

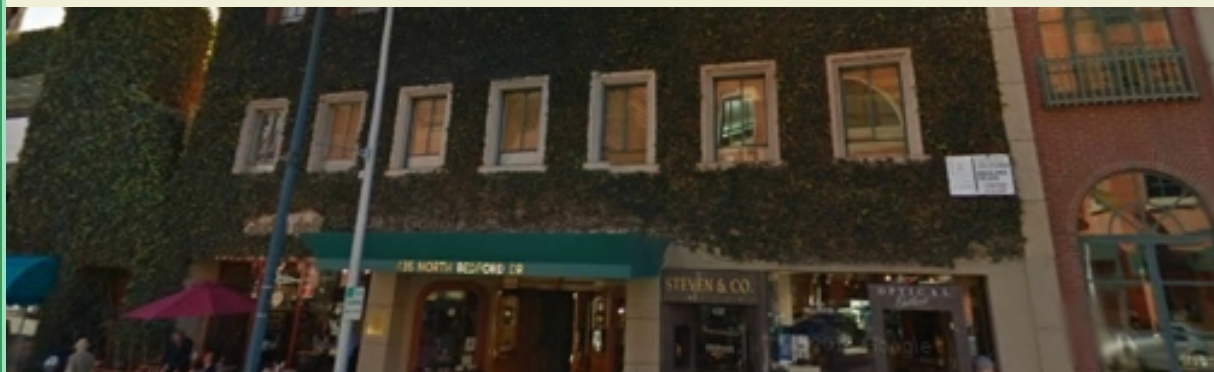
any just a reminder that you're receiving this e-mail because you have expressed an interest in Cognitive Behavior Associates. Don't forget to add rustywiggs@netscape.net to your address book so we'll be sure to land in your inbox!

You may [unsubscribe](#) if you no longer wish to receive our emails.

## CBA Summer Newsletter



Research-Based **Psychotherapy**  
with Measurable Results



### Special Announcement

Recently, CBA was approved as an internship setting for the USC School of Social Work. In addition to our intern from USC, we have also added two other students, which will create the opportunity for us to offer lower-fee services.

These services will be provided by trainees under the supervision of Dr. Joel Becker.

Please call to get more information about this opportunity.

### In This Issue: The DSM 5 Controversy

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### About Us



### Educational Offerings

#### **Cognitive Behavior**

**Associates** is one of the largest clinical practices in the Los Angeles area offering short-term, problem-focused therapy from a cognitive-behavioral perspective.

All of our treatments are based on scientific research, and we continually measure and quantify progress for each client so we know when therapy is working.

Each of our clinicians differs in areas of expertise and interest, and these factors are taken into account when matching a client with a clinician. All of our clinicians are Ph.D.-level and are licensed to practice in the state of California.

To learn more [click here](#)

Clearview Clinical Workshop Series presents:

# Individual Therapy in DBT:

Setting Up Treatment, Getting Behavioral Change,  
& Preventing Therapist Burnout

A two-day workshop with Charles Swenson, MD

Thursday, Sept. 26 & Friday, Sept. 27, 2013 | Los Angeles, CA  
Co-sponsored by The Cognitive Behavior Therapy Institute



CENTER FOR PSYCHIATRIC DISORDERS AND ADDICTIONS  
CENTER FOR BORDERLINE PERSONALITY AND EMOTIONAL DISORDERS

To register for this offering, please visit [www.clearviewtreatment.com](http://www.clearviewtreatment.com)

## CBT for Insomnia Program in Paris

### **Soundly Sleeping: A Cognitive Behavioral Program for Insomnia**

Dr. Becker will be offering a course in Paris, France about CBT for Insomnia (CBT-I).

The workshop will be offered October 11th, from 9:00am - 12:30pm for 3.5 CEUs.

The cost will be €85.

**Hotel Turenne Le Marais**  
6 rue de Turenne-75004 PARIS

To register for this offering, see our Facebook page.

## From the Director's Chair

*Joel L. Becker, Ph.D.*



### **DSM 5 Controversy**

The DSM 5 was published in May of this year and has met with a great deal of criticism including the NIMH rejecting the classifications for research. We need to be cautious in how we interpret the the new manual and be aware of the neurobiological bias (sometimes referred to as the medicalization of mental illnesses) that has dominated its development. We have found neurobiological effects and using neurobiological metaphors have been very effective interventions (e.g., telling patients that they may be "wired" differently reduces self blame). At the same time, we certainly DO want to give adequate emphasis to the effects of the environment and the psychosocial treatment approaches (such as Cognitive Behavior Therapy) that have been shown to be effective.

With regard to DSM 5, Richard Friedman (Professor of Psychiatry at Cornell Medical School) in the New York Times recently summarized the reasons to not

overemphasize neuroscience's contribution to mental health understanding

to visit our website!

## Our Staff

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Founder and Clinical Director of  
CBA & CBTI  
Clinical Professor, Dept. of  
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Associate Clinical Director, CBA  
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Thais Doyle, Ph.D.  
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Clinical Psychologist

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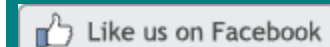
## New Trainees

Denica Gordon-Mandel,  
M.A.  
USC School of Social Work

Andrena McGroarty,  
PMHNP-BC  
Psychiatric Nurse  
Practitioner

Nina Hoffman, M.A.  
MFT-I

## Find Us



overemphasize neuroscience's contribution to mental health understanding and practice:

"Consider the new diagnosis of "disruptive mood dysregulation disorder" for 6- to 18-year-olds who have 'severe recurrent temper outbursts manifested verbally and/or behaviorally.' This would fit a very large number of cranky adolescents, who are famous for emotional extremes and outlandish behavior."

Even though this change was made to prevent the over diagnosis of Bipolar Disorder in children and adolescents, it leaves out the environmental causes like poor interactions between the child and their caretakers.

Another example is encouraging clinicians to diagnose major depressive episode as opposed to normal grief after only two weeks:

"...may be a boon to the pharmaceutical industry, which will no doubt sell more antidepressants and antipsychotics, but of dubious benefit to healthy people suddenly labeled with a psychiatric diagnosis."

Within the mental health community there has always been a division between those who tend to see things more from a biological basis and those who see things more from a psycho-social perspective. Friedman adds:

"Indeed, the official "Decade of the Brain," so designated by Congress and the first President Bush, ended 13 years ago. And while that decade (and the decade after that) did yield important findings in basic neuroscience, I am hard pressed to think of a single truly novel and effective biological therapy for any psychiatric disorder that has come of it."

"And even a definitive understanding of neurobiology would not necessarily shed light on the interactions between genetics and environment that lead to many mental disorders."

If you are interested, please read the article at:

<http://mwr.nytimes.com/2013/05/21/health/the-dsm-5-as-a-guide-not-a-bible.html?from=science>

## DSM-5 - How did we get here?

Melissa Magaro, Ph.D.

The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has been over a decade in the making and its release in May 2013 was met with much fanfare. Almost every major media outlet has covered the controversies and concerns surrounding the newest edition of psychiatry's classification system. Whether you are a proponent or a critic, it is useful to understand the process by which we have arrived at the DSM-5.

The process began in 1999 with the formation of a "Research Agenda for DSM-5" which laid the groundwork for the next decade of field studies, discussion and deliberation. The task forces and working groups were made up of 160 internationally known clinicians and researchers representing psychiatry, psychology, pediatrics, nursing and social work. The developers created an open forum for feedback throughout the process. As recommendations were issued from task forces, anyone could visit American Psychiatric Association (APA) website to see the proposed revisions and provide feedback; almost 10,000 comments were received by the time the process was complete.

You may have noticed that the newest edition has dropped the traditional

View our videos on YouTube

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You may have noticed that the newest edition has dropped the traditional Roman numeral in favor of a numeric indicator of the edition. According to the APA, this is a prelude to future editions and will allow for updates to the DSM between major revisions as scientific findings are published (e.g., DSM-5.2). While the final cost is unknown, it is estimated that the development of the DSM-5 will cost the APA between 20 and 25 million dollars. It will cost you about \$125 from most online booksellers.

## *Research Corner*

*Jayson L. Mytkowski, Ph.D.*



A long-standing criticism of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual (DSM) has been its attempt at fitting clusters of symptoms into discrete categories. Recently, the 5th iteration of the APA's DSM eliminated Asperger's Syndrome (ASP) and subsumed it under Autism Spectrum Disorder (ASD), along with Autistic Disorder (AD), Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified. According to APA, this move was to capture the 2 core features of the above disorders, which some believe is really just one condition with varying levels of severity: deficits in social communication/interaction and restrictive behaviors, interest, and activities (RRBs).

However, electroencephalography (EEG) research, measuring the amount of electrical signaling between brain areas, by Duffy and colleagues (2013) suggests lumping Asperger's patients (ASP) with Autistic (AD) ones might be premature and warrants further investigation. Specifically, Duffy demonstrated clear evidence of greater left hemispheric activity in ASP vs. AD patients, particularly in language ability centers in the brain. Rushing to group disorders, without further rigorous research, could lead healthcare professionals to miss or misunderstand important differences between the two disorders.

In sum, while the vast majority of psychiatric researchers believe there are enough similarities between ASP and AD patients to warrant grouping them together, recent EEG findings could argue that ASP patients are not just high functioning AD patients, but perhaps a physiologically different entity. The work of Duffy and his colleagues is an important reminder for our field to conduct unbiased, quantitative, and replicable research before making such major diagnostic decisions, for they have the potential of significantly impacting clinical decisions and outcomes.

Duffy, F. H., Shankardass, A., McAnulty, G. B., & Heidelise, A. (2013). The relationship of Asperger's syndrome to autism: a preliminary EEG coherence study. *BMC Medicine*, 11.