

T H E O R A N G E C O U N T Y P S Y C H O L O G I S T



OFFICIAL PUBLICATION OF THE ORANGE COUNTY PSYCHOLOGICAL ASSOCIATION
A CHAPTER OF THE CALIFORNIA STATE PSYCHOLOGICAL ASSOCIATION

May 1984

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OCPA Continuing Education Program

A BRIEF OVERVIEW OF TRANSPERSONAL PSYCHOLOGY

This seminar is intended to provide a brief history and overview of the emerging theories and techniques of transpersonal psychology and how to integrate them into traditional psychotherapeutic practice. Topics to be covered include:

1. Historical evolution of transpersonal psychology: From Freud to Wilber.
2. Empirical bases of transpersonal psychology: Sperry, Grof, Benson, Hilgard, Watson, Erikson, Capra, Pribram, Kubler-Ross.
3. Phenomenological domains of transpersonal psychology: Sleep, dream, trance, and altered states of consciousness; mystical, parapsychological, and near death experiences; reincarnation.
4. Western scientific vs Eastern philosophical assumptions: Space, time, form, mind, body, spirit, consciousness, awareness, being.
5. Transpersonal therapeutic techniques and attitudes: Role of cause, free will, hope, motivation, responsibility, desires, fears, ego, conditioning, observer-witness, hypnosis, relaxation, meditation, fantasy and imagery, holistic approaches.

PRESENTER: CHARLES W. DAY, PH.D. - CATEGORY A CE CREDIT AVAILABLE

Charlie has a private practice in Laguna Beach and is the Executive Director of Child Guidance Centers, Inc., in Santa Ana, Anaheim, and Fullerton. He received his Ph.D. from the University of Iowa, was an NIMH Postdoctoral Fellow at Cedars-Sinai Hospital, taught at several universities, directed a comprehensive substance abuse program, consulted with Headstart programs, and worked at the California Youth Authority. He is a member of APA, CSPA, OCPA, Assn. for Humanistic Psychology, Assn. for Transpersonal Psychology, Biofeedback Society of California, and listed in the National Register. He is President-elect, Program Chair, and Peace and Social Concerns Chair of OCPA and Ethics Chair and Board member of the Orange County Society of Clinical Hypnosis. He has presented papers about Transpersonal Psychology in the U.S. and India.

NEW DAY AND TIME:*

Date: Thursday, June 21 Time: 12 noon - 2 p.m.

Location: Santa Ana Psychiatric Hospital (Front Conference Room)
212 E. 4th St., Santa Ana (Exit 5 or 55 at Fourth)

Lunch can be purchased at the Hospital cafeteria and brought to the conference room for those who want it. Talk will begin at 12:30.

*A different time was selected to determine if more persons might be interested Thursday noon rather than Friday evening, when previously held. Let Charlie know if another time might be even better (953-4455) for future Continuing Education programs.

Update: An Invited Article

BEHAVIORAL MEDICINE: AN INTERFACE OF PSYCHOLOGY AND MEDICINE

Johanna Shapiro, Ph.D.

Over the past 10 years, there has been growing interest in the possibilities and potential of the integration of psychology and medicine. The term "behavioral medicine" is now frequently encountered, and the American Psychological Association has formally instituted a division of health psychology. However, there is still confusion in the minds of many practicing psychologists as to what "behavioral medicine," "health psychology" are all about; and what possible consulting and teaching options may be available to them as a result of these innovations in their own field.

Medicine is often conceived of as both a science and an art. Initially, through the work of Michael Balint, an English physician, and others, the insights of psychology were pursued by members of the medical community in an effort to codify, systematize, and teach the "art" dimension of medicine. Medical school curricula began to pay more attention to "psychological" aspects of health care; interviewing skills, listening skills, supportive therapy techniques.

Teaching the "art" of medicine, contributing psychological perceptions to the process of medical interaction is still an important part of the psychologist's potential contribution. However, there is increasing clinical and research evidence, derived from the application of psychological, nonpharmacological interventions to a variety of patient complaints and problems, that psychology has contributions to make not only to the art, but to the science of medicine as well.

In particular, the application of behavioral psychology and behavior therapy to medical assessment and treatment has shown much promise. Behavioral medicine was defined in 1977 by Schwartz and Weiss as "the field concerned with the development of behavioral science knowledge and techniques relevant to the understanding of physical health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation."

One of the assumptions of behavioral medicine is that there is not a clear distinction between physical and psychological medicine, and that patient symptoms are optimally treated through an integrated mind-body approach. With this in mind, techniques of behavioral analysis and management (including identification of target behaviors, analysis of conditioned and stimulus-controlled responses, principles of reinforcement and extinction, self-control skills, and functional analysis of behavior) have been successfully applied to a wide range of patient problems; management issues (notably adherence/compliance difficulties); treatment of medical and other phobias; preparation for hospitalization and surgical procedures; promotion of life-style changes to reduce risk factors associated with

cardiovascular disease or obesity; management of childhood disorders commonly seen by the pediatrician or family physician (e.g., enuresis, encopresis, eating disturbances, behavior problems, hyperactivity); management of psychiatric disorders associated with medical problems; psychosomatic disorders (e.g., anorexia, bulimia, headaches); insomnia, sexual dysfunction, phobias and obsessions; management of chronic pain; adjunctive management of certain cases of depression and anxiety; physical and emotional rehabilitation of the disabled and the elderly. Physicians are becoming increasingly aware that truly comprehensive health care in these and other areas involves inputs from specialists trained in principles of behavioral management.

One of the most promising aspects of behavioral medicine is the relatively short training time required to make a physician conversant with at least basic principles of behavior management and intervention. Thus a growing role for the appropriately trained psychologist is teaching aspects of behavior therapy in medical schools and residency training programs. A physician thus trained, or even a less well-trained physician working in conjunction with a behavioral consultant, can fairly easily incorporate beneficial behavioral adjuncts to his or her conventional treatment plan, with a resultant improvement in the overall quality of patient care.

References

Melamed, B.G., Siegel, L.J. Behavioral medicine. New York: Springer Publishing Co., 1980.
Stone, G.C., Cohen, F., and Adler, N.E. Health psychology. San Francisco: Jossey-Bass Publishers, 1979.

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Dr. Shapiro received her Ph.D. from Stanford University in 1975. She has been a faculty member in the Department of Family Medicine, University of California, Irvine Medical Center for the past 6½ years, where she directs a behavioral science teaching program for family medicine residents, and pursues her own research interests in the area of coping processes in families of seriously ill or handicapped children.

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ED Note: Anyone interested in more information about opportunities to pursue professional activities in the area of Behavioral Medicine should contact Dr. Shapiro at (714) 634-5171.

WHO WAS THAT MASKED MAN?

One man plus Courage
is a majority.

The Lone Ranger