

# MARIN COUNTY PSYCHOLOGICAL ASSOCIATION

A Chapter of  
California Psychological Association

On-line Newsletter, October, 2007  
Volume IV, Number 5

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## EDITOR'S COLUMN Laura Cabanski-Dunning, Ph.D.

Greetings, Friends and Colleagues. I hope you are all enjoying this spectacular autumn weather. This is a great time of year for us to connect with colleagues and get involved in our professional community. MCPA is seeking new board members for 2008. If you have considered joining the board or would simply like to be more active in MCPA, **PLEASE JOIN US AT OUR NEXT BOARD MEETING, which will be held on Wednesday, October 17 at 7:00 pm in San Rafael.** For more information, contact President Dr. Beth Tabakin at 459-7707 or [drbetht@comcast.net](mailto:drbetht@comcast.net).

MCPA's annual business meeting to be rescheduled...stay tuned! Don't miss the upcoming **dinner / speaker meeting with Madeline Levine, Ph.D.**, author of *The Price of Privilege* on Tuesday, October 30. For details, see flier in this newsletter (p. 11), and send your registration today!

We are fortunate to have some excellent articles in this issue, submitted by a variety of writers. We would love to hear from you. Please consider submitting an article for our next issue in December. Cheers! - LCD



### DATES TO REMEMBER

**October 17: MCPA Board Meeting, 7:00 pm, San Rafael**

**October 30:** Dinner/Speaker meeting, Madeline Levine, SR, 2 CEUs

**November 30:** Holiday Party at Frantoio, Mill Valley

**April 13-15, 2008:** Annual leadership and advocacy conf., Sacramento

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## Mission Statement

The purpose of the Marin County Psychological Association is to promote human welfare through diffusion and utilization of psychological knowledge, to increase public understanding of psychology as a science and as a profession, to promote and maintain high standards of professional ethics, conduct, education and training of psychologists, to promote fellowship among psychologists in Marin County, and to cooperate with other professionals and lay organizations in achieving mutual objectives.

## President's Message Beth Tabakin, Ph.D.

### MIND-BODY-SPIRIT

Mind: Where have we been?

Body: Where are we now?

Spirit: Where are we going?

The U.S. senate passed the Mental Health Parity act of 2007 (S. 558) by unanimous consent on September 18, 2007. Organized psychology's attention now turns to the House of Representatives, where a mental health parity bill is moving through the committee process. We must keep this action going because it is important to our children, their children, and us. My life challenge is remembering to remember that I am awake and alive and I will make a difference no matter what I do. My mind-body-spirit balance is in continuous motion of balance and imbalance. Please help me help you help them whomever and wherever they are.

The study of psychology and social psychology is essential to help the world move in the direction we consciously want it to go. Never before have we had such an opportunity to explore so many differences and options and learn from each other. We can argue and fight to have our way or we can put our energy and intention into the study of humanity and develop synergistic alternatives and learn from the vast variety of cultures and peoples.

**Psychology:** *noun* 1. The scientific study of the human mind and mental states, and of human and animal behavior; 2. The characteristic temperament and associated behavior of an individual or group, or that exhibited by those engaged in a particular activity; 3. Subtle clever actions and words used to influence a person or group

**Social psychology:** *noun* the area of psychology that deals with how groups behave and individuals are affected by the group

The Mental Health Parity Act will make a positive difference.

### *Collaboration Integration Coordination*

Please join the conversation. MCPA is looking for new board members for more collaboration, integration and coordination. **Our next board meeting is in San Rafael at 7:00 pm on Wednesday, October 17, 2007.** YOU are welcome to join us and I hope you will! Contact me @ [drbetht@comcast.net](mailto:drbetht@comcast.net) or (415) 459-7707.

## **Treasurer's Report**

### **Fred Rozendal, Ph.D.**

As of Aug. 15, 2007, MCPA has \$22,044.82 on hand. Income for FY 2007 to date (\$19,607.53) is slightly less than expenses (\$20,490.73).

We are near the end of our financial year (end of October) and the relatively balanced budget is a result of the financial success of the Continuing Education program, where we made a profit of \$2160.80! Thank you to the wonderful efforts to the CE committee!

Most other expenses are near or below budget. Several steps are being taken to minimize the overall cost of the Holiday meeting, typically an event which has cost the organization a significant sum.

Overall, MCPA is in a strong position financially currently.

## **Continuing Education Committee Report**

### **Christine Gazulis, Ph.D.**

### **MCPA's Annual Fall Workshop A Success!**

More than fifty licensed clinicians gathered on September 8<sup>th</sup> at the Inn Marin in Novato to hear psychologist Dan Wile speak on "Collaborative Couples Therapy." His entertaining, yet informative style, along with his easy manner in front of an audience, made the six hours of continuing education pass quickly and effortlessly. Remarks such as "He's such a pro" and "I can really use this with clients" were shared over lunch. Dan used video tapes of himself working with couples as well as volunteers from the audience to demonstrate ways of transforming adversarial comments such as "He always" or "She never" into statements that are more reflective of each partner's deeper emotional truth.

Dan's central point is that couples bring unsolvable arguments into sessions and that frequently they dialogue with each other in ways that lead them to feel misunderstood. Dan has fine-tuned a method of working with couples in which he listens for "leading-edge thoughts" that represent what is yet unarticulated between the partners. He stops the dialogue, kneels or moves his chair nearer to one partner, and asks if he may speak in the first person for a moment, as if he were that partner. He then attempts to "translate" or clarify certain truths so that the partner may hear the other person's view from a fresh perspective. The therapist's interrupting or slowing down the dialogue between the partners by talking for them in this way provides an "in vivo" forum for deconstructing and exploring the misunderstandings one at a time.

Couples take away from a session experiences in communicating that leave them feeling closer to their partner. Dan believes that, as couple experiences such moments in sessions, they will be better equipped to create similar moments outside the therapy hour.

For more information see: [www.danwile.com](http://www.danwile.com)

## Reflections on Therapeutic Silence

Philip M. Alex, Ph.D.

We are often asked – or ask ourselves – to consider our therapeutic “interventions” with our patients, to produce treatment plans, to think about our interpretations and other verbal forms of engagement in therapy and otherwise to take highly active stances with patients based on “doing” in the therapeutic encounter. Frequently under the pressures of economically forced time-limits and documentation demands we strive to be maximally effective in sorrowfully brief temporal frames and may as a result “intervene” still more energetically in the hope that we will effect beneficial change if only by virtue of our enthusiasm and sense of urgency to feel useful.

How often, in contrast, do we consider that in some cases at appropriate times the best therapeutic “intervention” is not to intervene at all, that the most effective response is to say nothing, and that the thing to do in fact is not to *do* but to *be* with the patient even if this means tolerating long periods of silence? How often are we taught that for some patients the experience of being in silence with a trusted other can reach more deeply into, and touch more profoundly than any words, those emotional regions which long to experience that simply being is all that is asked for one to feel loved?

Silence is a powerful and complicated state. For some it conjures an expectation that it be immediately filled by word or action lest it be experienced at best as a fidgety span of tension and awkwardness or, worse, a tortuous demonstration of one’s emptiness, incompetence, or social ineptitude. For others silence is quite terrifying, evoking images of the most intolerable aloneness. Silence is not necessarily a good thing whether in ordinary social discourse or in psychotherapy. But it can at certain times be precisely what the psyche demands in order to heal itself. I have found this to be especially, albeit not exclusively, true for people with early psychological injuries or developmental/relational wounds.

I will never forget a patient of mine who first alerted me to the therapeutic power of silence. He was sixty-four years old with a long history of struggle with severe depression and periodic manic episodes. He had lost his father to suicide when he was five years old. When depressed, he was convinced he was loathsome and unlovable, and when manic believed he shone upon mankind with the brilliance of the sun itself. In the transference, he related to me alternately as teacher, mentor, father, and competitor and at the root of his manner of relating to me in the beginning was a powerful need to perform for me. He felt tyrannized by the clock: it always seemed to leave thirty minutes of each session empty of what he had hoped would be his consistently bright, insightful remarks and productive therapeutic work which he believed would be the stuff of his cure as well as a feather in my cap. The unfilled, rather quiet time in the hour made him profoundly anxious and covertly rageful at me. I took what I then felt was a therapeutic risk by saying to him that I not only did not expect him to be relentlessly brilliant but that I did not expect him to speak at all if he did not want to – in fact, if we were to conduct therapy together in silence it would be alright. Agape, my patient stared at me in disbelief, having felt permitted for the first time in his life not to have to perform in order to win acceptance and affection. Silence became a metaphor for unconditional love. We spent a good many sessions primarily in silence as my patient first struggled to believe that I could cherish him if he did not “produce” material and later

allowed himself to luxuriate in the peacefulness of time devoid of demands for production or perfection.

Other patients have, in effect, *demand*ed that I remain silent because they needed me to be present for them not to say things to them nor even to listen to them say things to me but rather to provide an attuned, non-invasive holding environment in which they might have the reparative experience of safely being themselves. A forty-year-old female patient finds that a long period of silence at the start of each session is essential for her to gather her thoughts and return to herself after several days of adapting with great strain to the pressures of her world. In the early phases of our work, she would curl up during those silences wrapped in a blanket and appear to fall asleep although she did not, in fact. She came to be able to tell me that in those moments of silence she had an imaginal experience she had longed for and missed her entire life, namely to know that she is being benignly watched while she sleeps.

Another female patient, in her mid-thirties, with a history of having been raised by a severely disturbed mother and having been sexually abused by her grandfather would curl up in the chair in my office and appear to sleep for up to half an hour while I remained in silence. I recall becoming aware of countertransference images of wanting to rock her, protect her and surround her. She called her “sleeps” a retreat to a quiet place where she felt soothed and felt a freedom from having to think or talk - in this case not a defense against doing the work of therapy as such withdrawal can become, but the experience of a respite from torment and stimulus impingement.

For the patient with significant schizoid personality traits, silence is often a primary mode of communication. While silence in such patients may feel like resistance it is generally much more than that. We are asking a person whose basic mode of existence is unrelatedness to relate. Sitting with me in silence, as one patient eventually conveyed to me, was the only way he could be in a relationship with me *and* remain intact psychologically without fear that I would use words to invade and damage him. That was when I learned that it is possible to spend entire 50-minute sessions without exchanging a word and not to have to feel that one is necessarily failing at one’s job as clinical psychologist. On the contrary, adopting a permissive and accepting attitude about silence can be critical with such patients.

We are often reminded of the vitally important role that adequate stimulation plays in the healthy physical and psychological development of infants. Not often enough, I feel, are we reminded that it is of equivalent importance for the primary caregiver to sensitively cease stimulation as it is to provide it. I believe this applies analogously with respect to silence (being) versus speaking (doing) in psychotherapy. “Good-enough” and attuned relating requires that the primary caregiver be alert to those regular intervals in which the infant turns away from face-to-face engagement in a rhythmic cycle between seeking stimulating contact and disengagement. An emotionally attuned presence which permits the infant to safely enter into periods of reconstitutive detachment from, and integration of experience essentially allows for the development of feeling real. The infant’s eventual internalization of a holding environment allows for the experience of safely being alone. When we provide, judiciously, for healing silence in therapy we are potentially providing the means for patients to more fully develop their capacities to tolerate aloneness safely, to feel more real, and to know through experience, perhaps for the first time, the meaning of unconditional affection.

## **SHRINK RAP ON FILM: LIVES ON PARADE: *7UP* through *28UP*** Sue Hulley, Ph.D.

Yes, I've been resisting the *7Up* series for many years, but finally have given in. And yes, I'm glad I did! In the meantime, I'd vaguely heard the idea for it, even listened to an interview or two with Michael Apted, the director of the series, but had managed to steer clear of actually seeing one.

The premise sounded boring to me—hard for me to imagine now, but true at the time. Fourteen kids in England were captured on film at 7 in 1964, and then at seven year intervals; the latest movie, released in 2005, shows them at 49, and one is planned for 2012.

The original film, directed by Paul Almond, was made with no idea of a sequel, but Michael Apted, a researcher on the movie and one of the two who chose the original children, kept the idea going, and has directed all the episodes since.

Apparently, it was planned that 21 children would take part, and they appeared in both the zoo outing and party in the first film, but only fourteen ultimately were given more in depth treatment in this film and followed for the rest of the series, maybe because of time constraints.

Almond and his crew had a definite ideological agenda, setting out to prove the Jesuit motto: "Give me a child until he is seven and I will give you the man," based on a quote by Francis Xavier. They believed that the children's adult lives would be predicted by their childhood social class, and Apted has admitted that he was asked to find children at the extremes. Of the fourteen, five—four boys and one girl (John, Andrew, Charles, Bruce, and Suzy)—were attending exclusive schools and leading seemingly privileged lives, two (Paul and Symon) lived in a charity-based boarding school; one was from a small rural village (Nick); and the rest went either to public schools in lower socioeconomic areas (Tony, Jackie, Lynn, Sue) or to a suburban school (Peter and Neil).

To back up its statements, *7Up* featured contrasting scenes of the activities of the upper and less than upper class children, emphasizing that the former—cut to a sequence of Suzy in ballet class and the boys singing *Waltzing Matilda* in Latin—were learning discipline and good habits, while the latter—segue to a rough and tumble scene in a West End school featuring Tony and his friends—were "being allowed to do whatever they want." The viewer was expected to understand that the disciplined children would go far, while those left to their own devices would not do so well.

Of the seven films, I've now seen four—*7Up*, *7 Plus Seven*; *21 Up* and *28 Up*. I have mixed feelings about writing about them at this point, but thought that it would be interesting to stop and think about them now and then again after seeing the gang through to 49.

Apted himself commented that he realized that the tone of the series changed from "political to emotional" when *21 Up* became successful in American film festivals. I have to say that I was a bit put off by the first one's tone; it had the look and feel of the kind of newsreel I remember from the 50's. I tired of the blaring sound track, and the heavy-handed feeling of

the voiceover, played out against scenes of the kids baiting the polar bears at the zoo or playing fairly unsupervised (somewhat lower class, I thought) as part of the film-sponsored activities. I found myself aching to see their theory disproved.

Actually, that motivated me to keep watching, and of course I didn't feel I would know much about how they turned out until at least their twenties, so I had to see them through that long. By 28, I did begin to feel I had an idea of how they were coming along, but by then, I was loving pretty much all of them.

In fact, my motto for the series would be: "Spend some time with people every seven years and you'll love them all (especially if you start with them as kids)." I have come to care about all of them, and am currently concerned about several (as 28 year-olds), now dying to find out what the latter three installments will tell me about their fates.

As to the prediction, I would guess that if you looked at this from strictly a class point of view, it turns out to be roughly true. So far, the upper class kids have by and large retained an upper class life style (although two did not participate at 28). One—Bruce—appears initially as very idealistic, wanting to be a missionary; after doing well at Oxford, he chose to teach in a school with a lot of immigrant kids, and to live in the neighborhood as well. This would seem to contradict the assertion of the filmmakers, but on a metalevel, you could argue that Bruce's choice stemmed from an upper class viewpoint. He, like Eleanor Roosevelt, sees himself as having a mission to try to give to those less fortunate some of the opportunities he himself so abundantly had—a sort of purified *noblesse oblige*.

Several of the other children grew up to lives of more modest means. However, Nick, the one from the small Yorkshire village, became a physicist, not something which would have been on his direct social trajectory as predicted by his social position at seven. Also, the original film didn't take into account the possibility of any of the children emigrating, and the social mobility such a move could make possible.

Fortunately, as Apted commented above, the series has transcended its original intention as a socioeconomic set piece and evolved into an increasingly psychological exploration of its subjects. The participants' self-reflection is aided by the built-in feedback loop of being so publicly well known. Charles, for example, comments in *14Up* that his parents gave him some grief about his incorrectly naming one of the prep schools they were considering for him. John, another student from the exclusive school, complains in *21 Up* that he and his friends are being portrayed as social stereotypes, and that viewers will get the idea that their lives were easy, not seeing all the work that they put into their studies. One can only imagine what it must be like to be readily identified by total strangers for things you candidly said at seven—sort of a "bear skin rug" feeling which lasts through your whole life.

Some of the fascination for me also derived from the interviewer's often loaded questions. Addressing Jackie, Lynn, and Sue--the three girls from the same primary school in a working class neighborhood—during *14Up*, Apted basically asked them if they thought they might get trapped by marrying early. And in *28Up* he implied that Symon, who had chosen to have a big family and not go for a promotion, was underachieving. After spending some time with Apted, you realize how trapped he is by HIS social class assumptions.

I am deliberately avoiding specifics (in general), leaving you the enjoyment of discovery as much as I can. I will tell you that one of the children is going to have major mental health problems, and challenge you to see if you can figure out which one it's going to be—see if you can spot the seeds of future problems. I didn't have a chance to do this because I didn't know that future mental health problems were in the cards for anyone, but hope that watching for this adds to your enjoyment.

## **Psychopharmacology Conference Benefits Professionals, Families, and Uninsured Psychiatric Patients**

**Diane A. Suffridge, Ph.D.**

Clinical Director, Family Service Agency of Marin

Saturday, November 10, the Marin Center will be the site for a unique conference on psychopharmacology. The conference will take place in two parts: one for mental health professionals and another for the general public. Three psychiatrists will speak on treatment of adolescent depression, ADHD, and substance dependence, and a teen panel will discuss living with ADHD.

The unique aspect of this conference, sponsored by Community Institute for Psychotherapy, is that the proceeds will benefit a collaborative psychiatry program, the Marin Alliance for Psychiatric Services (MAPS). Since April 2006, this program has served clients of CIP, Catholic Charities/CYO, Family Service Agency of Marin, and Jewish Family & Children's Services who need medication in addition to psychotherapy. Through the MAPS program, therapists at these four agencies refer their clients to two part-time psychiatrists at Family Service Agency of Marin. About 40% of these clients are uninsured and pay a sliding scale fee as low as \$60 per hour.

Larry (not his real name) is an example of the benefit of this integrative psychiatric program. Larry came to Family Service Agency last fall seeking help with maintaining sobriety from alcohol and other substances. His symptoms of lethargy and lack of concentration continued as he worked in therapy and he described being overwhelmed with trying to stay sober and take care of himself and his son. The FSA psychiatrist tried several different medication regimens over the last six months, and Larry's life has gotten better. He is calmer, has better communication with his parents and son, and is facing legal problems resulting from his drug use rather than fleeing as he has in the past.

Larry is only one of over 120 clients who received psychiatric care from the MAPS program last year. On a self-report questionnaire, these clients reported an average improvement of 3.8 on a 5-point scale (5 being the high end of the scale) in the symptoms leading to their referral for medication. The advantage of the integrative approach of this program is shown by the fact that 91% of the clients seen during the year maintained compliance with medication follow-up.

Join your colleagues on November 10 and help yourself as well as the needy of Marin County. Two MCPA members, Beth Tabakin and Joel Fay, will be introducing the speakers along with Tim West, of the Marin CAMFT chapter.

**For registration, see the brochure appearing in your mailbox  
or call 415-459-5999 X101.**

## **Breema Bodywork: Finding Balance and Flexibility in Our Daily Lives**

### **Karen Hensley, CMT**

Several years ago I was searching for a meaningful practice through which I could channel a strong desire to share healing touch. I was at a Bioneers conference and had the fortunate opportunity to experience some Breema<sup>®</sup> bodywork. The short 15 minute session took me into a deliciously deep and supportive atmosphere that was unlike anything I had experienced before. The practitioner gently stretched and moved my body in such a way that I was able to totally relax and let go of the physical and emotional tension I had been carrying. I saw how quickly this happened and knew I wanted to find out more. I attended a workshop at the Breema Center in Oakland and quickly became hooked on this simple practice.

In the beginning, I thought I was learning an amazing form of bodywork. It didn't take long, though, before I realized that something was happening on a much deeper level. Whenever I received a Breema session or did a Self-Breema exercise I felt totally relaxed, nurtured, and extremely comfortable. I felt centered, flexible and very, very balanced. I could think clearly and my feelings seemed more even and more open. As I continued to practice, I found this inner atmosphere growing stronger.

Breema was introduced in this country nearly 30 years ago. The way it is taught today originated at the Breema Center in Oakland where it was formed into a comprehensive system by Dr. Jon Schreiber, a chiropractor, Malouchek Mooshan, who brought with him a practice loosely based on the tradition of his ancestors in Central Asia, and a group of colleagues.

Breema is a bodywork system and teaching that unifies the mind, body and feelings. Its natural movement sequences are extremely relaxing and energizing, supporting physical vitality and harmony between the body and the mind for the practitioner as well as the recipient. The Breema system consists of bodywork, a self-care component called Self-Breema, and the Breema Principles.

The bodywork is done fully clothed on a padded floor, using stretches, leans, nurturing holds, and a variety of playful, rhythmic movements. It emphasizes a quality of touch that is based on the balance between gentleness and firmness, receptivity and activity. Rather than focusing on illness and imbalance, Breema nurtures that which is already vital in the recipient. It is beneficial for anyone who wishes to bring more balance, flexibility and harmony into their life, physically, emotionally and mentally.

Self-Breema exercises are a fun and excellent way to maintain one's health and well-being. Physiological balance and flexibility is a definite effect of practicing Self-Breema, yet the harmonizing effect of mind, body and feelings is even more significant. All Self-Breema exercises, regardless of their obvious physical focus, affect the whole body, both physiologically and energetically. Self-Breema is easy and feels great.

The Nine Principles of Harmony are the foundation of Breema. These principles are not philosophical but rather a natural, common-sense approach to everyday life. "Body Comfortable, Firmness and Gentleness, Full Participation, Single Moment, Single Activity" are but a few of the principles underlying the work. They become alive in the bodywork and

Self-Breema exercises and are equally applicable to all aspects of our everyday lives. When you do Breema, the aim is to be connected to your body. This means that the body moves naturally, the mind registers the activity, and the feelings calmly support this activity. You are not elsewhere- your body, mind and feelings are present and participating in harmony with each other.

I simply give my mind a job - register the effect of my breath and directly experience the relaxed weight of my body. Each time I remember to stop and take a breath and to experience the weight of my body, I find myself participating totally in the present moment, rather than in the past or the future. When I have those moments of mind and body coming together and supporting each other, I feel refreshed, relaxed and present. I experience things more as they are, rather than how I think they are or I wish they were. Giving and receiving Breema bodywork and doing Self-Breema exercises continues to profoundly cultivate and increase that sense of inner balance.

Breema has an interactive quality that emphasizes mutual support on many levels. As a practitioner, when I stretch a body one way, I will receive the opposite stretch. And likewise, as I focus on the comfort of my own body during a session, I communicate comfort and relaxation to my client. This “mutual support” helps to activate the body’s natural and instinctive healing wisdom. My experience is that I don’t need to try to “fix” someone during a Breema session, yet the recipient always receives exactly what he or she needs.

How does all of this support me in my daily life? Every time I pick up a glass of water, wait at a busy stoplight, or greet a client, I can remember to take a breath and be aware of myself in that moment. I can ask myself “How can I be more comfortable?” and actually allow my shoulders to drop. I find myself being less reactive in many situations and more accepting of things as they are. My extremely busy life doesn’t stop, but there’s a shift in how I experience the busyness and an ever-increasing ease in how my body moves through the day. And as I remember to nourish and support myself, I find I have more to give to others.

On a therapeutic level, the benefits of Breema are many:

- It releases tension, lowers high blood pressure, restores healthy energy circulation and creates a balanced flow of energy in all body systems.
- Creates flexibility in the joints and spine by removing constriction of muscles, tendons and ligaments, and through gentle stretching and passive ‘range of motion’ exercise.
- Helps to detoxify and improve function of the internal organs by increasing blood circulation.
- Helps to create emotional balance and a deep sense of well-being.
- Helps the mind to function with greater clarity.

***Karen Hensley is a certified Breema Instructor and Practitioner with an office at A Consortium for Health in San Rafael. She is available for appointments and workshops by calling 415-927-2648.***

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**ANNOUNCEMENTS**

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**Marin County Psychological Association**  
Invites you to attend a Dinner/Speaker Meeting

**The Price of Privilege: What Exactly are the Costs?**  
**with Madeline Levine, Ph.D.**

**Date:** Tuesday, Oct. 30, 2007

**Time:** Social 6:00/ Dinner 6:45 PM/ Speaker 7:30 PM

**Location:** San Rafael Joe's, 931 Fourth St., San Rafael

Upper middle class teens have the highest rates of depression, anxiety disorders, and substance abuse of any group of teens in this country. Excessive pressure, a sense of disconnection from parents, and a belief that they are only as good as their last performance are some of the factors contributing to what both clinicians and researchers are calling an "epidemic" among America's privileged youth. Participants will be able to discuss the unique problems faced by affluent adolescents. They will be more able to help parents bring up kids who are independent, connected and successful.

Madeline Levine, Ph.D., has been a practicing clinical psychologist in Marin County for the past twenty-five years. She is the author of *The Price of Privilege, Viewing Violence* and *See No Evil: A Guide to Protecting Our Children from Media Violence*.

Please RSVP by sending in the coupon below  
along with your check made out to MCPA.  
RSVP and checks must be received by Oct. 26.  
Please call Roberta Seifert at (415) 456-1777 for additional information.

MCPA Members: \$35    MCPA Student Members: \$30    Non-Members: \$45  
(We will not be sending letters of confirmation.)  
Two Continuing Education units are available for psychologists for a \$15 administrative fee.  
Make your check payable to SCRC. It will be collected at the event.

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**Marin County Psychological Association Dinner / Speaker Meeting Oct. 30, 2007**

**Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number of Persons** \_\_\_\_\_ **Amount Enclosed** \_\_\_\_\_

**Meal Choice:** Roast Sirloin \_\_\_\_ Chicken Piccata \_\_\_\_ Cannelloni \_\_\_\_

*Mail to: Roberta Seifert, Ph.D., 817 D Street, San Rafael, CA 94901*

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**Support Group for Survivors of Suicide**

**The death of a loved one from suicide is probably one of the most difficult losses to resolve. So much pain ... so many unanswered questions ...  
Sometimes it helps to talk with others who have also suffered this tragic loss.**

The Grief Counseling Program of Suicide Prevention & Community Counseling offers an 8-week group to help survivors cope with the devastating aftermath of suicide.

For people who have lost a loved one to suicide  
**Thursday nights from 7:00 - 8:30 pm  
October 18 – December 13, 2007**

\$20/sliding scale per session  
Space limited  
Located in San Rafael / interview required

For more information/to set up an interview, call Robin Keller at 491-5700 x2087 or Camerin Ross at 491-5700 x2081.

Program Director: Linda Allen, MFT. License # MFC31871  
Suicide Prevention & Community Counseling is a program of Family Service Agency of Marin

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**CLASP  
CPA’s Colleagues Assistance and Support Program**

CLASP is committed to preventive resources that will support us as professionals in maintaining and enhancing our general health and mental well-being throughout the developmental spectrum of our personal and professional lives.

Call CPA’s CLASP confidential I&R line –  
888.262.8293

For materials on self care and resiliency, educational programs, and information.

Referral to a psychologist or community resource  
available upon request.

Available to  
all California Psychologists.

Check out our website for additional resources

<http://www.cpaclasp.org>

Join our I&R resources list (no fee) to become a provider  
and work with other psychologists in your practice.

CPA CLASP Chair, Dani Beckerman, Psy.D.  
[dani\\_beckerman@yahoo.com](mailto:dani_beckerman@yahoo.com) 831.426.4735

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## ADVERTISEMENTS

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### Therapy Groups for Therapists

On-going since 1984. Long-term psychodynamic orientation. Open to mental health professionals and trainees. Current openings, Mornings, San Francisco and San Rafael, Led by Art Raisman, Ph.D., Licensed Psychologist (PSY7795); Assistant Clinical Professor, UCSF Dept. of Psychiatry; Past President, Northern California Group Psychotherapy Society, **415-453-4271**

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### Adult Psychotherapy Groups

On-going since 1990. Long-term, Psychodynamic, for men and women. Current openings, Evenings, San Francisco. Led by **Art Raisman, Ph.D.**, Licensed Psychologist (PSY7795); Assistant Clinical Professor, UCSF Dept. of Psychiatry; Past President, Northern California Group Psychotherapy Society, **415-453-4271**

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### Hanlon Medical Billing

Electronic billing for faster reimbursement. HIPPA compliant, competitive rates. Personal service and accountability that comes from an owner-operated business. **I handle all follow-up so you don't have to!** Individual practices and groups welcome. References available.

**Contact Heather Hanlon @ 707-579-9225 or [hanlonbilling@mac.com](mailto:hanlonbilling@mac.com).**

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### Nourishing the Well Within

#### Feeling Stiff, Stressed, and Overwhelmed?

Experience greater:   \* Flexibility, Comfort, Ease  
                                  \* Inner Balance, Calm, Clarity

Hands-on Breema workshop, giving & receiving simple, powerfully effective treatments to help you & clients be more present, relaxed & alive.

**Saturday, Oct. 20, 2007 1-4pm**

Form Body Studio, San Rafael.   \$45

**“After receiving Breema bodywork, I found myself completely relaxed, centered and focused. There was an inner sense of spaciousness and deep peace. As psychologists we are often so busy taking care of everyone else, we don't take the time to care for ourselves. I highly recommend Karen's Breema workshop as a way to make that time.”** Bethany Miller, Psy.D.

**Call Karen Hensley, CMT to register and for more information. 415-927-2648.**

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## **FAMILY SERVICE AGENCY OF MARIN**

### **Psychotherapy Groups**

**PACE** – Harm reduction group for dually diagnosed adults.

**RELAPSE PREVENTION** – On going and drop in group at New Beginnings homeless shelter.

**WOMEN'S RECOVERY** – Support group for women in recovery.

**SPANISH SPEAKING PARENT GROUP** – Support and psychoeducation group for Spanish speaking parents.

**SPANISH SPEAKING TRAUMA SUPPORT GROUP** – Support group for Spanish speaking women.

**CHILD AND ADOLESCENT GROUPS** – Social skills group for boys and girls coping with trauma.

**CHILDREN OF SEPARATED OR DIVORCED PARENTS GROUP** – Art therapy group for children.

**MIND OVER MOOD** – CBT based group to address depression, anxiety, anger and substance abuse issues.

**DIALECTICAL BEHAVIOR THERAPY** – Group combining CBT and Eastern mindfulness practices for adults who have difficulty with emotional management, frequent crises, or self-injury.

**AGESONG** – Group for those 65 years and older enlivening the search for deeper joy and satisfaction in the later years.

**For more information contact Diane Suffridge, Ph.D., 415-491-5700**

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### **Psychologist Marin County**

**Kentfield Rehab and Specialty Hospital**, a Vibra Healthcare Hospital and Northern California's most comprehensive source of extended acute care and rehabilitation, provides specialized inpatient and outpatient programs. We offer quality services that are patient-centered and family-oriented.

Kentfield enjoys a strong history and a national reputation spanning more than 25 years. Fully accredited by Joint Commission, our 60-bed LTACH facility is located 20 minutes north of San Francisco in the tranquil, therapeutic setting of Marin County. The quality of our programs is measured on an individual basis, one patient at a time.

We are looking for an individual that has experience working in an inpatient facility with this population and/or geriatric population where behavior plans were required. The psychologist will be working closely with a treatment team which includes and MD, PT, OT and SLP's. You must be paneled with the most common insurance carriers and Medicare. This is a fee for service position with a hospital reimbursement of 5 hours a week for unbillable clinical and related hours.

For immediate consideration, please apply online at [www.vibrahealthcare.com](http://www.vibrahealthcare.com) and click on careers. EOE

## **Community Institute for Psychotherapy**

1330 Lincoln Avenue # 201  
San Rafael, CA 94901  
(415) 459-5999 x 101

Referrals Welcome

**Beginning September 2007, CIP will have openings for client referrals, including for psychological testing, couples therapy, and eating disorders treatment. General low-fee counseling for families and individuals also available. Phone (415) 459-5999 ext. 102.**

### **Professional Development Program: October/November Events**

#### **PSYCHOPHARMACOLOGY CONFERENCE “NEW TREATMENTS, NEW HOPE: UPDATE FOR FAMILIES AND PROFESSIONALS FOR TREATING DEPRESSION, AD/HD, AND SUBSTANCE ABUSE”**

WITH SUSAN SMIGA, MD; DR. STEPHEN P. HINSHAW, PHD; DR. SCOTT SMOLAR, DO  
Saturday, November 10, 2007; 9 AM – 4 PM

LOCATION: MARIN CIVIC CENTER, 10 Avenue of the Flags, San Rafael, CA 94903

Public: suggested donation \$10, Professionals: \$75 late registration \$95

5 CEUSs approved for MFTs and LCSWs, and 5 CEUs approved by the MCEPAA for Psychologists.

#### **RELATIONAL RESONANCE WITH LINDA GRAHAM, MFT**

Tuesdays, October 9, 16, 23, 30, November 6, 13; 11:00 AM - 1:00 PM

LOCATION: CIP, 1330 LINCOLN AVENUE, SUITE 201, SAN RAFAEL

CIP Members: \$180 or \$200 late registration; Non-members: \$240 or \$260 late registration.

12 CEUs approved for MFTs and LCSWs, and 12 CEUs approved by the MCEPAA for Psychologists.

Certificate: \$5 MFT/LCSW; \$15 Psychologists.

#### **THE PSYCHOANALYTIC MYSTICS: JUNG, BION, AND BEYOND WITH BRYAN WITTINE, PHD, MFT**

Fridays, October 12, 26, November 9, 30, Last Date, TBD; 9:30 AM - 11:30 AM

LOCATION: CIP, 1330 LINCOLN AVENUE, SUITE 201, SAN RAFAEL

CIP Members: \$150 or \$170 late registration; Non-members: \$200 or \$220 late registration.

10 CEUs approved for MFTs and LCSWs, and 10 CEUs approved by the MCEPAA for Psychologists.

Certificate: \$5 MFT/LCSW; \$15 Psychologists.

#### **THE VULNERABILITY OF THE THERAPIST IN THE CLINICAL HOUR WITH ARLENE BERMAN, LCSW**

Saturday, October 13, 2007, 9:00 AM - 3:00 PM

LOCATION: TOWN CENTER, COMMUNITY ROOM, 770 TAMALPAIS DR., CORTE MADERA

CIP Members: \$75 if received by September 28, or \$95 late registration.

Non-members: \$100 if received by September 28, or \$110 late registration.

5 CEUS APPROVED FOR MFTS AND LCSWS, AND 5 CEUS APPROVED BY THE MCEPAA FOR PSYCHOLOGISTS.

#### **CIP MOVIE NIGHT – FESTEN – ‘THE CELEBRATION’ WITH KEN POUND, PSYD**

Friday, November 2, 2007, 6:30 PM to 9:30 PM

LOCATION: 42 Oak Ridge Road, San Rafael, CA 94903

CIP MEMBERS: \$30.00, or \$50 late Registration; Non-members: \$40.00, or \$60 late Registration

2 CEUS APPROVED FOR MFTS AND LCSWS,

AND 2 CEUS APPROVED BY THE MCEPAA FOR PSYCHOLOGISTS.

**For a full schedule of our 2007-2008 offerings, to register, or to become a CIP member, visit [www.cipmarin.org](http://www.cipmarin.org) or phone (415) 459-5999 ext. 101**

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## Office Space

Free advertisements are available to MCPA members in the sections "Office Space Wanted" and "Office Space Available". Each free advertisement must include your name, be no more than four lines of text in 12pt, Times New Roman font, and be sent as an email MSWord (.doc) attachment to [MCPAnewsletter@verizon.net](mailto:MCPAnewsletter@verizon.net). *Free "Space Wanted and Space Available" ads placed by MCPA members will continue to run in all subsequent newsletter issues until the editor receives a request to cancel the ad.* Larger office space ads and all other ads continue to require payment according to the existing schedule described at the end of each newsletter.

## Space Available

**Corte Madera:** Office to sublet (\$150 per day) or to share (\$300 + ½ utilities for 2.5+days). All days except Tuesday negotiable. Beautifully furnished, modern office and waiting room. Signal lights & kitchen/storage area. Ample off-street parking. Convenient to 101 and bus routes. Wheelchair accessible. Gail Matthews, 927-2511.

**Corte Madera:** Tu, Th, & Fri from 1:30 PM on. Suite of two consulting rooms and waiting room. Modern, well-maintained office building. Off street parking, convenient to 101 and bus routes, wheelchair accessible. \$150 per day, will consider reduction if all three days are taken. Saturdays and Sundays are negotiable. Sue Fleckles at 927-7566.

**Mill Valley** at 650 E. Blithedale Ave. A suite: 3 offices and waiting room. Available Monday through Friday. Beautiful location, easy freeway access and parking. Randy Rand, Ed.D. (415) 383-9586.

**Novato:** Part-time office space available in suite of multidisciplinary psychotherapists. Extensive soundproofing, signal-light system, private waiting room, voice mail with answering service backup, copier, kitchen, reserved parking, handicapped-accessible, in-suite bathroom. Reasonable rates, flexible hours. Call Dan Kalb, Ph.D. (415) 898-9015, ext. 525.

**Central San Rafael:** Share furnished office in two office suite with waiting room. Available 1-3 days per week. Sunny, convenient location with on-site parking, central HVAC and easy access. Call Jonathan Marlowe for further information at 457-1629.

**Central San Rafael:** Sublet full time Fri, Sat, &.or Th 8AM to noon. Reasonable rent. Best for work with individuals or couples. Professional building and office remodeled and tastefully furnished. Private waiting room shared with another office. Parking onsite for therapists and clients. Wheelchair and highway access. Call Suzanne 415-789-9113.

**North San Rafael:** Two attractive psychotherapy offices--one fulltime (share lease at \$576), the other part-time (at \$150 per day). Phone room, waiting room, utilities included. Easy access to 101, transportation. Congenial colleagues. Call Sue Hulley, Ph.D. at 331-9543.

## Space Wanted

(No space wanted ads this issue)

**From the Editor:****Submission Guidelines and Advertising Rates**

The *Marin County Psychological Association* Newsletter is published electronically bi-monthly and welcomes articles and opinions related to the practice of psychology. Please submit your advertisement and /or article as an email attachment in MS Word to

[MCPAnewsletter@verizon.net](mailto:MCPAnewsletter@verizon.net)

Payment for advertisements must be by **check made out to MCPA**. Please include your license number and **send to arrive before the deadline to:**

Laura Cabanski-Dunning, Ph.D.  
P.O. Box 1863  
Novato, CA 94948-1863

**Rates for Advertisements:**

Size	MCPA Members	Non- Members
1/8 Page	\$ 15.00	\$ 30.00
1/4 Page	\$ 30.00	\$ 50.00
1/2 Page	\$ 50.00	\$ 75.00
Full Page	\$ 100.00	\$ 150.00

15% discount for ads of 1/2 to a full page which run three editions in a row.

**Deadline for December Submissions: Friday, November 30, 2007**

**Free advertisements are available to MCPA members in the sections  
"Office Space Wanted" and "Office Space Available".**

Each free advertisement must include your name, be no more than four lines of text in 12pt, Times New Roman font, and be sent as an email MSWord (.doc) attachment to [MCPAnewsletter@verizon.net](mailto:MCPAnewsletter@verizon.net). *Free "Space Wanted and Space Available" ads placed by MCPA members will continue to run in all subsequent newsletter issues until the editor receives a request to cancel the ad.* Larger office space ads and all other ads continue to require payment according to the existing schedule above.