Divorce/Separation Group**
Target Population: Divorced or separated men and women
Location: San Ramon
Group Size: Maximum 8
Age Range: Adult
Gender: Both
Meeting Day: Monday
Meeting Time: 6:30-8pm
Length of Meeting: 1.5 hours
Time Limited?: 8 week initial commitment
Group Leader: Shendl Tuchman, Psy.D.
Phone Number: 510-201-3435
Email Address: dr.tuchman@earthlink.net
Group Description: Are you divorced or separated, struggling with the ending of your relationship and feeling it continues to be difficult to manage? Do you sometimes wonder how you are going to get through the next conversation with your former partner or soon-to-be former partner? I work primarily with people engaged in some aspect of divorce: custody decisions, communication difficulties, children, step-parents, etc. ◊