

Cognitive Behavior Associates

October 2010
Newsletter



Greetings!

Welcome to our Fall 2010 newsletter. With this issue we are beginning a new series of interviews with other clinicians and researchers in the Los Angeles area. These conversations may include discussions of the overlap between what these clinicians are doing in CBT, the description of new and interesting treatments, or exciting developments in research. We hope that by having these interviews and sharing them with others, we can further promote the practice of cognitive-behavioral therapies.

From the Director's Chair

Joel L Becker, Ph.D.

First in our new interview series is Dr. Berta Davis, a well-known clinician and teacher in the Los Angeles area as well as the former president of the Los Angeles County Psychological Association. Today Dr. Davis is talking with us about her work as a sex therapist and how some Cognitive-Behavior Therapy practices influence her work.



JB: Hello, and welcome Dr. Davis.

BD: Thanks Joel.

JB: Dr. Davis, can you tell us what it means to be a Diplomate of the American Association of Sex Educators, Counselors, and Therapists (AASECT)?

BD: AASECT is the governing body, which really makes sure that services are being provided to people who are struggling with issues of sexuality and intimacy. It is the only organization in the world which has set certain criteria which they feel are necessary when you're working with someone with problems in the area of relationships or intimacy.

JB: What are some examples of the kinds of problems that come to you under the heading of "Sex Therapy"?

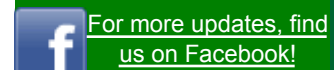
BD: There are really two major reasons why people come to see me. One, I would say that it is based on anxiety concerns or performance concerns. Specifically, people may



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About CBA

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, empirical research. We continually measure and quantify progress for each client so we know when therapy is working. All of our clinicians are Ph.D. level and are licensed to practice in the state of California. Each of our clinicians differs in areas of expertise and interest, and these factors are taken into

come to see me when there's so much chatter going on in their head, which really takes them away from the experience of delight, which sexual connection is supposed to be about.

The second area that's really a tremendous distress to so many people are issues connected to sexual desire . . . people will come to see me who are struggling because either their passion has changed, or they don't feel the kind of passion that they would like to feel for their partner. That whole area, the awareness of the lack of sexual desire or sexual passion, has really become a forefront for those of us working in the area of sexuality and relationships, and/or anxiety.

Another thing is we become very involved, at least I have, in the area of working with mindfulness, and mindfulness is so much based on staying in the present, staying in the moment, ridding one's mind of the chatter, ridding one's mind of planning on what's going to happen next, and just staying focused on the here and now. So these are two areas that I think are very similar.

JB: What it seems like you are talking about today would actually put you in the forefront of the newer cognitive therapies. So when you start to use terms like "mindfulness", of course that is part of what we call "Third-Wave" cognitive-behavior therapies. Is there anything in the mindfulness arena of cognitive-behavior therapy that you are aware doesn't carry over into sex therapy?

BD: I certainly know in my work that I believe so strongly in utilizing whatever techniques are available to be able to help the men and women who are struggling with themselves and each other, whether it be a cognitive-behavioral technique, or whether it may be an understanding of what's going on with the couple on a more intra-psycho or dynamic level, so I think it's really being open to whatever tools and techniques we have as a profession and to use them to the best of our abilities to help people who are struggling.

JB: What are your benchmarks in knowing what works?

BD: Benchmarks are what people feel like after they leave my office, the level to which they feel better about themselves, the level to which they feel better with each other, and the extent to which some of the symptoms that they've come in with no longer operate.

For a video of the full interview please visit our Youtube channel [here](#).

Dr. Berta Davis can be reached in her Beverly Hills office at **(310) 497-8813** or in her Encino office at **(818) 784-3959**. Dr. Davis can also be found online at www.bertadavis.com.

Research Corner: Social Phobia in Primary Care

Jayson L. Mystkowski, Ph.D.

Social Phobia (SP) is a prevalent disorder in primary-care settings. To date, few researchers have examined the natural course of SP in primary care. Recently, researchers at Brown University (Beard, Moitra, Weisberg, & Keller, 2010) examined the natural course of and predictors of recovery in a large sample of primary-care patients. 182 patients diagnosed with SP were followed for 5 years.

The results of their investigation showed that 40% of those initially diagnosed with SP got better, but the remaining 60% got worse, due to such factors as panic attacks, agoraphobic avoidance of anxious situations, and lower psychosocial functioning (e.g. poor stress management, difficulty taking care of activities of daily living) negatively impacted recovery from SP.* These results suggest that it is imperative that primary-care physicians and mental health specialists assess for and treat SP in their practices sooner rather than later.

***Beard, C., Moitra, E., Weisberg, R., & Keller, M. (2010). Characteristics and Predictors of Social Phobia Course in a Longitudinal Study of Primary-Care Patients. Depression and Anxiety, 27, 839-845.**

account when matching a client with a clinician.

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Social Phobia Treatment Group

Dr. Jayson Mystkowski has an on-going Cognitive Behavior Therapy group for individuals suffering with social anxiety. Research has shown that CBT is the most effective treatment for social anxiety. During group sessions, we teach assertiveness/social skills, relaxation and mindfulness techniques. By teaching methods of challenging distorted thinking, clients gradually begin to gain confidence in themselves, eventually allowing clients to face feared situations. With the skills taught during this therapy group, clients find that they can better manage their anxiety and feel more comfortable in a variety of social contexts.

For more information, contact Dr. Jayson L. Mystkowski at **(310) 858-3831 ext. 3.**

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