



## President's Message - Bindu Khurana, MFT

How are your New Year's Resolutions going? San Diego CAMFT is proud to say we are keeping ours! 2010 brought our first electronic newsletter furthering our commitment to going green. Changing to an electronic version allowed us the room to lower our membership dues as well as offer new and exciting programs for the chapter.

Our next resolution is to ensure that all our events and activities are what YOU, our members, want to see. Have an idea for a workshop? Is there a topic that you would like to see at our monthly luncheon? How about a brand new event like a social mixer or outdoor activity? The Board members have worked diligently to schedule events that we hope helps our membership continue to grow both as professionals and in their personal development.

As 2010 continues, our hope is to continue to engage the members and encourage you to take an active role in the chapter. Participation on the Board allows the opportunity to help shape our profession; take a proactive role in the community's awareness of therapists and welcome pre-licensed members into our field.

Let SD CAMFT be a part of your new year's resolution and your involvement help you achieve it!



### Friday, March 12, 2010- CEU Luncheon – 1 CEU

Identification, Diagnosis and Treatment of Psychotic Symptoms in Adolescents and Young Adults

Speaker: Tracy Alderman, Ph.D.

Location: Argosy University - 1615 Murray Canyon

### Friday, April 9, 2010- CEU Luncheon – 1 CEU

Dream Interpretation

Speaker: Rochelle Pereper, Ph.D.

Location: Argosy University - 1615 Murray Canyon

Questions: Contact Andrea Obst, [andobst@gmail.com](mailto:andobst@gmail.com) 858.442.0465

## CEU LUNCHEONS

In January, SD-CAMFT moved our CEU luncheons from Coco's Restaurant to Argosy University in the Mission Hills area. The new location allows for more space and provides an improved learning experience. Please join us and be sure to register online or contact Andrea Knox to reserve a space and a lunch. Questions: Contact Andrea Knox Obst at [andobst@gmail.com](mailto:andobst@gmail.com) 858.442.0465.

Beginning in April, the CEU Luncheons will now be free to our members and only \$5 to our non-members. Lunch will not be provided so please bring your favorite brown bag lunch to our CEU luncheons.

SD-CAMFT would like for this to be a time of learning and networking without the hassle of paying for a meal. We are always looking for creative ways for our members to benefit from valuable speakers and their experiences. We felt this was a great opportunity to reduce the luncheon fee while at the same time providing a space where members can learn and connect with other therapists and interns. Drinks will continue to be provided by SD-CAMFT. Bring your lunch, sit back, and enjoy our dynamic speakers! Please RSVP by the Thursday prior to each CEU presentation so that we provide enough drinks and have enough space to accommodate everyone.

Friday, March 12, 2010 - CEU Luncheon (1 CEU)

Tracy Alderman, Ph.D.

Identification, Diagnosis, and Treatment of Psychotic Symptoms in Adolescents and Young Adults

Location: Argosy University, 1615 Murray Canyon Rd., Suite 100, 92108 - [click here](#) for a map

Friday, April 9, 2010 – CEU Luncheon (1 CEU)

Rochelle Perper, Ph.D.

Dream Interpretation

Location: Argosy University, 1615 Murray Canyon Rd.

Friday, May 14, 2010 – CEU Luncheon (1 CEU)

Nikki Goldman, Ph.D.

(Topic TBD)

Location: Argosy University, 1615 Murray Canyon Rd.

Friday, September 10, 2010 – CEU Luncheon (1 CEU)

Mary L. Obata, M.A., MFT

Postpartum Depression and Related Disorders: Diagnoses and Treatment Approaches

Location: Argosy University, 1615 Murray Canyon Rd.

Friday, October 8, 2010– CEU Luncheon (1 CEU)

Susan Goodell, MA., M.S., MFT

(Topic TBD)

Location: Argosy University, 1615 Murray Canyon Rd.

INTERN NETWORKING EVENT

SD-CAMFT's next Intern Networking Event will be on Saturday, May 1<sup>st</sup> from 10:00 am to 1:00 pm at the County Mental Health Building in their "Coronado Room" at 3851 Rosecrans Street, San Diego, CA. This is an opportunity for Interns to meet face-to-face with potential employers and receive information relevant to the job search process. Questions? Contact Bindu Khurana at [damaharani@aol.com](mailto:damaharani@aol.com)

\$10.00 Admission Fee

GOING GREEN...

This will be the second month that our SD CAMFT newsletter has converted from paper to electronic! While it has been a success, we do want members to know that they can request a paper copy by contacting Bindu Khurana at our web address: <http://www.camft-sandiego.org>



## FEATURED CEU SPEAKER ON MARCH 12<sup>th</sup>, DR. TRACY ALDERMAN

### *Identification, Diagnosis and Treatment of Psychotic Symptoms in Adolescents and Young Adults*

This luncheon will assist attendees in better understanding the development and course of psychoses in adolescents and young adults. Particular attention will be given to symptoms aiding in the identification of those at risk for developing psychotic disorders.

Negative and positive symptomology will be discussed. Identification of psychosis prior to a first psychotic episode may help avert some of the most severe and limiting features of these disorders. Additionally, diagnostic criteria of related mental disorders will be presented, as will treatment strategies.

Tracy Alderman, Ph.D. is a licensed clinical psychologist with the Cognitive Assessment and Risk Evaluation Program at the University of California, San Diego. Additionally, she is a supervising psychologist at Springall Academy, a non-public school for children, adolescents and young adults with emotional, behavioral and learning disorders. She is author of *The Scarred Soul: Understanding and Ending Self-Inflicted Violence* (New Harbinger Publications, 1997) and co-author of *Amongst Ourselves: A Self-Help Guide for Living with Dissociative Identity Disorder* (New Harbinger Publications, 1998). Dr. Alderman is a leading expert in the field of self-injury and has provided numerous trainings and workshops for agencies, educators, clinicians, hospitals, counselors, and parents nationwide. Dr. Alderman's blog related to issues of self-injury, *The Scarred Soul*, is featured on the Psychology Today website



## FEATURED CEU SPEAKER ON APRIL 9<sup>th</sup>, DR. ROCHELLE PERPER

Rochelle Perper, Ph.D. is a licensed clinical Psychologist in California offering professional therapy services to individuals and couples throughout San Diego County. Rochelle has background in working with a variety of clientele including children, adolescents, and adults managing the effects of grief and transition as well as issues related to stress, depression, and anxiety.

Dr. Perper serves as Adjunct Professor at Alliant International University and teaches courses for the Certificate in Bereavement Studies at National University. She has presented and given trainings for numerous organizations including San Diego Hospice, The San Diego LGBT Community Center, and the American Cancer Society. She has earned respect and recognition in the community through volunteer commitments to the Jenna Druck Foundation, Rady Children's Hospital, Survivors of Suicide Loss, and Parents of Murdered Children. Dr. Perper actively serves with the Continuing Education Committee for the San Diego Psychological Association, the San Diego Bereavement Consortium, and the Victim's Assistance Coordinating Council.

### ADVERTISING INFORMATION

**UTC/La Jolla:** Furnished office space for rent. Large windowed office (210 sq.ft.) Conveniently located off I-805 and Governor Drive. Ground floor entry, free ample parking, security system, private restroom. Share this attractively furnished suite with highly professional psychologists. Referral opportunities available. Call Ellen at 858.481.7755

**La Jolla:** La Jolla Village Drive and I-5. Office space for rent: Available Wednesday/Friday at \$125.00 per day. Beautifully furnished. All amenities (fax, copier, wireless, etc.)  
Contact Carole Meredith: (858) 646-9579; cmeredith1@aol.com

## Board Members

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## ATTORNEY-THERAPIST LUNCHEON

SD-CAMFT has had a long tradition of providing this informative service to its members: Board Member Betty Jackson has worked for many years to ensure that experienced and knowledgeable speakers are available to keep MFT's and MFTI's abreast of current legal issues, concerns, and updates that directly affect the MFT community.

The Attorney-Therapist Luncheon provides an ideal situation for therapists to meet members of the legal community, an opportunity to understand the process of the legal system, and how this interface benefits our clients. Please set aside this important date to attend the next Attorney-Therapist Luncheon on Friday, April 23, 2010. See below for detailed information:

### Cost:

\$30.00/SD-CAMFT Members

\$35.00/Non-Members

\$38.00/Walk-ins (We are unable to guarantee lunch for walk-ins)

1 MCLE credit for attorneys or 1 CEU credit for therapists.

Registration and Networking: 11:15 am

Lunch: 11:45 am

Speaker: 12:15 pm

Adjournment: 1:30 pm

### Location:

The San Diego County Bar Association

1333 Seventh Avenue, San Diego, 92101

(Northeast corner of 7<sup>th</sup> & A Street downtown San Diego)

Limited pay-to-use parking is available within the building.

Additional pay-to-use parking is in the nearby parking structure and nearby public parking lots.

Late registrations are accepted by phone. For more information, questions and late registrations, please contact Betty Jackson, MFT, (858) 573-0173, SD-CAMFT, 5252 Balboa Ave., Ste. 604, San Diego, CA 92117

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## MEMBERSHIP SPOTLIGHT

SD-CAMFT is pleased to present a new addition to our newsletter: the Membership Spotlight! The SD-CAMFT membership is a large consortium of therapists in San Diego County! In an effort to get to know one another and have a better understanding of what resources are available to us, the Membership Spotlight will feature in-depth information regarding one of members regarding their expertise, their experiences, and helpful resources.

To be featured in “Membership Spotlight”, a SD-CAMFT board member will draw names that are gathered at the Friday, CEU luncheons. At the end of the month, a name is chosen for the next featured article.

Please contact Bindu Khurana if you have questions at [damaharani@aol.com](mailto:damaharani@aol.com). Look for our featured member in the next newsletter!

## SD-CAMFT’S FEATURED ARTICLE

As therapist’s, we are always searching for information and new methods to keep ourselves and our clients fully informed and educated. In “going-green” the SD-CAMFT newsletter is now able to solicit our members for articles that would reflect this desire to improve and understand our world. The following is our first article graciously submitted by Dr. Milton Z. Brown regarding BPD and DBT skills training.



### COGNITIVE BEHAVIOR THERAPY FOR CHRONICALLY PARASUICIDAL PATIENTS

By Milton Z. Brown, Ph.D., [mibrown@alliant.edu](mailto:mibrown@alliant.edu)

My career is focused on helping better understand deliberate self-harm (e.g., DSH), suicidal behavior, complex post-traumatic stress disorder (PTSD), and other serious problems associated with borderline personality disorder (BPD), and how to best treat them. I got my Ph.D. from the University of Washington under the mentorship of Marsha Linehan. My students and I research these problems at California School of Professional Psychology at Alliant International University, and I provide Dialectical Behavior Therapy (DBT; Linehan, 1993) to these patients at the DBT Center of San Diego. This article is intended to update the San Diego psychology community on some of the latest developments relevant to BPD and DBT.

DBT is a comprehensive, principle-driven treatment (i.e., it is not a step-by-step manual) consisting of many interventions that aim to reduce suicidality, DSH, and other problems associated with BPD. DBT is “dialectical” primarily by balancing change strategies with acceptance strategies. This balance is achieved by integrating cognitive-behavioral therapy (CBT) strategies with validation and

mindfulness approaches within a framework of dialectical philosophy. At its core, DBT is a cognitive-behavioral therapy (CBT), based on empirically-supported mechanisms of change. DBT skills training incorporates virtually every CBT strategy found to be effective in helping people change their emotions and behaviors: activity scheduling (from cognitive therapy), advantages/disadvantages analysis (also from cognitive therapy), exposure therapy (called “opposite action”), progressive muscle relaxation, distraction, and many others. As new evidence emerges regarding effective ways to help clients manage their emotions and change their behaviors, DBT evolves by incorporating these new strategies into DBT skills training.

My most important point is that DBT is a well-established treatment for BPD. In fact, DBT is the only psychosocial treatment for BPD identified as “efficacious and specific” (Chambless & Ollendick, 2001). This is not to say that other treatments may not be effective for BPD, only that DBT is the treatment with the most evidence for its

effectiveness. Many treatment providers hesitate to adopt DBT because of the out-dated belief that there is only one study supporting its effectiveness. Linehan has recently replicated the original study (Linehan et al., 2006), and many other researchers have also found DBT to be effective for treating BPD. There are currently seven randomized controlled trials (for a brief review, see Linehan et al., 2006). The most important findings are that patients who received DBT ended up with significantly fewer out-of-control behaviors such as suicide attempts, psychiatric emergency room visits, psychiatric hospitalizations, substance abuse, and angry behaviors.

My next most important point is that DBT skills training are probably not sufficient for many BPD patients, although it may often be necessary. There is a widespread misconception among patients and clinicians that DBT skills training IS DBT. In many settings, DBT skills training are offered with standard case management instead of individual DBT, or as an adjunct to other forms of individual therapy. In contrast, other providers offer DBT individual therapy without any skills training (usually in solo private practice where group therapy is not offered). DBT skills training are viewed as a sufficient DBT component in one setting and as expendable in the other. However, almost every study so far has evaluated the entire DBT treatment package, which includes two main components: DBT skills training (often done in a group format) and individual DBT therapy. There are currently no research studies to support the practice of providing DBT skills training without individual DBT therapy for BPD patients. Many patients who contact me say that they tried DBT and it didn't work for them, when in fact they only got half of DBT (group skills training). It seems that many DBT skills training groups are falsely marketed as "DBT." Therefore, many BPD patients believe DBT skills training are a sufficient treatment since they have been told that "DBT" is an effective treatment for BPD. Only one study (not published) exists relevant to this issue. In a small-sample randomized controlled trial (mentioned in Linehan, 1993), Linehan and colleagues found that outcomes for BPD patients receiving generic individual therapy were equally poor regardless of whether they received DBT skills training. The Linehan group has just completed a research study

to confirm this finding that the individual DBT therapy component is necessary for good outcomes, and they will soon publish their findings. The study compared the outcomes for chronically suicidal BPD who receive: 1) standard DBT (individual DBT and group skills training), 2) DBT individual therapy (with no DBT skills training), or 3) group skills training (with case management as the only one-on-one "treatment"). The study addresses the important question "Why is DBT helpful for BPD patients?" The replication study that was recently published by the Linehan group was the first study to address this question of why, leading to the conclusion that DBT does not work simply because DBT therapists are well trained and experienced in treating BPD, or because DBT involves a lot of treatment (Linehan et al., 2006). Patients in DBT had better outcomes than non-behavioral therapy delivered by experts, even though patients in both groups received comparable amounts of therapy.

Even if we find further evidence that DBT is more than just good therapy, and that there is something particularly effective about the combination of DBT skills training and DBT individual therapy, many important questions remain about why DBT works. We still do not know which of the many change and acceptance strategies are necessary, and which dilute the treatment. DBT therapists have a wide range of options for how to focus individual therapy sessions, and what specific change strategies to implement (e.g., cognitive restructuring vs. behavioral activation or exposure therapy). True to my mentorship lineage from Albert Bandura, I believe that behavioral activation and exposure strategies are among the most potent interventions, partly because they are powerful ways to promote important cognitive change.

If the research confirms that DBT skills training are effective, it is still important to discover which skills are the most helpful. Linehan is almost ready to publish a second edition to her DBT skills training manual, in which skills will be reorganized and several new skills will be added. The original DBT skills manual mentions the skill of distracting from distressing emotions by eliciting intense physical sensations, for example by holding ice cubes. The newest skill utilizing cold sensations as distraction involves immersing one's face in cold water. Dr. Linehan added this skill to DBT after

becoming aware of research on the human dive reflex elicited by this procedure. While cold-water face immersion may serve as an effective distraction technique, it likely also functions to directly regulate the physiological pathways believed to mediate emotional arousal. Studies have shown cold-water face immersion quickly and dramatically activates the parasympathetic branch of the autonomic nervous system resulting in a rapid firing of the vagus nerve and subsequent bradycardia, a slowing of the heart rate of at least 20 percent. This emotion regulation technique involves filling a large bucket with ice water and submerging the entire face, including the temples, for as long as possible (at least 30 seconds, although a minute is preferable) in water as cold as possible (without causing pain). (Temperatures below 45 degrees Fahrenheit generally cause pain.) The client can repeat this technique several times, if needed. However, it is important to screen clients for heart arrhythmia disorders, as this procedure can be dangerous for those with cardiac irregularities.

We have conducted small experiments testing the efficacy of the dive reflex in reducing intense emotional arousal elicited when people face their phobic objects during exposure therapy. Our research participants experienced a 20-40 beats per minute reduction in heart rate during cold water immersion with half of the bradycardia resulting from breath holding and wetness on the face alone. More importantly, there were enduring increases in parasympathetic activity following immersion of the face in cold water. The human dive reflex is a robust finding; many studies show a reliable and large decrease in heart rate when the face is immersed in cold water. However, we do not know of any studies examining the application of the dive response with psychiatric patient populations.

Compared to the first DBT skills manual, the new manual places a stronger emphasis on relaxation strategies, particularly breathing techniques and progressive muscle relaxation. Our current studies evaluate slow, rhythmic diaphragmatic breathing as a way to reduce emotional arousal in patients with

BPD. Studies have shown that slow breathing effectively activates the parasympathetic nervous system in normal populations and in chronic pain patients. Our BPD research participants use a portable biofeedback device giving immediate feedback about natural fluctuations in heart rate, known as heart rate variability (HRV). Patients are instructed to breathe at a slow pace and to seek their optimal pace (slightly varying across individuals) using biofeedback while breathing from the lower abdomen. The goal of this breathing method is to improve emotion regulation by maximizing HRV and parasympathetic activity.

The new DBT skills manual will also place more emphasis on intense physical exercise as a way to reduce emotional arousal. These three skills (cold sensations, relaxation strategies, and intense physical exercise) together comprise the new DBT emotion regulation skills triad and are believed to be the most effective techniques for reducing intense emotional states.

We are currently seeking participants for our studies evaluating whether the cold water skill and device-assisted slow breathing lead to improvements in emotion regulation during sessions focused on treating PTSD, and whether they lead to reductions in emotion-dependent behaviors such as alcohol use, DSH, and binge eating and purging. Participants receive free treatment sessions for PTSD, bulimia, or alcohol abuse, depending on which study they enter. Interested individuals can visit the research study web page is [www.dbtsandiego.com/research](http://www.dbtsandiego.com/research) or call us at (858) 635-4649.

#### Reference:

Linehan, M., Comtois, K., Murray, A., Brown, M., Gallop, R., Heard, H., Korslund, K., Tutek, D., Reynolds, S., Lindenboim N. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs. therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry*, 63(7), 757-766.

*If you or someone you know is interested in submitting articles to our SD-CAMFT newsletter, please contact Jennifer Jenkins at [jencolleenjenks@hotmail.com](mailto:jencolleenjenks@hotmail.com).*

*"Life has been your art. You have set yourself to music. Your days are your sonnets." Oscar Wilde*