

SAN FRANCISCO  
CENTER FOR  
PSYCHOANALYSIS



San Francisco Center for Psychoanalysis  
2340 Jackson St., 4th Floor  
San Francisco, CA 94115

The San Francisco Center for Psychoanalysis is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The San Francisco Center for Psychoanalysis takes responsibility for the content, quality and scientific integrity of this CME activity.

**PHYSICIANS:** The San Francisco Center for Psychoanalysis designates this educational activity for a maximum of 3 credits *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

**LCSWs/MFTs:** The San Francisco Center for Psychoanalysis is a provider approved by the Board of Behavioral Sciences, Provider Number PCE623, for 3 CE# credits on an hour for hour basis.

**PSYCHOLOGISTS:** Psychologists attending SFCP events approved for CE credits may report *AMA PRA Category 1 Credit(s)*<sup>TM</sup> toward their CE requirements and are now able to directly submit their course credits and verification letters at the end of each renewal cycle using the MCEP credit reporting form that can be found on the internet at: [http://www.calpsychlink.org/accrediting\\_agency/files/MCEP\\_Reporting\\_Form.pdf](http://www.calpsychlink.org/accrediting_agency/files/MCEP_Reporting_Form.pdf)

**REGISTERED NURSES:** The San Francisco Center for Psychoanalysis is a provider approved by the California Board of Registered Nursing, Provider Number 02677, on an hour for hour basis.

Please note: This program has been approved for three CME credits.

## When Everything Shrinks Inside:

### Treating the Adolescent/Young Adult Eating Disordered Patient

December 6, 2008  
SFCP Auditorium  
2340 Jackson St., 4th Floor  
(entrance on Webster St.)  
San Francisco, CA 94115

## Registration Form

### When Everything Shrinks Inside

Many eating disordered patients use their bodies to express their state of mind. Others have a more complex array of symptoms and character traits. Often as clinicians, we are surprised by what we encounter as we start exploring with our patients, the behaviors and distressing thoughts that bring them to our office for consultation and treatment.

This conference is designed to acquaint and provide support for the clinician working with adolescent and young adult patients who present with multilayered symptoms including anorexia. We will address the treatment of those patients who challenge us as clinicians. Dr. Brady will present a paper entitled **Invisibility of the Self in an Anorexic Adolescent**. The clinical discussion by Drs. Kahn and Oelsner will focus on the moment-to-moment interactions within the analytic dyad during an intensive treatment.

#### Mary Brady, Ph.D.

Invisibility of the Self in an Anorexic Adolescent

#### Mirta Oelsner, M.D.

Discussion of Dr. Brady's Paper

#### Jana Kahn, Ph.D. & Mirta Oelsner, M.D.

Clinical Discussion

#### Robin A. Deutsch, Ph.D.

Moderator

### Program Schedule

8:30 - 9	Registration and Coffee
9 - 9:15	Welcome and Introduction <b>Robin A. Deutsch, Ph.D.</b> <b>Dena Sorbo, L.C.S.W.</b>
9:15 - 9:45	Invisibility of the Self in an Anorexic Adolescent Patient <b>Mary Brady, Ph.D.</b>
9:45 - 10	Discussion of Dr. Brady's Paper <b>Mirta Oelsner, M.D.</b>
10 - 10:15	Questions and Answers
10:15 - 10:30	Break
10:30 - 12	Clinical Discussion <b>Jana Kahn, Ph.D. &amp; Mirta Oelsner, M.D.</b>
12 - 12:30	Questions and Answers

3 CME Credits available  
No audio or video recordings will be allowed

### When Everything Shrinks Inside

Name _____		License# _____
Address _____		
City _____	State _____	Zip _____
Phone (day) _____		(eve.) _____
Fax _____	Email _____	
<b>Fees:</b>		
\$75 General (There is an additional \$10 charge for continuing education credits.)		
<b>Total Amount Enclosed</b>	\$ _____	
Check Enclosed	Visa/MasterCard	
Credit Card Number _____	Exp. Date _____	
Date _____	Signature _____	
Billing Address _____		

**Mail or Fax Application and Payment to:**  
SFCP  
2340 Jackson St., 4<sup>th</sup> Fl., San Francisco, CA 94115  
Phone 415-563-5815/Fax 415-563-8406  
E-mail: [finance@sf-cp.org](mailto:finance@sf-cp.org)  
[www.sf-cp.org](http://www.sf-cp.org)

**Cancellation policy:**  
**No refund for cancellation**