

Progress Notes...



April, 2011

Newsletter of the Lesbian and Gay Psychotherapy Association, Southern CA, Inc.

(310) 288-3465

Executive Director Report

Chuck Stewart, Ph.D.

I'm impressed at how LAGPA has changed and grown these past few years. Considering that LAGPA essentially folded about 5 years ago, we now have more active members than at anytime in the past eleven years and a board with nine very active members—which again is more than we have ever had. Social events are larger than ever, the annual Conference has grown to almost 100 attendees, and members report many more client referrals coming from our online directory. Directing Moonslice to rebuild our website two years ago has paid off. More than 12,000 unique visits are made each month to our website driving many more potential clients to our membership. Advertisers and sponsors also report an uptick in traffic.

There are a couple of ongoing projects in which many of you may be interested. We are resurrecting the committee structure for operating LAGPA. Our Bylaws specify particular committees but our small size has prevented this from happening. Now with our in-

creased size, you too can participate at whatever level you feel comfortable.

Here is what we need. Come join the fun.

Membership Committee

It has become apparent that the membership structure of the organization is not flexible enough and does not sufficiently support the online directory. Come help us rethink our membership structure and develop ways to attract new members.

Program Committee

1. Education: We have scheduled Larry Hedges to conduct a "Law and Ethics" workshop in August. It would be good to schedule a few more educational events this year. Help us develop programs of interest to our professional members.

2. Social: This is always a fun committee. Besides the annual pool party and winter social, it is thought smaller potluck events may be fun and help build membership. Come

with your ideas to increase the social interactions of our members.

3. Conference: The annual conference is a big undertaking. It is very rewarding to work with professionals at many colleges. In particular, we are looking for people who have personal contacts with departments of psychology, social work, and education at Phillips Graduate Institute, UCLA, CSU Northridge, CSU LA, and others. Can you introduce us to these people? Please let us know.

Communication Committee

1. Newsletter: Our quarterly newsletter is looking for those special people who like to create organizational newsletters. If you have one or two hours a month to spare, the quarterly newsletter needs dedicated individuals to follow up with ads and classifieds to ensure current and up-to-date information, and to solicit new advertisers. Come bring your talents.

2. Outreach (including

Booths): Last year we hosted booths at CAMFT, LACPA, and CPA. It is always fun; a great way to meet people and have fun at the same time. Come join this committee.

By-Laws

We are also revisiting our Bylaws. They were written in 1992 and sorely need to be updated.

Please contact Chuck Stewart about which committees you would like to volunteer. Remember, LAGPA can only grow through the help of volunteers.

Chuck Stewart
LAGPA@sbcglobal.net



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New Board of Directors
...and a word from your
NEW Co-President

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Diana Mercer, Esq. is an Attorney-Mediator and the founder of Peace Talks Mediation Services in Los Angeles, California (<http://www.peace-talks.com>). A veteran litigator, she now devotes her practice solely to mediation. Outgoing and down-to-earth, she makes clients and attorneys feel at ease in solving family and divorce disputes. She is the co-author of *Making Divorce Work: 8 Essential Keys to Resolving Conflict and Rebuilding Your Life* (Penguin/Perigee 2010) <http://www.makingdivorcework.com>, and *Your Divorce Advisor: A Lawyer and a Psychologist Guide You Through the Legal and Emotional Landscape of Divorce* (Simon & Schuster/Fireside 2001) <http://www.yourdivorceadvisor.com>.

Featured on CBS, Fox News, and MTV

Diana Mercer is a sought-after media guest who's been featured on network television and in both the New York Times and the Los Angeles Times. She has spoken at national conferences for the American Bar Association, and at many universities and professional associations.

An active blogger, she writes for the *Huffington Post* <http://www.huffingtonpost.com/diana-merc> and maintains the interactive *Making Divorce Work* blog <http://makingdivorceworkblog.com>. Partial List of Clients: Viacom/MTV Music Television, American Bar Association, UCLA Anderson School of Management, American College Personnel Association, & National Association of Women Business Owners. She's an Advanced Practitioner Member of the Association for Conflict Resolution (ACR) and is admitted to practice law in California, New York, Connecticut, Pennsylvania and before the Supreme Court of the United States.

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Steven W. Schmitt, CFP®, MBA, Vice President-Investment Officer, Accredited Domestic Partnership AdvisorSM & Kyle D. Young, CFP®, Associate Vice President-Investment Officer, Accredited Domestic Partnership AdvisorSM focus on Investment Planning and Asset Management Services for the LGBT Community. They have built a fully integrated practice centered around providing unbiased advice specific to those within the community. Kyle and Steven have made it a priority to work closely with other professionals such as estate planning attorneys, CPA's and insurance consultants who are knowledgeable regarding the unique needs of the community. Their client base currently consists of more than 95% LGBT couples and individuals from all corners of the country, in addition to several international clients. Steven & Kyle have presented across the United States for countless LGBT organizations ranging from Employee Resource Groups and corporate trainings to nonprofit community and religious groups. Their team currently practices in Short Hills, NJ

Together we'll go far



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How to Approach Transgender Individuals Seeking to Physically Transition

Maximilian E. Fuentes Fuhrmann, Ph.D.

According to the resolution on transgender, gender identity, and gender expression non-discrimination (APA, 2008), transgender individuals are at risk for discrimination from clinicians as well as the general public. When a transgender adult seeking physical transition contacts a psychotherapist's office, the person is often under the impression that psychotherapy is needed. The clinician may also share this assumption. Unfortunately, this is erroneous. There is no known empirically demonstrated effective psychotherapeutic treatment to change gender identity. There is also no empirically validated measure for assessing gender identity.

When one consults the Standards of Care (SOC) of the World Professional Organization for Transgender Health (WPATH,

2001), it becomes obvious what is recommended in this situation. Knowing the client requesting hormone replacement therapy for three months is suggested. This can involve an initial mental status exam, interviews with significant others, and referrals to support groups or other transgender individuals who can become a "big" sister or brother. I typically see an individual three times over this period. I may answer questions that concerned or confused family and friends may have. I also provide a letter for the client to carry in their wallet, describing what the individual is seeking to do for anyone, including law enforcement, who may be confused, or worse, ready to discriminate against the individual.

The SOC are international

guidelines and do not carry legal status, but a clinician not following them or lacking knowledge of their existence, could be viewed as not working in a "reasonable and customary" manner with these types of clients, which exposes one to legal liability. In a worst-case scenario, the uninformed clinician may be viewed by the client as a threat. In 1998, a psychotherapy trainee in San Diego was murdered by a transgender client, who felt the approach taken to their transition was less than satisfactory. Sadly, it appears that the supervisor of this trainee was not following the WPATH guidelines (Nangeroni, 1998).

"There is...no empirically validated measure for assessing gender identity."

Even when SOC documentation is utilized, it can be negated by the clinician's, often unconscious, pejorative approach to the client (Bettcher, 2009). For example, a tall transgender woman may be told she "will never pass" or a small transgender man may be criticized for his passivity. Unknowingly, clinicians may act as "gender police." These same clinicians would quickly admit that they would not question the gender identity of a tall non-transgender woman or a less than assertive man. Given the valence gender carries (e.g., one is still asked the sex of their child when pregnant) the clinician is likely acting out their countertransference on the client.

A clinician's lack of awareness of unrecognized inappropriate use of gender-based pronouns and expectations can compromise the trust of transgender adults seeking psychotherapy, or worse, be harmful to their desire to seek psychotherapy in the future (APA, 1992). At least since the time of Carl Rogers (1951), the need for unconditional positive regard has been seen as the cornerstone of the psychothera-

peutic bond.

The clinician's primary role in assessing transgender adults seeking physical transition is to evaluate the capacity to provide informed consent (Berg & Appelbaum, 2001; Faden, Beauchamp, King, 1986). At some future point, after a relationship has been established with the clinician, the client may seek psychotherapy to assist with the potential myriad of losses (e.g. job, family, income) and possible hate crime victimization. If the trust has not been established between the client and clinician, then clearly this would hamper the client from entering into psychotherapy and may taint their view of psychotherapists in general (Rachlin, 2002).

One method of assessing the capacity to provide informed consent for hormone replacement therapy or surgery is to perform a mental status exam and request that the client write a letter to the prospective physician describing what treatment or procedure they are seeking. The letter will also contain statements demonstrating awareness of the potential positive and negative consequences of the desired intervention. This approach helps to negate some of the valence of the clinician being the "gatekeeper" and allows the adult client to take responsibility for their request. The clinician then writes a letter of endorsement that the client has demonstrated the ability to provide informed consent. In the case of minors, medically delaying puberty until one is an adult may be the goal. The legal guardians along with the minor would then follow this same approach with the clinician to demonstrate the capacity to provide informed consent.

In the case of a client seeking surgery, the WPATH SOC suggests that two clinicians, who are not working together, provide an opinion of the individual's ability to provide this informed consent. Sometimes, the surgeon's office may contact either clinician to verify that each wrote a letter of endorsement. It is recommended, when possible, that the surgical candidate has lived as the desired gender for at least a year. In the case of some

Continued on Next Page

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transgender men, this may not be physically possible until after completing a mastectomy.

Given there is currently no formal graduate level training in applied psychotherapy specializing in gender identity issues, it is incumbent upon the clinician to familiarize themselves with the various hormone replacement regimens and surgical options. Some health care insurance plans are now beginning to cover medical treatments. If one has mental health coverage, then this can also be used. The WPATH listerv provides a wealth of consultation opportunities on an international and multidisciplinary scale. The WPATH conference, which is held around the world every two years, is an excellent chance to talk to seasoned health care providers in this field.

A great many transgender individuals are wary of psychotherapists, often because they complain of knowing more about their concerns than do the clinicians. They already face discrimination in housing, employment, ability to marry, and legally change their birth certificates in

some states, so it is vitally important that psychotherapists become allies to assist them on their courageous journeys to integrate their identities with their physical bodies (Fuhrmann, 1998).

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Executive Director

Chuck Stewart, Ph.D.

The following Board members have volunteered for the committees below, and any and all members are encouraged to join and/or contribute to as many committees as possible. Please contact Chuck Stewart, LAGPA's E.D., for details.

Committee Structure and Members Lists:

Membership – empty

Program

1. Education — Bruce Watkins
2. Social — Chuck Stewart (chair)
3. Conference — Alexander Yoo (chair), Bruce Watkins, Jen Durham, Monica Dremann, Thuy Cao

Communication Committee

1. Newsletter — Alexander Yoo (chair)
2. Outreach (includes booths)

By Law Revision — Alexander Yoo, Bruce Watkins

Make sure to read through this entire issue for the latest announcements and upcoming events.



NEW! LAGPA's Google Group
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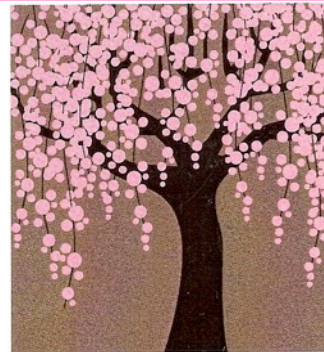
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Diversity and Disparity in LGBTIQQ* Health: A Series

**Lesbian, Gay, Bi/Pansexual, Trans, Intersex, Queer, and Questioning*

Rev. Alexander Yoo, M.Div., M.A., Co-President

Increasingly, different corners of the LGBTIQQ communities have seen an alarming increase in healthcare disparity. The various professional roles placing me among the most invisible and oppressed communities, personal and professional observations, and growing community outcry and outrage led me to the decision to introduce this multi-part series entitled, *Diversity and Disparity in LGBTIQQ Health*. This series will cover topics such as **The Queer Umbrella, Race and Ethnicity, Poverty and Class, Culture** – which will include Religion, Geographic Divides, and Generational Difference – **Age, Sizeism, and Disability**.

Before we can discuss these fairly broad topics of Diversity and Disparity, we need to establish some basic, introductory concepts at the heart of diversity and the disparity rampant throughout the LGBTIQQ communities, politics, and the healthcare system.

Terms Matter. Words Matter.

At least once a week, I receive calls from fellow therapists usually calling for referrals to other clinicians more aware of trans concerns because a trans person has just shown up at their door. When I check out their websites, however, often they will bill themselves an "LGBT therapist" of some kind. Yet when faced with an actual person of trans experience, they find themselves unable to provide basic therapeutic service.

What message do you send when you as a clinician, guided by ethics and laws of your profession, put forth language on your public materials that you have competency in a particular area that you in fact do not possess? Better to refer a client than treat some-

one you feel in good conscience you could not see, but better still to avoid using language casually and without care for consequences.

If you call yourself an "LGBT specialist," and do not have sufficient competency in any of the letters of the above acronym, do not list it, or preferably, get competency. This follows for all specialty areas, for any provider in any of the healing professions. (Ask yourself what constitutes competency.)

Words have the ability to further clarify an idea, experience, history, or identity. While words cannot fully encompass the complexity of a person's experience, honoring our history, struggles, communities, clients, and fellow Beings requires that we continue to grapple with our ever-changing understanding, the words that we use, and more

"If you call yourself an 'LGBT specialist' and do not have sufficient competency in all of the letters of the acronym, do not list it, or preferably, get competency."

importantly, those which individuals use for themselves.

A small sample of common identifying terms used within the LGBTIQQ umbrella:

Gendernormative
Heteronormative
Homonormativity
Heterosexism
Genderism

Sexism
Erasure
Cisgender / Cis
Gender Nonconforming
Passing
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Dyke
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Hapa

Do any of these terms threaten, anger, befuddle, alarm, concern, confuse, or amuse you? Any of them seem more suited for research, academia, or some elitist queer, ivory tower? Contrary to what many may think in LGBTIQQ mental and medical health, often far removed from the communities they serve, real people, from different classes, different levels of oppression and privilege, different educational levels, and different cultures and identities, use these words, and more, everyday.

The struggle to acknowledge or closely approximate a community or individual experience through our language ostensibly works at cross-purposes with ease of communication. Nevertheless, we have a mandate to use accurate words without sacrificing individual dignity. We have a responsibility, even if faced with momentary inconvenience, to use our wits and creativity to acknowledge, prioritize, and honor the human experience. (What mandate, you may be asking yourself. Good question.)

Inclusivity

The excuses that have arisen throughout history and that still make their way through the rumblings of the layers of

politics in health and inter/intra-community have never shown themselves to have lasting merit; excuses like, "We're too much for 'them' to handle right now," "We'll get to your needs later," or, "That sounds too academic, too inaccessible, they wouldn't understand," come from fear, internalized ____-phobia, and shortsightedness.

History tells us that allowing fear of calling possibly negative attention to ourselves, or "making waves," stop us from including anyone in our communities, particularly our most vulnerable members, does no one good.

Some examples:

- Gay men excluded and ridiculed dykes (and often still do).
- The feminist movement excluded queer women.
- Gay men and lesbian women shunned trans and gender non-conforming folks, when such individuals actually started and bore the brunt of the modern LGBT Rights Movement.
- Mono-sexually identified individuals (lesbian, gay, and heterosexual) denied the existence of and then derided bisexual and pansexual folks (and still continue to).
- Mental/medical health needs of genderqueer/gender non-conforming individuals and community too often are disregarded for "the larger trans narrative."
- People of Color (POC) remain invisible, nominalized, patronized, and tokenized throughout queer space.
- Our elders and our youth, especially those in deep poverty, as far as basic health care and human rights are concerned, do not exist.

And as a result, how often does "LGBT" in reality mean

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"rich gay white (cis) male?"

"Inaccessible?" There was a time when "LGBT" sounded "too academic," too scary, or too out of reach for the everyday person. Some people, yes, even on the Coasts, still ask for clarification. Our changing and evolving societal understanding, in turn informs our ideas of "normal." Take race, for an example. Tracing commonly used terms for African-Americans throughout the decades demonstrates how acceptability, nuance, and understanding all change with time.

Coined words and nomenclature enter common vernacular through active use. If we continue to allow our fear of the threat of this invisible lowest common denominator stop us from honoring the individuals and communities which trust us, and from which we come, how will they trust us to serve them?

When it comes to health disparity, or any disparity, does inclusivity not make more sense than exclusivity?

Appearance Does Not Equal Identity.

While tempting to equate physiology, fashion, stance, style, and mannerisms with identity, we do a disservice to individual experience, especially with underprivileged and oppressed communities within the LGBTIQQ umbrella. How you look does not equal who you are. Some examples:

- Racial and Ethnic Identity, especially when taking into account mixed race, intergenerational issues, and the human and political constructs behind race, have less to do with skin color, physical structure, hair color, and facial features than historical and sociological complexities.

- Gender Identity, Gender Expression, Masculinity/Femininity, and Maleness/Femaleness, certainly do not depend on one's karyotype, physiology, height, hair length, internal or external structures, clothing, sexual preference, sexual proclivities, facial features, or mannerisms.
- You cannot tell based on outward appearance, body shape, perceived racial attributes, or facial traits a person's health, level of disability, age, or medical history.

"The very nature of privilege...makes the bearer unaware that they possess it. Belonging to one or more minority groups does not grant immunity from the hazards of privilege."

Othering

While we all try to see the good in others and ourselves, how often do we think in terms of *them, those people, or not like me?*

The barriers to basic human rights and the disparities in health care take the form of insidious thoughts and ideology that come down to the *other* not being "____ enough," or "too ____." When we start seeing ourselves as "____-er than thou," when we start thinking in the I/Thou dichotomy rather than the global We, we draw lines of distinction, of otherness finer and finer, increasingly arbitrary and random, based on fear and chaos.

Privilege Matters

The very nature of privilege, advantages one group enjoys over others, or exemptions gained from certain burdens due to arbitrary and perceived distinctions, makes the bearer unaware that they possess it. Privilege happens systemically and contextually. Examples of privilege include white, male, cis, rich, passing, heteronormative, monogamous, vanilla, and so forth. Be aware that belonging to one or more minority groups does not grant immunity from the hazards of privilege. For example, gay white cis heteronormative men might belong to a sexual minority but might also benefit from passing privilege (in this case, appearing straight), racial privilege, and male privilege.

Examine your life and yourself. Ask questions. Be vulnerable, and share your vulnerabilities. Acknowledge that people with privilege have the luxury of exposing vulnerability in a measured environment such as a classroom or group discussion, but those without privilege, the disempowered, poor, and oppressed – your fellow Beings – experience that vulnerability in some form or another all the time.

Know the difference between empty platitudes like "I accept everyone," "I view people as people, not as labels," "There's only one race – the human race," and actually knowing the individual histories, cultures, values, philosophies, genders, experiences, feelings, pains, and joys of those whom you claim to accept.

How are issues of class, poverty, race, education, religion, culture, ethnicity, age, disability, gender, size, and geographic divide unknown or in-

visible to you? How do you experience privilege in your life?

More about Alexander

Lately, I have been thriving my business as an organizational community psychological consultant working with universities, private companies, non-profits, physicians, and medical clinics with organizational development, diversity, efficiency, and front/back office medical training from a client/patient/patron-centered model. I'm also an ordained clergyperson and hospice chaplain. Sometimes I like to say that I work with the dead when people ask what I do, as a joke. I have personal and professional experience with the gender component of the LGBTIQQ, yes, but also deep professional and personal knowledge of all the letters of the aforementioned acronym, the lesbian, gay, bisexual/pansexual, intersex, Queer, and questioning components of the queer umbrella. I also serve quite a few gender- and hetero-normative folks as well. Great lack and need propelled me into LGBTIQQ mental and medical health advocacy, training, and consultation, especially educating health providers – therapists, clergy, and physicians – on the mental, spiritual, and medical health needs of the full spectrum of gender and sexuality. You may not know that as a clinician, my interests include addiction, ethnicity and race, especially across generations, youth, elders, aging, death, grief, size-acceptance, and HAES (Health At Every Size). Another area where I receive a lot of calls, both from clients and other clinicians asking for consultation, is in so-called alternative sexualities, like SM, leather communities, and polyamory/non-monogamy. You can reach me, your new Co-President, at 310-773-3484, consultingpsychology@alexanderyoo.com or therapy@alexanderyoo.com



LAGPA Believes in LGBT Cultural Competency

A copy of a letter sent to Senator Kehoe on behalf of the membership of the Lesbian and Gay Psychotherapy Association, Inc., and a Call to represent LAGPA and the LGBTIQ community at a State Senate hearing on April 11, 2011.

LAGPA NEEDS YOU STATE SENATE BILL 747 MANDATED LGBT CULTURAL COMPETENCY

Equality California and State Senator Christine Kehoe are sponsoring a bill to mandate LGBT cultural competency continuing education. On April 11, 2011, the state senate will hold a hearing to discuss the bill.

This is an historic event. LAGPA is convinced that this bill takes an essential step towards ending discrimination against LGBT people. This bill provides for additional education for those providing mental health care to LGBT people, their children and their families. Graduate school curricula are woefully inadequate in providing this education. Mandated continuing education in LGBT issues is our only hope.

Mental health practitioners in California are invited to speak for two minutes at the hearing. Is this something you want to do?
If so, please contact your board, immediately.

March 31, 2011

The Honorable Christine Kehoe
State Capitol Building, Room 5050
Sacramento, CA 95814

Re: SB 747 – LGBT Cultural Competency (Kehoe) - Sponsorship

Dear Senator Kehoe,

I am a clinical psychologist in private practice in West Los Angeles, California for the last thirty-eight years. I am also co-president of the Lesbian and Gay Psychotherapy Association of Southern California (www.lagpa.org). LAGPA joins with me in sponsoring your bill, SB 747 LGBT Cultural Competency (Kehoe).

Founded in 1992, the Lesbian and Gay Psychotherapy Association of Southern California, Inc. (LAGPA) is an organization of mental health professionals interested in the psychological well being of gays, lesbians, bisexuals, and transgender individuals. LAGPA provides a wide variety of activities designed to strengthen professional knowledge and competence in

Continued on Next Page

the provision of mental health services. LAGPA exists to join mental health professionals together for academic and social events, to provide educational community outreach, and to foster and promote a positive identity for members of the gay, lesbian, bisexual and transgender community. Our current membership includes approximately 140 professionals and students, and we have a database of LGBT supportive psychotherapists of about 800.

SB 747 would require regulatory boards that license or certify health care personnel to require continuing education on lesbian, gay, bisexual and transgender (LGBT) cultural competency in health care. It would also authorize boards that certify and license medical and mental health professionals to grant continuing medical education (CME) credit, or equivalent credit, for LGBT health care cultural competency training.

As you know, Proposition 8 removed the right to marry from LGBT people. The various mental health disciplines are in a turmoil concerning LGBT rights. The California Association of Marriage and Family Therapists refused to take a stand against this proposition. For LGBT people, this means that marriage and family therapists are against LGBT marriage. This does not encourage LGBT people to seek help from mental health practitioners in California; even though they may need this help.

Furthermore, the NASW took a position against Proposition 8 and contributed money. The LGBT community, as consumers, look for therapists and businesses that are LGBT friendly. In the case of seeking psychological services, LGBT consumers look for therapists who are either LGBT themselves, or LGBT informed. Therefore, we believe that in the midst of this psychosocial crisis, a readiness has emerged among mental health practitioners to be educated about LGBT issues and culture.

A mandated LGBT issues class would benefit both straight and LGBT therapists. Many straight therapists see LGBT clients. How can they do that without the fundamental knowledge of LGBT issues and culture? What does the only therapist in a small town in California do when an LGBT person presents themselves for help?

If the state legislature were to mandate a required LGBT issues class, such classes would soon proliferate throughout the state, and every therapist, in both large cities and small towns, could be easily informed.

You will be bringing both straight and LGBT therapists together in these classes. Together, they will openly learn and discuss LGBT issues. Think of the healing effect that this will have on both parties. Homophobia will be mollified on both sides.

This will embolden LGBT therapists. For some of them, who are closeted, they will be encouraged to step out, for the first time, and participate fully in their profession. What could be more harmful to an LGBT client than a closeted therapist?

LGBT culturally competent therapists benefit their clients and their communities by providing effective psychotherapy with LGBT people and their extended families. This improves relationships and lives and reduces mental health problems, relationship crises, and domestic violence.

The Lesbian and Gay Psychotherapy Association (LAGPA) is convinced that your bill takes an essential step towards ending discrimination against LGBT people. Your bill provides for additional education for those providing mental health care to LGBT people, their children and their families. Graduate school curricula are woefully inadequate in providing this education. Mandated continuing education in LGBT issues is our only hope.

Very sincerely yours,
Bruce R. Watkins, Ph.D.
Rev. Alexander Yoo, M.Div., M.A.
LAGPA, Co-Presidents





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LAGPA and SCLMA Winter Social, 2010


Photos contributed by Rick Tan, M.D.



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A leading Gender Diversity clinician, Alexander educates medical and mental health providers on gender issues and administrative practice. A nationally recognized author and educator who has appeared in print and on radio, film, and television, he provides sensitivity, cultural competency, and EEO Compliance training as an organizational development consultant to businesses, institutions, health providers, and educational systems.

From The Editor

Just a few suggestions, ideas, and reminders:

Write for the PN.

AS ALWAYS, we are interested in what you have to say. Adding your perspective can boost your practice and tell your colleagues, potential referrers, more about you. Literally thousands of people see the content in the Progress Notes, every month.

Keep your ad current.

Those of you who paid for a year's worth of print advertising, you have the responsibility to ensure accuracy when first submitting the ad and throughout the year.

Submitted a Classified? We offer this service free to members and at a very affordable rate to non-members (\$15). Please make sure to contact us when you no longer need to run your original classified

ad.

While the Communication Committee is looking for one or two volunteers to call current and ongoing print and classified advertisers, ultimate responsibility for relevance and accuracy rests on YOU.

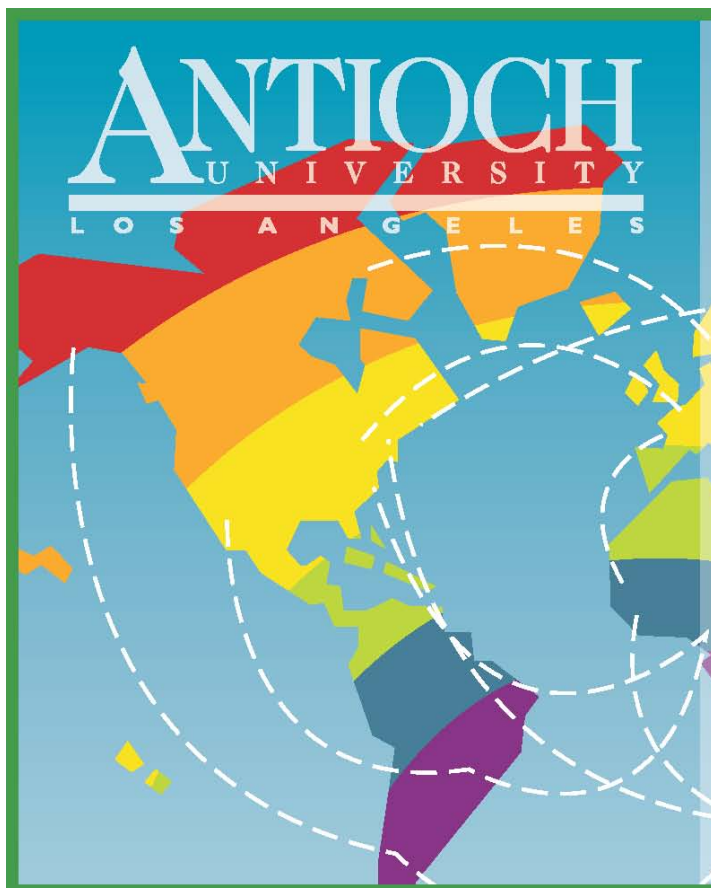
That said,

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The Communication

Committee needs YOU.

We're looking for one or two volunteers to help keep ads current, and also to solicit new advertisers. If a little gentle confrontation does not scare you (and if it does, please see our online directory for a whole list of fellow therapists whom you might find helpful at www.lagpa.org), please contact Chuck (lagpa@sbcglobal.net) or Alexander.



Antioch University Los Angeles

Our current M.A. students

- Alicea Bailey
- Alonso Bautista
- Alton Carswell
- Monica Leon

Invite you to their innovative LAGPA 2009 conference presentation on multicultural LGBT issues:

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NOW, complete online registration.
Visit **www.LAGPA.org**.

More than 12,000 individuals visit the LAGPA website each month, many searching for a therapist. Become a member and list your services with our directory.

LAGPA MEMBERSHIP BENEFITS

- Notification to all LAGPA events
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ABOUT LAGPA

LESBIAN AND GAY PSYCHOTHERAPY ASSOCIATION OF
SOUTHERN CALIFORNIA, INC.

MEMBERSHIP INFORMATION

The Lesbian and Gay Psychotherapy Association of Southern California, Inc. (LAGPA) was established in 1992 as an organization of mental health professionals interested in the psychological well being of lesbian, gay, bisexual, and transgender individuals. LAGPA provides a wide variety of activities designed to strengthen professional knowledge and competence in the provision of mental health services. LAGPA exists to join mental health professionals together for academic and social events, to provide educational community outreach, and to foster and promote a positive identity for members of the GLBT community. LAGPA membership benefits include discounts to all LAGPA events, including academic forums, social events, professional women's events, and the annual Gay and Lesbian Pride Conference. In addition, members also receive LAGPA's quarterly newsletter *Progress Notes*, a LGBT resource directory, membership listing on the LAGPA website (www.lagpa.org), and the on-line LAGPA membership directory. LAGPA is an accredited provider of continuing education for psychologists, licensed clinical social workers, and marriage and family therapists. For further information, our website at www.lagpa.org

MEMBERSHIP TYPES:

\$110	Regular:	A currently licensed mental health professional
\$110	Associate:	Individuals interested in the field of psychotherapy but who are neither students nor interns nor licensed professionals
\$50	Student:	Unlicensed students and/or interns earning less than \$ 20,000 annual income
\$50	Retiree:	Individuals who were once practicing mental health professionals, now retired and no longer working
\$300	Institutional:	Organizations interested in the mission of LAGPA and wanting to support that mission through financial sponsorship

www.lagpa.org

LAGPA on Facebook

www.facebook.com/pages/Lesbian-and-Gay-Psychotherapy-Association/186069348971

Or search for "LAGPA" on Facebook.

LAGPA now has a Google Group!

<http://groups.google.com/group/lagpa>

Engage in community discussion, and post jobs, office vacancies, workshops, and other events relevant to LGBTIQ mental health professionals.

Progress Notes

A quarterly publication of the Lesbian and Gay Psychotherapy Association of Southern California, Inc., an organization dedicated to the promotion of lesbian, gay, bisexual, and transgender psychology, by supporting and serving the mental health professionals who work within the lesbian, gay, bisexual, and transgender community.

Winter/Spring, 2011

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SEEKING CONSULTATION or SUPERVISION

Wanted: Psychologist supervisor that can bill Medicare in Tarzana, CA: 420074

Hello, I am interested in starting a small psychotherapy clinic in Tarzana, CA. I am looking for a licensed psychologist that can provide supervision and bill Medicare. Please let me know if you or someone you know is interested.

Thank you, Natalie
nataliejoon99@yahoo.com

Seeking Consultation

I am a member of LAGPA and I am very interested in joining a clinical consultation group. Does LAGPA offer this or do you have any referrals? I greatly appreciate your time and hope all is well.

Best, Raymond Lamb, L.C.S.W.
lambclsw@gmail.com

THERAPY

Over-40 Gay Men's Group

Ongoing group for gay men confronting the challenges of aging in a youth-oriented culture. All gay men over age 40 are welcome. Topics of discussion range from sex/intimacy issues to career and life goals. The group meets Fridays at 7:30 PM in West Hollywood; each session is \$40. An 8-week commitment is required. For more information, please contact Michael Liberatore, M.A., M.F.T.I. #IMF-57834 at 310-497-7682. Group is under the supervision of Tony Zimbardi, Psy.D., M.F.T. #33579

Gay Men's Growth Group

(Studio City)

This is an ongoing men's group, which focuses on personal issues that lead toward better relationships with oneself and others. This is a group for serious minded men regardless of age, HIV or relationship status. Tuesday/Wednesday night in Studio City. \$35 per session. Contact Sandy Kauf-

man, M.F.T. at 818-761-4200

Gay Men's Group

(Beverly Hills)

The Center for Cognitive Therapy in Beverly Hills is now running a Gay Men's Group on Mondays from 7:30-9PM. If interested, please call Joel Becker, Ph.D. (PSY11680), 310-858-3831.

Ongoing Gay Men's Therapy Group

(West Hollywood)

Now accepting new participants! Meets every Wednesday evening from 8:00 to 9:30 PM; \$50 per session. Group therapy is a helpful adjunct to individual therapy. Consider the benefits for your clients: learning to directly and healthfully express feelings; building self confidence and self esteem; feeling more comfortable in groups, relieving feelings of shame and isolation. Contact: Mark Reina, M.F.T., CGP at 310-366-5494.

Gay Men's Psychotherapy Group

Psychodynamic group focuses on Gay empowerment, recovery from trauma and co-addiction, compassionate self-care, mindfulness, building intimate relationships. Fridays, 6 PM, \$50. For more information, please call: Matt Silverstein, M.F.T., 310-842-6124 (License #MFC38474).

Mixed Groups

Mixed psychotherapy groups for well functioning men and women with a focus on relationship, intimacy, sexual, family, and career issues. Yalom model. Monday and Wednesday evenings led by Raymond Bakaitis, Ph.D. For more information, please call 310-841-6870.

Social Anxiety Group

This group will be making use of the latest empirically validated treatment for social anxiety. The group will be mixed (both gay, lesbian, and straight clients) and time limited to 10-12 sessions. Contact Joel Becker 310-858-3831.

Classified Ads continued from previous page

Emotional Regulation Skills Group

This group that is based on the work of Marsha Linehan, Ph.D. with patients who have the diagnosis of Borderline Personality Disorder. It is appropriate for all clients who have problems in this area, which may include patients in a wide range of disorders including substance abuse, etc. This group is adjunctive and the client must have a primary therapist who will remain in the picture as "therapist of record." Contact Joel Becker 310-858-3831.

Women Over 40

Support and process group intended to allow women over 40 years of age to discuss coming out, making new connections, and more. Married and unmarried women are welcomed. Wednesday nights from 7:30 PM to 9 PM. \$35/session. Contact Emily Moore at 626-793-1078.

Ongoing Gay Men's Therapy Group

(Pasadena)
Great group for therapists. Wednesday night group (7:30 pm to 9:00 pm) currently has openings. The fee is \$45. The group works to understand how they are relating within the group and how that is reflected (or not) in relating outside the group. Career blocks, fears, anger, the addictive process, and self-esteem issues are also part of our focus. Therapist uses primarily psychoanalytically oriented techniques and has a certificate from the Institute of Contemporary Psychoanalysis. Contact Roger Winter, M.A., M.F.T. 626-440-9898 x2 (MFC28821)

SASS Group (Sexual Abuse/Assault Survivor's Support Group)

Group for women who have been sexually abused, experienced incest, raped, sexually assaulted, exposed to adult sexuality too young, used in child pornography, or who have been or who are currently being stalked. Closed group of 6 or less. Must be willing to make a minimum of a 6-month com-

mitment to the group and attend on a regular basis. Group meets every other Sat 1-3. Call Cindie Henrie at 323-829-3548

Extreme Abuse Survivor's Group

Group for women who have posttraumatic stress disorder and are survivors of childhood/adult abuse and/or other traumatic events. This group is a process group for women who have survived multiple abuses that were violent in nature. Excellent for getting support and learning effective coping skills and strategies. Closed group of 6 or less. Must be willing to make a minimum of a 6-month commitment to the group and attend on a regular basis. Meets every Wed 8pm. Call Cindie Henrie at 323-829-3548

TransWoman Support Group

Group for transsexual women who are in the process of transitioning from male-to-female who are at different phases of their transitioning process. This is a highly supportive process group! Closed group of 6 or less. Must be willing to make a minimum of a 6-month commitment to the group and attend on a regular basis. Meets every other Sat from 10am-12pm. Call Cindie Henrie at 323-829-3548.

Significant Others Support Group (SOS Group)

Group for women whose significant other has a gender identity issue or is gender variant. Partners may be transsexuals, transgender, intersexed, cross-dressers, gender-queer, or transvestites. They can be either male-to-female or female-to-male. Group meets every 2-3 weeks depending upon availability of group members. Closed group of 6 or less. Must be willing to make a minimum of a 6-month commitment to the group and attend on a regular basis. Call Cindie Henrie at 323-829-3548.

Healing and Freedom from Critical and Controlling Parents and/or Partners

Group for women who were

raised by critical, controlling and/or narcissistic parents or who are in relationship with critical and controlling, narcissistic partners. Most women in the group have found that their self-esteem has suffered tremendously as a result of being emotionally and verbally abused, criticized or controlled in their lives. Excellent group! Closed group. Must be willing to make a minimum of a 6-month commitment. Meets every other Sat from 3pm-5pm. Call Cindie Henrie at 323-829-3548.

Psychotherapist Supervision/Peer Consultation Group

Supervision/professional peer consultation group for therapists who are interested in trauma, feminist therapy, gay and lesbian issues, gender identity issues, dissociative disorders, or who want to learn more and consult on cases. Lots of great information will be discussed, presented and explored! Come be creative, get support, and enjoy an intimate process group with other therapists. Date/Time TBD. Call Cindie Henrie at 323-829-3548.

EMPLOYMENT

Psychotherapy Bookkeeper Position

Must be able to add existing client files to software program called "Therapist Helper." Call Mike Fatula M.F.T. at 323-876-8861 or 323-422-9433 business cell phone. (I am live on business cell phone at 5 minutes before any hour 10AM-10PM Mon-Fri).

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pants (including gay, LGBT communities), staff, and supervisors: good charting skills: review, and assessment forms for accuracy, and internal risk behaviors: moderate to advanced computer skills; work flexible hours to accommodate project needs; complete and be certified in HIV Counseling and Testing. English/Spanish Bilingual skills preferred. No calls; please email resume to: rbcfranks@gmail.com.

Part-Time Office Help

Part time office help needed, 10-15 hours weekly, in Beverly Hills. Familiarity with ShrinkRapt billing software helpful. Contact Dan Fast, M.D. at 310-246-1040

OFFICE SPACE

Carthay Circle/Mid-Wilshire

Beautiful offices with east facing view available in the Carthay Circle/ Mid-Wilshire area at 6310 San Vicente Blvd. Suite 401, Los Angeles, CA 90048. One full-time unfurnished office (170 square feet) is available for \$1000/month, or one hourly furnished office (150 square feet) for \$15/hour. Free wireless internet and printing, fully stocked kitchen with break area, locked file space, a nicely decorated waiting room, access to a furnished group room, a café on the first floor, and convenient street or structure parking. Keycard included with rent, parking available for monthly fee. Email Dr. Halle Aten at halleaten@gmail.com or call 310-339-2546 to tour the space.

West Los Angeles

/Westside Pavilion adjacent

Part-time office space available in suite designed by therapists for therapists. Full/half days in windowed and interior offices in 2-story, modern building (built in 2008). Very good soundproofing, easy parking options, call lights, separate exit, wireless. Call 310-281-8681 or email

an-drew@westsidetherapist.com.

Studio City/West Holly-

Classified Ads continued from previous page

wood

Ideal office set-up for newly licensed therapist or therapists who would like to apply for networks: For a little over \$100 a month, you could have one office in LA. For a little over \$200 a month, you could have two offices in LA, one in Studio City and one in West Hollywood! And having two offices is a plus for applying for insurance panels, as is working with special communities. Call Mike Fatula, M.F.T. 323-876-8861.

Beverly Center

Part-time mornings and Friday-Sunday. Quiet small secured building near Beverly Center, 24/7 access, private climate control, windowed charming comfortable large furnished office, good size for groups, shared waiting room with call light, sound proofed, plenty of parking (free or metered), utility room with fridge, micro, copier, printer, file drawers. Call Steve Kadel 310-228-3676.

Beverly Hills

Office space available for lease in medical building in Beverly Hills. Suitable for consultations, counseling, presentations, or auditions. Monthly rent: \$1333 (one year contract). Two hours free public parking in addition to street parking. Call Eric at (323) 528-8206, or send email to chantalralland@gmail.com

Encino

Prime Encino office space now available. Newly remodeled suite in therapist-friendly building. Full and part-time space for sublet in both windowed and interior offices facing Encino Hills. Freeway-close to the 101 and the 405. Very good soundproofing, easy parking options, call light system, separate exit. Contact 310-281-8681 or an-drew@westsidetherapist.com.

Studio City / Valley Village

Charming quiet garden setting office with private waiting room, bathroom, and kitchen. Bright, windows that open, air conditioning, close to freeway, and free parking. Available part-time. Please call Dr. Stacy Berlin 310-

442-6466.

West Los Angeles

Charming courtyard building on Westwood Blvd., just south of Wilshire. Bright and beautifully carpeted and furnished. Call light system. Private exit. Collegial atmosphere. Part time or half time. Call Elaine Schulman 310-475-0674.

West Los Angeles

Beautifully decorated, windowed, freeway close, disabled access, call lights, separate entrance/exit, security building. Available AM's every day, all day Thursday and Saturday. Contact Renee R. Sperling, L.C.S.W. at 310-470-3450.

West Hollywood

Newly remodeled, beautiful, quite, F/T or P/T psychotherapy office space in 2-office suite in centrally located professional building in the heart of West Hollywood. Office is newly painted and carpeted with soundproofing. Separate, enclosed waiting area with call light system. Off-street parking available. One office is unfurnished and available full-time. One office is furnished. Both offices have windows overlooking lots of greenery. Gay affirmative practice and environment. Rent varies according to usage. \$300/day per month P/T and \$1000 FT. For more information, please contact Matthew Silverstein, Ph.D., M.F.T. 310-842-6124 or msilversteinmft@aol.com.

West Hollywood

Prime therapy office for evenings and weekends. Beautiful space is available Monday through Thursday evenings from 6PM to 9PM or 6PM to 10PM, and all day Friday, Saturday and Sunday. This French-windowed corner office is elegant and tasteful; furnished with antique oak wood furniture, rich brown leather couch/chair, and warmly painted walls. It also has a desk and a consulting area which makes it more spacious. There is a shared waiting room and a copier/refrigerator room. Friendly colleagues. High-end security building on designer row. Other offices within the building con-

sist of psychotherapists, psychiatrists and writers. Street parking is free on Robertson after 6PM. If interested please call Paul Oberon, Psy.D. at 310-659-0509. Required blocks of time: 6PM to 9PM or 6PM to 10PM.

Monday/Tuesday/Wednesday/Thursday or 4-hr blocks for Fridays through Sundays, (example 9AM to 1 PM or 1:30PM to 5:30PM); \$25/hour (non-negotiable).

West Hollywood/San Fernando Valley

Quiet Garden Courtyard of therapists, designers, and writers near Cedars-Sinai and Thailians. Also office space on Ventura Blvd. near Laurel Canyon (Studio City).

- Quiet, garden courtyard; one story building; 24/7 access & AIR
- Windowed, private waiting room; sound-proofing & call-light systems
- Windowed & skylighted private therapy office
- Separate entrance-exit; separate restrooms for clients & therapists
- High vaulted wooden ceiling/new wood window blinds
- Utilities included with reasonable rent; private, covered, well-lit parking
- Easy canyon access to San Fernando Valley
- Recently remodeled to psychotherapy specifications. Reasonable rates (utilities included). Call Mike Fatula at 323-876-8861.

Got Something to Advertise?

Then use the Classifieds to reach tens of thousands of mental health professionals.

Placing an ad is **free** to members.

CALENDAR OF EVENTS

MAY 15, 2011

LGBTIQ Mediation and Psychotherapy

Diana Mercer presenting
Sunday, May 15, 2-4
Hors d'oeuvres Reception After
608 N. Hillcrest Road
Beverly Hills, CA 90210
\$15 for members; \$20 for non-members
R.S.V.P. to
lagpa@sbcglobal.net.

JULY 10, 2011

Contemporary Thoughts on Bisexuality

Mary Andres presenting
Sunday, July 10, 2-4
Hors d'oeuvres Reception After
608 N. Hillcrest Road

Beverly Hills, CA 90210
\$15 for members; \$20 for non-members
R.S.V.P. to
lagpa@sbcglobal.net.

AUGUST 28, 2011

Law and Ethics by Larry Hedges

Antioch University, Los Angeles,
A1000
6 CE credits
9 AM to 4 PM; includes lunch
More details to be determined

SEPTEMBER 11, 2011

LAGPA/SCLMA Summer Pool Party

608 N. Hillcrest Road
Beverly Hills, CA 90210
More details forthcoming

OCTOBER 22, 2011

LAGPA at LACPA

LAGPA booth and workshop at
Los Angeles County Psychological
Association's Annual Conference

WINTER, 2011

LAGPA/SCLMA Winter Social

LAGPA and gay doctors' winter
party
Details TBD

POLICY FOR MAILING LISTS AND FLYERS

LAGPA does not sell or give out its mailing list (in any form) to any person, group or organization. If you would like to send an electronic mailing to the membership you must send us the text, graphics, URLs, and any accompanying attachments you wish to send so our Editor, Alexander Yoo, and the rest of our Board may review it. Rates for this type of service are: Members \$125.00 per mailing; Non-Members \$175.00 per mailing. We strongly suggest you place an ad in the *Progress Notes* rather than create a separate mailing. Members may bring flyers to LAGPA events and place them on tables where participants can pick them up.

The Board reserves the right to refuse to e-mail, include in the *Progress Notes*, or display any material it deems inappropriate or offensive to its membership, or in direct conflict/opposition to the purpose/ mission statement of the organization. For more information please contact our Executive Director, Chuck Stewart. The purpose of a newsletter is to provide specialized information to a targeted audience. Newsletters provide a great way to market your product or service, to create credibility, and to build your organization's identity among peers, members, employees, or vendors.

First, determine the audience of the newsletter. This could be anyone who might benefit from the information it contains, for example, employees or people interested in purchasing a product or requesting your service. You can compile a mailing list from business reply cards, customer information sheets, and business cards collected at trade shows, or membership lists.

Next, establish how much time and money you can spend on your newsletter. These factors will help determine how frequently you publish your newsletter and its length. You should publish your newsletter at least quarterly so that it's considered a consistent source of information. Your customers or employees will look forward to its arrival. ▼

Join the Board.

**Join the
Excitement.**

In this Edition of Progress Notes...

- ▶ Executive Director Report
- ▶ NEW! LAGPA Google Group! Discussion, Announcements
- ▶ LGBTIQ Meditation and Psychotherapy: 2 CE, 5/15/11
- ▶ Approaching Trans Individuals Seeking Physical Transition
- ▶ Introducing Your New Board of Directors, 2011-2012
- ▶ A Word From Your New Co-President
- ▶ Diversity and Disparity in LGBTIQ Health: A Series
- ▶ LAGPA Believes in LGBT Cultural Competency
- ▶ PHOTOS: LAGPA and SCLMA Winter Social, 2010
- ▶ From the Editor
- ▶ Classified Ads and Job Announcements
- ▶ Calendar of Future Events

[http://groups.google.com/
group/lagpa](http://groups.google.com/group/lagpa)

**JOIN LAGPA
Great Social
Events!
Education!**



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We're on the Web!
See us at:
www.lagpa.org
310-288-3465
310-838-6769 (f)