



REDWOOD PSYCHOLOGICAL ASSOCIATION

A Chapter of the California State Psychological Association

P.O. Box 15209 Santa Rosa, CA 95402

RPA DIALOG

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Carol Weser
3000 year old Etruscan smile



President's Column

Michael Pinkston, Ph.D.



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As I write these comments we are fast approaching the end of summer and within several more months we will hopefully learn if we will finally be blessed with at least the normal expected rainfall and maybe much more.

It has not been a good summer for the profession of psychology with the release of the Hoffman Report followed by numerous media presentations criticizing the ethical stance APA took post 911 regarding participation of psychologists in interrogations. In my personal conversations with colleagues I have certainly shared my disappointment and sadness as well as my concern over the harm this has done to our profession. I like many of you have read the report and because of my involvement on many professional listservs, I have seen numerous comments being made online by psychologists who may or may not be APA members. Many of the comments I have seen are understandably focused on whether to blame APA as an organization or the importance of identifying the "guilty" individuals. I recently read an article by psychologist Ken Pope who has served on the APA Ethics Committee in the past and written numerous articles and books over the past 30 years about Ethics that I have found useful. I was happy to see this article "The Hoffman Report And the American Psychological Association:

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(President's Column cont'd)

Meeting the Challenge of Change" because it summarizes the changes in our ethics code that had taken place prior to 911 that preceded and influenced the events being investigated by the Hoffman Report and then focuses on what he describes as the challenges that report "presents to each of us--APA leaders, members, and nonmembers--as individuals and as a profession." Although it is in press he has placed it on his very informative website at <http://bit.ly/KenPopeAPACHallengeOfChange>.

Since our last newsletter I have had the opportunity to spend time talking with many of you at our May Networking Event. Those of us on your board were pleased to see so many members attending that event who had recently joined RPA since it gave us an opportunity to meet you and provide a more personal welcome to our professional community. Our membership will have more opportunities this fall to interact and learn from each other at our CE events on Wednesday Sept 16th with Joe Persinger and on Thursday Nov 12th with Dan Pickar. You will find more details about both of these events elsewhere in this newsletter. You can currently register online for the September event at our website and we will announce by e-mail when it becomes possible to register for the November event on the website. We have been pleased that at recent CE dinner events many of you have arrived between 6pm and 6:30pm prior to registration to allow opportunities to meet and/or reconnect with other members prior to the 7:00pm speaker. I strongly agree with the leadership of CPA that organizations like RPA can provide a CE environment with a design that encourages us to be active participants as we interact with presenters and other psychologists and discuss professional interests and challenges with one or more colleagues while at these and other professional events.

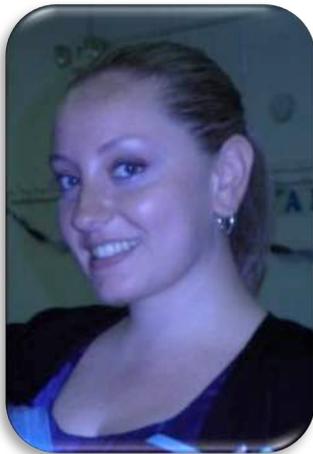
With regard to CE activities, if your license is up for renewal during 2015 or 2016, you are not required to do anything different in the way you have been gathering CE hours. CPA, will continue to work closely with the BOP to clarify the specifics of what individual psychologists will need to do differently to meet the requirements after 2016 and we will pass that information on to all RPA members as soon as we have it.

For those of you who have found it difficult to attend as many of our evening CE events as you might have wished, we hope you will **Save the Date Friday December 11th** and join the rest of us at our Annual Holiday Party about which you will receive more details in the months ahead.

New Member Introductions

Cindi Rich, Psy.D.

I came to psychology after a 20 year career in the corporate sector of the business world. I graduated from CSPP in 2013 and completed my pre-doc and post-doc clinical hours at Lomi Clinic in Santa Rosa earlier this year. Although I live in Sacramento, I've spent the past four years commuting to Santa Rosa and have developed a wonderful network of colleagues here. When it came to thinking about private practice, it felt as though my roots are now in Santa Rosa. I have a part-time private practice where I do psychotherapy as well as psychological evaluations. I enjoy working with both children and adults.



Emma Migliacci

Hello! I'm very excited to be a new member of the RPA community! I have a Minor in Behavioral Psychology and am completing prerequisite courses to begin applying to PsyD and an MA at John Jay College of CJ. My mid-life change is thanks to my undying love of the human mind and the amazing question "Why?" I am compelled to work with law enforcement and correctional systems and find every aspect challenging and intriguing. I welcome new friends, insights, advice and wisdom, and would love to get to know my fellow members. Coffee would be on me!

Meg Tippy, Psy.D.

I'm a Psychologist licensed in California and NY. I have been in Private Practice for 15+ years, and have a lovely office in downtown SR. I treat children, adolescents, adults, and families for a variety of needs; with specialty expertise in health/pediatric psychology, trauma, bereavement, and family changes. In addition to traditional in-office sessions, I also utilize tele-psychiatry (secure web-based live stream video conferencing) when appropriate. I moved to Sonoma County with my family in search of improved quality of life; wanting more space, a slower pace, and better connection to all things natural; and I am loving it here!



RPA Calendar of Events

September 16th, 2015: CE Event, 6:30pm, Flamingo Hotel, Santa Rosa

“Somatic Experiencing for PTSD” – Joe Persinger, Ph.D.

Somatic Experiencing is a ‘bottom up’ approach to the resolution of post-traumatic stress conditions. It is based upon the ethological observation that animals in the wild utilize innate mechanisms that regulate and neutralize the high levels of arousal associated with defensive survival behaviors. Somatic Experiencing normalizes the symptoms of trauma, which bind this arousal, and offers the steps needed to resolve activation and heal trauma. SE works in the ‘here and now’ and focuses predominantly on the bodily *felt sense* - physical sensations, affect, imagery and motor response patterns – and how the system binds stress in the body. It works with ‘just enough’ activation to allow discharge, integration and completion within a person’s current range of resiliency and helps the client expand the internal, external and missing resources to aid in the healing of unresolved trauma.

We will have the room at the Flamingo at 6pm for networking, sign in at 6:30pm, the speaker will begin at 7pm and the evening will end at 8:30pm. \$15 for optional 1.5 CE credits, \$27 for dinner if registered up to a week before the presentation, \$35 after. Register now on the RPA website: <http://www.redwoodpsych.org>
For more information email Carol Weser at humanone@sonic.net.

November 12th, 2015: CE Event, 6:30pm, Osake Restaurant, Santa Rosa

“Parental Gatekeeping, Alienation, and Working with Families in the Midst of High Conflict Divorce” – Daniel Pickar, Ph.D.

This presentation will describe family dynamics frequently seen in separating or divorcing families who experience significant and ongoing conflict related to the care and custody of their children. Dynamics such as “child alienation” and “restrictive gatekeeping” will be explained as they apply to some divorced families. These concepts will also be illustrated by case examples. Recommendations for psychologists’ working with high conflict families in the midst of separation or divorce will be elucidated. Also discussed will be the ethical challenges for psychologists posed by the interface with the legal system, which is sometimes requested or required when working with court-involved families. Register now on the RPA website: <http://www.redwoodpsych.org> For more information email Carol Weser at humanone@sonic.net.



Missing Pedophile OCD: Don't Let This Happen to You

By Heather Stone, Ph.D.

Don't let what happen to me? Did I read this right? Now that my title has grabbed your attention, I hope you will allow me to explain: By "you" I am referring to you, the therapist; by "this" I am referring to a potential misdiagnosis; and by "Pedophile OCD" I am referring to a form of Obsessive-Compulsive Disorder that is one of the worst types there is. With POCD, the person is worried that they *might* be a pedophile. But they aren't.

This is perhaps your potential new client – someone who was finally brave enough to make it through your door and share their most unspeakable fear – that they might be a sexual predator of children. In actuality, this is a harmless human being who was beseeched by a "what if" thought that entered their mind at the most inopportune moment. Perhaps they heard the word "pedophile" in the news or watched an evil predator on TV. They might have had a random image of a child flash through their mind right when they were in the middle of making love. Or, at another ill-timed moment, they saw a photo of a child next to someone's bed, or heard the voice of a child playing outside, right at the moment of orgasm.

In that split second, these paired associations partnered together "Pavlovian style" and did a hostile takeover on somebody's brain. And now that person fears they are somebody evil. From that day forward, "What if I'm a pedophile?" is a thought that never stop running through their mind. Combining the scariest form of "Harm OCD" with the worst of "Sexual Orientation OCD," POCD is a shameful, isolating experience. As they come to you for help, you are likely to ask your own set of questions: "Is this about sexual attraction? Is it Pedophilic Disorder? Is the client a danger to others?"

These are questions that previous therapists also had. Many of them took the clients' words *prima facie*, leaving them feeling *more* worried and shameful. According to my clients, psychodynamic therapy came at great financial cost and over many long years, but exploratory work did nothing to ease their pain. Aversion therapy encouraged techniques like snapping their wrists or making themselves sick, an ineffective and demoralizing process. Old school CBT therapists, not current with the research on "thought suppression," unsuccessfully recommended "thought-stopping." Psychoanalytically trained therapists urged them to talk about repressed sexual urges, creating an inference of plausibility. Trauma-based therapists conveyed the possibility of a past molestation, an event that never occurred. Some therapists produced needless fear by mentioning that this might be "reportable." Specialists in paraphilic (sexual) disorders often took the lead, leaving clients feeling even more deviant and defective than before.

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(Pedophile OCD cont'd)

“Well,” you might be thinking, “what if *this* OCD specialist is also looking through *her* narrow lens, and overlooked the fact that this really is a pedophile?” To answer this very valid question, Pedophilic Disorder can and should be ruled out, and if there is no desire to view child pornography, that is a very strong clue. There is also almost always some history of OCD in the person’s past, even if it used to be counting or checking, and often there is a family member who also suffers from OCD. But the real litmus test is how the client *feels* about their intrusive thoughts. If they’re breaking down in your office, and saying their thoughts are disturbing, it’s ego-dystonic. It’s *their* worst nightmare, not someone else’s.

None of us ever wants to confuse a diagnosis or offer the wrong treatment, but missing *this* diagnosis, when it applies, has the potential to forever desecrate a client’s life. This is a diagnosis we have to try never to get wrong. Imagine, for a moment, just how many other lives would be impacted if someone with POCD (or their therapist) never knew just what it was. These are clients who make false confessions, or isolate themselves for the purpose of “protecting” children. Imagine . . .

A woman ends a relationship with her dearest friend who opens a daycare center.

A nurturing mother no longer touches her baby.

A wedding is called off after the couple decides to share all of their innermost thoughts.

A gifted fifth grade teacher abruptly ends his career.

A loving husband and would-be father reneges on his promise to start a family.

In my article, *Searching for Bad News: The Circuitous Path of Obsessive Thinking*, I describe how people with obsessive types of OCD use a form of internal hypervigilance; checking their minds to see if certain thoughts have gone away, checking their body to see if they feel aroused when thinking about a child, or checking their character to see if they feel like a bad person inside. None of that is possible, by the way. As we learned from Daniel Wegner’s “White Bears” experiment, we have to conjure up a thought in order to reject it, and once that happens things get sticky from there. Clients who focus on their genitals don’t truly get an answer about whether they feel anything. Many males report feeling a vague uneasiness in their groin area, and because they feel “something,” they worry it is evidence of sexual arousal. Checking their character involves trying on different scenarios to investigate what their reactions “might” be, but in this dissociated game of speculation, they can’t really be sure. (Was that a surge of repulsion or excitement? It’s hard to tell).

Whether they feel something or they feel nothing, checking rituals become self-reinforcing. Behavioral compulsions, if there are any, might include checking the news to see if they were identified as a criminal, or checking children’s faces to see if they look frightened or uneasy in their presence. But children may wince or turn away for a variety of reasons, including the discomfort of being stared at. Sadly, POCD clients are likely to dismiss such reasonable explanations, making up their own “evidence” to vilify themselves.

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(Pedophile OCD cont'd)

When clients ask the question, "What if I'm a pedophile?" I tell them they're not asking the right question. The question they should be asking is, "Do I have OCD?" Rather than researching the characteristics of predators on-line and running a side-by-side comparison (an ill-advised "checking" compulsion), we look at the diagnostic criteria of OCD.

If the first goal of therapy is psychoeducation, another important aim is to convey the futility of checking. When I hear clients insist on "knowing" who or what they are, I do various experiential exercises to demonstrate that "*some things are impossible to check.*" These clients are not just pondering, "What if I'm a child molester?" they are really wondering, "What if I'm a child molester *and I don't know about it?*"

This subtle distinction is actually a blatant diagnostic clue. "*It might be real even though I don't know about it*" is a nothingness, a void, an empty space that *cannot be examined because nothing is there.* Even though it is an amorphous idea that cannot be explored, OCD clients are determined to unravel this type of paradox. To them, a lack of verification seems like a guilty "yes" when it is really a sincere "no." Different images, different thoughts, different situations, different states of arousal – all need to be investigated and exhausted until the "there is nothing" answer remains. As one client explained, "You want to be 100% certain that something isn't true. So you search really, really hard to make certain. But in the process, you get so attached to the idea that you start to believe it."

Exposure-based treatment in CBT isn't about watching child pornography or encouraging inappropriate interactions with children. Rather, the work is to achieve habituation. Clients may be encouraged to write or say triggering words, look at their niece or nephew's picture, listen to children's voices, or show up at events where children are present. Moving up the "hierarchical scale," we work with an imaginal exposure that the client writes, records, and listens to in their own voice. The script contains their worst scenario: being accused and convicted of child molestation, devastating their loved ones who ultimately disown them, losing their sense of who they once were, and watching their lives come crashing down. Having no more threats left in its arsenal, OCD relents. Treatment is surprisingly quick (weeks to months), and, when introduced in the right way, remarkably effective.

So, now that you recognize this disorder:

A friendship endures through a lifetime of seminal moments.

A child sleeps in her mother's arms.

A couple's wedding vows express wholehearted trust.

A teacher touches the lives of two generations of children.

A husband strokes his pregnant wife's belly.

All because you didn't miss Pedophile OCD.

Welcome to Other New RPA Members

Cynthia Rich, Psy.D.

Fereshteh Madjlessi, Psy.D.

Stephanie Morgan, M.A.

Gil Tippy, Psy.D

RPA Ethics Committee Offers Consultation

Our Ethics Committee welcomes questions about ethical issues in your practice. Ann Strack, Ph.D., is available during the months of September and October to consult with you about any ethical concerns you may have. Jeff Kahn, Ph.D. is your consultant for November and December of 2015.

Ann Strack, Ph.D. (762-6216) – Sep./Oct.

Jeff Kahn, Ph.D. (546-4349) – Nov./Dec.

Michael Pinkston, Ph.D. (575-7230) – Jan./Feb.

Juliet Dantin, Ph.D. (829-5355) – Mar./Apr.

Announcements and Ads

ATTRACTIVE PSYCHOTHERAPY OFFICES AVAILABLE FOR RENT: We have two offices with opening windows that overlook private flower garden for rent. With wheelchair accessibility and plenty of parking these offices rent for \$395 a month. FMI: 707-887-0588.

SPIRITUAL DIMENSION OF THE ENNEAGRAM FOR THERAPISTS STUDY GROUP IS FORMING: We will work with the enneagram as a tool both for your self understanding and development while at the same time enriching your work with clients.. We will incorporate the practice of inquiry and work with some countertransference issues as we dive deeper into our true nature. FMI: 707-887-0588.

EMDR TRAINING FOR CLINICIANS: Complete training over four weekends in Alameda. Saturdays and Sundays: September 12 and 13, October 10 and 11, November 7 and 8, December 5 and 6, 2015. Non-profit, agency and pre-licensed discounts available. BBS and CPA approved for 47.5 CE Credits. This all inclusive training meets and exceeds EMDR International Association standards. Sonoma Psychotherapy Training Institute, Andrew M. Leeds, Ph.D. Director of Training, EMDRIA and EMDR Europe Approved Trainer. Full details at <http://www.sonomapti.com/basictraining.html> or call (707) 579-9457.

EMDR CONSULTATION GROUP: Face to face consultation group sessions with Andrew M. Leeds, Ph.D. EMDRIA Approved Consultant meet EMDRIA standards for group consultation. We discuss case formulation, treatment planning issues, and how to enhance outcomes during the reprocessing phases of treatment. We meet the first (or occasionally the second) Thursday of the month from 8:30 AM to 10:00 AM at my office in downtown Santa Rosa. For more details <http://emdrconsultation.net/Choices/Face-to-Face-Group-Consultation/> or (707) 579-9457.

MIDLIFE AND BEYOND: WOMEN IN TRANSITION: This women's group provides a safe, supportive setting in which to explore the challenges of midlife. Come together with other women to find out what you can learn about yourself, what is holding you back, how to cope with the challenges of transitions. Denise A. Traina, Ph.D., www.drtrainatherapy.com.

STRENGTH IN AGING—THERAPY GROUP FOR WOMEN: Come share your story in the presence of other women, offer wisdom based on your life experiences, create a sense of connection and empowerment in sharing and validating others' experiences in a safe place. Overcome isolation, experience a sense of trust, belonging and togetherness. Denise A. Traina, Ph.D., www.drtrainatherapy.com.

NEW WORKBOOK FOR CHILDREN: *Getting Through My Parents' Divorce: A workbook for children coping with divorce, parental alienation, and loyalty conflict*, is a newly released resource for kids and their parents. It is part of the Instant Help series from New Harbinger. As children work through the engaging activities, they learn the skills they need to love both of their parents even when one parent says mean and untrue things about the other parent, or tries to replace a parent with a new spouse. Co-authored by RPA member Katherine Andre, Ph.D., it is available on Amazon.com and in most bookstores. Call 707/263-6360 for more information.

CO-ED PROCESS GROUP IN PETALUMA This is a long-term group for people who share the goal of building and maintaining close relationships. Thoughts and feelings in the here and now of weekly sessions are the basis for insight, interpersonal exploration, and authenticity. Wed. 12:30-2:00, Petaluma, \$40/session. Call 707-283-0048; or email dr@petalumapsychologist.com for more information.

Announcements and Ads

CHILD & ADOLESCENT NEURO-PSYCHOLOGICAL ASSESSMENT: Dr. Diana Trichilo provides comprehensive evaluation and treatment planning for children of all ages with neurocognitive, developmental and/or behavioral difficulties. Children and adolescents with a wide range of known or suspected diagnoses are seen, including learning disabilities, ADHD, autism spectrum disorder, neurological conditions, fetal alcohol spectrum disorder and intellectual disability. Referrals are welcome from parents and professions. Dr. Trichilo may be contacted directly at 707-824-1130.

Submitting Ads and Announcements to the RPA Dialog:

Items are free to members and cost non-members \$40. Each item is limited to 100 words or less. Our next newsletter will be delivered in late October/early November. Deadline for submissions is October 15th. Send your ad in the body of an email (no attachments). Submissions will be confirmed with a return email. Please submit items to the Newsletter Editor: Joe Puentes, Psy.D., at drjoepuentes@gmail.com

CALENDAR OF EVENTS:

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“Somatic Experiencing for PTSD” by Joe Persinger, Ph.D., CE Optional, Flamingo Hotel, Santa Rosa, 6:30-8:30pm.

November 12th, 2015

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December 11th, 2015

Save the Date! Annual RPA Holiday Party