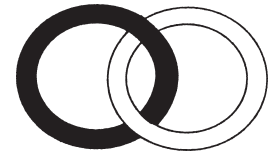


The Redwood Empire *Therapist*



REDWOOD EMPIRE CHAPTER CALIFORNIA ASSOCIATION OF MARRIAGE & FAMILY THERAPISTS

OUR NOVEMBER PRESENTATION

ASSESSING YOUR CLIENT WITH THE SSDI PROCESS



Steven H. Berniker, JD will be our presenter this month on November 11th, providing us with information about Social Security Disability Benefits. He will explain the SSDI process and describe how he advises clients on obtaining SSDI based upon psychological disorders. He will address the issue of the addicted client's ability to obtain SSDI. He will also discuss the role of therapy in this process and will be available to answer our questions on how best to advocate for our clients. Please join us for an informative dialogue on this complex issue.

*President's Message*  
-by Diana Poulson, MFT

Greetings RECAMFT

It's hard to believe the holiday season is here again. I wish you peace, joy and unhurriedness, if that's possible. I am very pleased to introduce our new Administrative Assistant, Diane Moore. Diane comes to us with superior skills and an intensive background. We are truly fortunate to have her.

Some Thank You's: Tamar Berg, for accepting the Hospitality Chair position. Thanks to Tamar, we will continue to have tea and snacks. Joan Logan, for hosting our Potluck Board Meeting in her beautiful vintage home. (And thank you Judith in advance for November.) Joan Logan and the Conference Committee, Carol Robinett and David Coolidge for our successful Law and Ethics Conference. And to all of you who returned your questionnaire. Your feedback and suggestions are so valuable to us. This is YOUR organization. The Board and committees are here to make it happen for you but we need you to help create the vision. If you haven't yet filled it out and sent it in, please take a moment to do so now.

Please remember we do not have a regular meeting in December. But, Wendy Davis Larkin will work with us on practice building at our kickoff 2006 meeting, Friday, Jan 13th.

We have cancelled the December conference this year. We are, however, conjuring up a very fun fundraising event for early 2006. This will be a biggie, so stay tuned!

You can keep in touch with us and check on programs and events online at <www.RECAMFT.org>.

You will notice a slight increase in your annual membership this year. This is necessary in order to offset our increased operating costs.

My time as President is coming to a close. It's hard to believe the time has passed so quickly. It has been my pleasure to serve you and this great organization.

I thank the RECAMFT BOARD for your hard work, dedication and support. You have been fantastic!

Sarah Jolley is ready to take over the Presidency in January and will need support. She needs a President Elect to succeed her. She also needs a Newsletter Editor so that she can focus on the duties of President.

I would like for you to reflect on how it would be to not have RECAMFT. If we cannot find volunteers to make RECAMFT happen, RECAMFT will disappear. We must have you come forward to fill the open positions: President Elect, Newsletter Editor, Nominating Committee Chair and Program Chair. Please call me at 824-4782 or Diane Moore at 575-0596 if you would like to help or if you would like to nominate someone. Thank you. Happy Holidays. ~Diana

Diana Poulson, MFT has a private practice in Sebastopol. She can be reached at 824-4782, <create-the-vision.com>.

**OPEN RECAMFT BOARD POSITIONS**

President Elect  
Newsletter Editor  
Nominating Committee Chair  
Program Chair

Please contact:  
Diana Poulson, 824-4782 or  
Diane Moore, 575-0596



## Coaches Corner

-by Diana Poulson, MFT

Welcome to the Coaches Corner. Each month we interview local therapists on the topic of private practice, and they share their wisdom and ideas. Please let us know if you are interested in being interviewed or have a recommendation to share.

How do you avoid burnout? A great question.

(Again, this was generated from the discussion last Spring.)

As therapists we are more susceptible to burnout as are the other helping professions such as doctors, nurses, teachers, etc. We want to help. We care and sometimes we can care too much. We work hard, often long hours and way past our billable hours. We often work in isolation and we may slide too far down on our sliding scale. As a result, we may start to feel fatigued, irritable, unappreciated, even angry or resentful. We may have frequent headaches, stomach upset or other general aches and pains. We may experience low productivity, forgetfulness, concentration difficulties or a profound dread of going to work. All of this may also lead to feelings of guilt and depression. We may feel disillusioned and helpless. The light has gone out.

For therapists I focus on three key ways to avoid burnout.

1. *Do what you love.* Many therapists fall into the trap of working in the area where there is the greatest need. This often translates into “taking what’s left”. In my workshops I caution people about taking the leftovers. Why do you want the leftovers? DON’T take the leftovers. Leave those for therapists who see them as jewels, who LOVE that kind of work. You go after what kind of work YOU LOVE. That’s what you’re good at and that’s what will give you energy and will ignite your passion and creativity.

2. *Create balance in your life.* When you set up your practice or work in that non-profit agency, be sure you are working the hours that you want to work while leaving adequate time for family, social activities, physical health and spiritual renewal. Not all therapists work evenings. Some therapists work weekends. You have 24/7 to choose from but be sure to be honest about the times and the amount of time you want to be working.

3. *Be sure you are charging fees that support you.* This can be hard and draining work. If you are then also worried about paying bills and can’t afford a simple vacation, you’ll burnout very quickly. When you start your practice there are undoubtedly sacrifices you will have to make but, unless therapy is a hobby, there comes a time when your practice has to give back and begin supporting you. Are you valuing yourself enough to charge a fair fee?

4. *Join a group.* Talk things over. Not just your clinical questions and challenges but also your business questions and challenges. If there is not a group available, start one. Brainstorm solutions with your group. All of you together create practices that energize and support you in doing this important and challenging work.

Good Luck. ~Diana

If you have any additional answers to this question or if you have a question you would like to see addressed send them to [info@dpoulson.com](mailto:info@dpoulson.com).

## 5150 RAFFLE

This month’s 5150 is a one and a half hour session—modality of winner’s choice—offered by Catherine Osterbye. Catherine has practiced Massage since 1978, Breema Bodywork since 1981, Hypnotherapy since 1990, Integrated Awareness Bodywork since 1992, and Health Coaching since 2001. She has a BS in Psychology, an MS in Health Education, and is a doctoral candidate in Health Promotion and Health Education. Her work is most strongly influenced by the many sessions of bodywork that she has received from other practitioners.

*Health Coaching*, aptly described by a client, “is a way to identify and clarify personal health goals, to visualize what those changes would look like, and to take small, manageable steps toward those goals” (i.e. keeping blood pressure low without medications). *Hypnotherapy* sessions consist of clarifying your intent, guiding you into trance, witnessing, and when needed, asking questions as you journey, anchoring new behaviors, retelling the story of your journey, and guiding you back to waking consciousness. *Bodywork* refers to touch therapies that may be oriented to problem solving or simply focused on deep relaxation and increased awareness. Sessions are done fully clothed, with the client lying on a table or on the floor. *Massage* is nourishing for the body, the mind, the emotions and the spirit. You are asked how you want to feel when you get up off the table, and then Catherine tailors your massage to support you in feeling just that way. One client reports, “Catherine is a kind, caring, and gifted person. Working with Catherine has always felt very safe, and the depth of our work together has afforded me keen and singular insights.” Many thanks to Catherine for her generosity. She can be reached at 823-9149.

*The 5150 Raffle is held every month at the RECAMFT general meeting. All attendees are eligible to win. If anyone has ideas about people who might be interested in donating future 5150 prizes, please contact Jan Lowry-Cole at 542-7987. Enjoy! (For winners of the raffle, please give Jan feedback about the service you receive.)*

*Welcome to Our New Hospitality Chair.*

*Tamar Berg has joined the RECAMFT team. She has agreed to share some of her history so we can all get to know her better. Welcome Tamar! ~ Editor’s note*

Prior to relocating to Sonoma County in 2000, I had twelve years field experience as a licensed social worker and family therapist in Germany, providing services for youth and families. Studying in California I received my MA in Counseling at SSU in 2002. I did internships at Family Service Agency, the R House, the Piner Olivet School District and United Against Sexual Assault of Sonoma County. I received my MFT license in June 2005. I have a private practice in Santa Rosa, offering therapy for individuals, couples and families; specializing in play therapy for children and Psychodrama for trauma survivors. I have trained with clinical practitioners from Germany, Israel and the United States. I am a member of the American Society of Group Psychotherapy and Psychodrama (ASGPP).

*M. Tamar Berg, MFT can be reached at 523-9192.*

# *Therapeutic Stimulation: A Creative Arts Therapy Approach to Working with Alzheimer's and other Memory Loss Clients*

*-by Drew Ross, MA, MFT/AT\**

Generally the goal of therapy is change, helping clients progress toward long-term healthy adaptations and adjustments in relationships, coping skills, and general life issues. Yet how do mental health providers move toward this goal when working with clients suffering from Alzheimer's disease, Parkinson's, Post-Stroke recovery, and other conditions involving memory loss, for which such progress is most likely impossible?

The answer is that mental health providers must reframe the goal of therapy when working with clients who suffer from dementia-related memory loss. Instead of working toward adaptation and personality adjustment, these clients are best served when clinicians focus on ways to maintain current skills and abilities—which, as will be explained below, can be very effectively accomplished by the “therapeutic stimulation” gained from art and music therapy.

In support of this answer, I will first explain what happens to someone suffering from Alzheimer's Disease (“AD”), the most common form of dementia, what contributes to their decline, and why the stimulation provided by the combined use of music and art therapy helps maintain current skills and ability levels. Then, I will provide an example from my own experience of the effectiveness of therapeutic stimulation when treating AD clients who are in the middle to late stages of decline.

AD is a brain disorder that seriously affects a person's ability to carry out daily activities. Amyloid plaques and neurofibrillary tangles in the brain mark this disease. These plaques and tangles essentially block neuronal pathways, the super-highways of the brain, from carrying information from one point to the next. This in turn creates blocks or holes in a person's memory, usually short-term memories in the beginning stages of the disease and then increasingly debilitating the more ingrained, long-term memories relating to family members, places of residence, and the like. The course of the disease and how fast changes occur vary from person to person; however, on average AD clients only live for eight to ten years after they are diagnosed.

The medications that are currently available for AD merely slow its progression; as of now, there is no cure. It is for these reasons that stimulation through art and music therapy is an essential ally to medication in the struggle to help AD clients deal with their condition as best they can.

Take, for example, the isolation that all too frequently occurs as a result of AD: social contact becomes more infrequent, family get-togethers start dissipating, even getting out of the house becomes difficult. This isolation clearly means that there is a lack of stimulation. And, there is no doubt that the lack of stimulation from isolation contributes to the progression of AD; whereas stimulated neurotransmitters send information through neuronal pathways that connect one part of the brain to another, AD creates blocks in these pathways (Carter, 1998).

The stimulation provided by art therapy functions as an antidote to the isolation of AD clients. For instance, we all know the adage, “A picture is worth a thousand words,” and

for AD clients this is certainly true. Pictures are often much more powerful and lasting than words because the images they contain bypass the language system of the brain and move through parts of the brain that were created before language was established (Allen, 1995). Thus, the stimulation provided by pictures reduces the isolation of AD by providing an alternative form of communication and increasing memory retention.

Music therapy also functions as an antidote to the isolation typical of AD clients. The contours and spacing, varied intensities, and modulations in sound tap into long imprinted memories and well-established brain circuitry (Siegel, 1999). Studies conducted on which part of the brain processes music have come to the general conclusion that there is no one single “music processing” center of the brain, rather, there seems to be a network of specialized areas that work simultaneously when processing music. This means that music has the capability of generating activity throughout the brain; tapping into old memories and perhaps creating new pathways by which information can travel. Thus, as with pictures and other forms of art, music provides the therapeutic stimulation necessary to reduce the affects of the isolation of AD clients.

The following is an example of how I use the stimulation provided by music and art therapy to conduct hour-long groups with AD clients who are in the middle to late stages of decline. Knowing the importance of preparation, each time I conduct a group I make sure that everyone is seated around a table that is relatively close in proximity to where I will sit, usually with a guitar or another instrument. This facilitates my being able to recurrently make eye contact and direct the music (and singing) to each person in the group, they being able to hear the music clearly, and later on for each of them to participate in the art therapy portion of the session. I also make sure to have prepared a large and colorful name card for each group member and myself, which serves to provide visual stimulation as well as a means by which I can personalize both therapies.

After briefly introducing myself and encouraging everyone to have fun, I pass around tambourines, shakers, clappers and other hand-held instruments. As described below, the use of these types of instruments advances participation and thus increases neural stimulation.

I typically begin each session by leading the group in singing “The Hello Song.” The words to this song are easy to learn and call for each person to be said hello to and acknowledged—which fosters a relatively high degree physical movement, interaction and group participation. Then I usually move the group into another song, for example, “You Are My Sunshine” or “Aint She Sweet,” both of which are familiar to most everyone in these types of groups and thus likely to promote memory stimulation. Indeed, the memories that are evoked by these types of songs frequently lead to story telling by some group members, another form of memory stimulation.

At this point I typically ask each group member to choose their favorite color from a box of oil pastels, briefly mentioning how music can stimulate emotions and memories, and ask a few of them about their experience with the feelings evoked by listening to music (referring back, when needed, to any memories that were brought up by the last song). Then I explain that I am going to play some pre-recorded music while they use their oil pastels to express the feelings they experience while listening.

It should be noted that many people are hesitant or refuse to participate in art therapy for fear of being judged, criticized, or belittled. It is for this reason that I always make certain to

*Continued on Page 4...*

emphasize that no one is going to be judged or graded on his or her art. It also should be noted that the selected use of pre-recorded music advances direct contact; I can walk about the room, individually engaging some group members while helping others.

Next, depending on the level of functioning of the group, I typically spend a few minutes talking about what each group member drew—making sure to make positive, supportive remarks.

At this point, I usually play another song so as to introduce an exercise that has proven to be very effective to stimulate memory. This exercise can be done with any number of songs, but because it's simple and fun, I usually use "Hey Good Looking" by Hank Williams. I begin by singing a close approximation of the chorus but then quickly ask the group for help on the pretense that I can't recall the correct words—which often draws a good deal of laughter. I then sing a slightly improvised version of the first line of a verse, and ask the group members to give me words that rhyme with the last word of the verse. For example, if the line I gave was "I've got a hot rod Ford right over the hill," I would ask them to supply words that rhyme with "hill." Finally, I put all of the words the group supplied together in a verse, and we all sing it with the chorus—usually several times over.

Through music and rhyme, word recognition and retention, this exercise very effectively advances the goal of stimulation. Furthermore, it can be used with any type of group; for instance, by selecting words that are easier to rhyme for groups with lower functioning members.

As a rule I end these group sessions with everyone signing "The Goodbye Song"—which as with the "The Hello Song," provides therapeutic stimulation.

In conclusion, therapeutic stimulation through music and art therapy, combined with medication, provides a highly effective antidote to the isolation and other debilitating effects of Alzheimer's Disease and other forms of memory loss from dementia. With the powerful and lasting images generated by the art therapy, and the multiple areas of the brain impacted by music therapy, mental health providers can bring about the neuronal stimulation that is crucial for AD clients to maintain current skills and ability levels.

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*Drew Ross, MFT-AT, draws on his background as a professional musician and a clinician to provide clients with the most effective aspects of both traditional psychotherapy and creative arts therapies. Drew has special expertise in the treatment of older adults with Alzheimer's disease and other memory loss issues, as well as family members and care-givers of those clients. He works in partnership with individual and group clients in interactive and respectful ways that foster awareness and growth. Drew has offices in Santa Rosa and Healdsburg. He can be reached at 239-2310 or <[drmft1@hotmail.com](mailto:drmft1@hotmail.com)>.*

## A Personal Experience

-by Kristine Siebert

Hearing the words, "Your son has paranoid schizophrenia" changes our lives forever. These were the words said to me over the phone, from an unknown psychiatrist at UCLA where my son had been taken after yet another psychotic break.

The first episode came while he was at San Jose State, and was probably due to the party atmosphere of his fraternity and the subsequent marijuana use there. We just didn't know that then. He was first hospitalized in Santa Rosa, and because we had insurance for him at that time, taken to a private hospital. Upon his release, he resumed his life, moved to Las Angeles and got a great job in a special effects company. We assumed everything was okay now. Well, it wasn't okay. Not by a long shot.

All in all he had six hospitalizations. We were told by a friend who has been through this herself and now counsels others, that it usually takes a younger person four hospitalizations before they "get" the fact that they are mentally ill. My shock was over the entire subject of mental illness. It is not in our family, and although it is comforting to say it is in my ex-husband's family, that is not really entirely true. So, where did it come from? I just could not and would not accept that my wonderful, witty and bright son was now condemned to pushing a shopping cart down Santa Rosa Avenue.

A chance encounter in the Press Democrat caught my eye. NAMI (National Alliance for the Mentally Ill) was offering a series of classes for family members. I called immediately. I had never heard of NAMI, but I needed whatever help I could get. I began to take their Family to Family series of twelve classes. It was taught by two women whose own children were ill. They had been trained by NAMI to teach these classes.

There were twenty-six of us in the class, mostly parents, but a few siblings, too. Everyone's story sounded so much worse. That gave me hope. The tools I learned in those twelve weeks taught me to communicate with my son and enabled me to help him regain a normal life.

I began classes feeling I could not chase my disappointment and grief downhill fast enough to follow his decline. I did not see any hope that he could ever get better. I didn't see that he would ever marry, have children, or do any of the things I had assumed my children would do as they took their place in the world. NAMI gave me hope and taught me to trust that things could get better and very often do. Not that he would ever be well, but we could all get to a place where we could carry on.

I think the worst thing about mental illness is that you just can't go out and announce to the world: "*Hey everybody, my son has paranoid schizophrenia.*" The stigma is very real. He felt it most of all. Like so many young people with mental illness, he is very smart. Probably, he is the smartest of my three children. He knew very well what this diagnosis meant. He had every reason to want to deny it, to try to overcome it by sheer will power. But, finally, after the last hospitalization he knew, and he had to learn how to live with and accept this was his fate.

It is all well and good to say if you have diabetes you would take insulin for the rest of your life, or any other illness requiring regular medication, but mental illness is different. It is not diabetes. It is not socially acceptable to disclose it. Certainly, prospective girlfriends would run screaming when he told them.

He became very lonely. It really broke my heart to see him so alone. Year after year, I might add. Because he was very tall and thin, the thirty or so pounds he put on because of his medications looked okay on him. But, I could certainly understand how mothers in my NAMI class would say their daughter's would not comply with medication because they did not want to put on all that additional weight.

In many ways we are lucky. My son does not do drugs or drink. So, we did not have to deal with a dual diagnosis situation. Also, we had enough land and the means to put a small guest house on our property for him to live in. This worked out very well. When we travel, he watches the house and the animals. It gives him dignity and purpose. He was also determined to graduate from college. Thanks to the very sympathetic programs available at the Santa Rosa Junior College, he was able, finally, to finish his degree and graduate from San Jose State. This was a huge accomplishment for him and our entire family celebrated.

My son loves the computer. I find it very handy to communicate with him via email. It is non-intrusive and it enables him to hear what I have to say and respond if he wants. The computer was also his tool to reach out into the world. He met several women on line, and dated a few of them. But one was special. They talked for months before meeting. She came to California to meet him. At the end of their week together he told her of his diagnosis. She said she could deal with that. They spent more weeks together over the next year, and then last Christmas he flew to her home town and formally asked her father for her hand in marriage. They were married this past Easter, and both of them live very happily in the little guest house.

I am thrilled that my son has found love, and thrilled that this new daughter-in-law is so perfect. She is the exact woman I would have chosen for him. They do have hurdles to surmount that are not those of most newly weds. He has great difficulty in holding down a job. She gets her hopes dashed with each of his failures. I hold my breath and hope for the best. She works now and supports them both. I hope this will change. She would like to have children, and I know she realizes that until he is able to support a family, this is not a good idea. None of us know if he will ever be so well to do this. We just hope and go from day to day.

And, then, there is NAMI. When the twelve-week classes were over I went my merry way. Then, I got a call from my Family to Family teacher asking if I would consider being on the board. After a year on the board, I was voted in as President, and I am in my third and final two-year term.

During this time, I have been able to see the difference NAMI has made in the lives of the families. I am constantly amazed, however, how few doctors in this area know about NAMI. We get few referrals from the community doctors. We do get plenty of referrals from the doctors at County Mental Health. They have told us that patients whose family members have gone through the NAMI classes do better. These family members understand the diagnosis and the limitations that health professionals have in disclosing information. The support the patients get from their families works in partnership with the doctors who treat them. It is a very win-win situation.

Services for those with a mental illness is very limited. Low income housing is almost non-existent, clinics in outlying areas are closed, insurance limits how much can be covered when it is

for psychiatry, government programs are difficult to access, programs offering dignified occupations are few and far between, jobs are hard to come by, and harder to keep. But, when the patient, the family and the therapist work together, it improves the outcome for everyone.

I am happy it is 2005, and not 1805. Certainly, the treatments available for those who are ill are so much better now. One can only hope that not only will treatments and medications be better in the years to come, but that we will find a way to identify those who are at risk for becoming ill and stop the illness from developing in the first place. There will always be the need for the support of a therapist. I just hope serious mental illness won't be one of them.

*Kristine L. Siebert*  
*President, NAMI Sonoma County*



## Artful Marketing & Practice Development

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### *Winter Groups & Workshops*

#### **Marketing Strategies Work Groups 2006**

January 17 – October 17 • 3rd Tuesdays,  
10:00 AM – Noon, San Francisco

January 23 – October 23 • 4th Mondays,  
9:30 – 11:30 AM, San Rafael

#### **How to Write a Good Ad**

February 10 • Friday, 10 – 4, San Francisco

**Wendy Davis Larkin, MA • 415.454.2911**

(PCE1105)



## *Newsletter Submission Guidelines - Your Participation Is Welcome!*

Readership is approximately 250 local therapists, students, interns, agencies and other mental health practitioners.

### I. Submitting an ARTICLE or LETTER TO EDITOR:

1. *Article*: 8.5x11 document, 750 words or less.  
*Letter to Editor*: 200 words or less.
2. **Deadline: 10th OF THE MONTH**
3. Send to: **NEWSLETTER EDITOR**  
Sarah Jolley, 829-8069 or <jolley@sonic.net>

### II. Submitting an ADVERTISEMENT:

SEND ADS VIA -

1. MAIL typed ad along with payment, or
2. EMAIL to <therapy@recamft.org>, or
3. No handwritten copies please.
4. **Deadline: 1st OF THE MONTH** (e.g., DEC 1 for JAN issue.)
5. Send payment by deadline to: RECAMFT, POB 2443, Sebastopol, CA 95473

**DISCOUNTS AVAILABLE!**  
 10% off a 5-month ad commitment  
 20% off a 10-month ad commitment  
 [APPLIES TO ALL ADS]

### There are five different ways to advertise in the newsletter:

1. **LINE ADS & ANNOUNCEMENTS**: Maximum approx. 55 lower-case characters per line of type. Count punctuation and spaces allowing extra space needed to capitalize the first few words of your ad. Employment Opportunity ads are free.  
 RATE PER LINE: MEMBER \$5 (Officers: \$2.50), NONMEMBER \$12
2. **BULLETIN BOARD**: The Bulletin Board is free for member/non-member professionals or organizations advertising FREE/NON-FEE opportunities and services.
3. **MAILING LABELS**: Can be purchased. Approx. 240/set. Mail payment along with the address where you would like them mailed. Please allow two (2) weeks.  
 RATE: MEMBER \$65, NONMEMBER \$125, (Officers 25% discount)
4. **FLYERS**: Each month we can include up to four 8 1/2" x 11" FLYERS on 20 lb. paper. Please fax your flyer draft to 575-0596 by the 1st of the month to reserve a space. Upon approval, please send a set of 250 flyers to RECAMFT, along with your payment, by the 10th of the month. (You may also call to schedule a dropoff.)  
 RATE: MEMBER/NONMEMBER \$100, (Officers \$75)
5. **DISPLAY ADS**: Must be CAMERA READY. (Exact size submitted, on clean B/W paper, photo ready as is.) Mail ad along with your payment to RECAMFT. (Officers: 1/2 price discount.)

Size: (height x width)	Price
Full page: 9.75" x 7.5"	200
1/2 page: 4.75" x 7.5"	110
1/4 page: 4.5" x 3.5"	60
1/8 page: 2" x 3.5"	35

All submissions must have professional/clinical content, tone, and appearance relevant to and in the best interest of RECAMFT, the MFT profession, and the public we serve. Publication of any advertisement by RECAMFT is not an endorsement of the advertiser, products, or services. RECAMFT is not responsible for any claims made in an advertisement or promotion of services. RECAMFT reserves the right to edit or refuse any material. There is no newsletter in July and August.



## Ads and Announcements

### Groups, Workshops & Classes

**THERAPY GROUPS:** Singles Group (coed); Women & Spirituality Group; Intimacy Groups (single or married). PM's in San Rafael. Renée Owen, LMFT 415-453-8117.

**DREAMS IN CLINICAL PRACTICE: A STUDY AND CONSULTATION GROUP.** Dreams inform many areas of clinical interest. This is a group for therapists with an orientation toward the unconscious and an interest in depth psychology. The group offers an opportunity to deepen your understanding of the dreaming psyche and to build the skills to effectively work with dreams in therapy. *Alternate Mondays, 11:30 am – 1:15 pm. \$35 per session. Ten-session commitment.* Winnie Piccolo MFT, 578-0426 ext. (Call also for info on Dream Groups.)

**COUPLE'S Group** Dr. Timothy West, Certified Gottman Therapist and Lisa Lund, MFT. We will use the researched-based Gottman approach to help couples assess their relationship, resolve conflict gridlock, enhance their friendship & build romance. 6 meetings, Weds. 7–8:30pm. Starts Feb. 8, \$395 per couple. Excellent adjunct to ind. or couples therapy. Call 460-9500.

**CONSULTATION Group for Couple's Counselors.** Dr. Timothy West, Ph.D., MFT, assisted by Lisa Lund, MFT. We will use the ground breaking techniques of the Gottman Approach & Susan Johnson's Emotionally Focused Couple's Therapy to make your couples work more effective. Ongoing, Fridays, 10–12. Corte Madera, \$50 per session. Call 892-7330.

**CONSULTATION GROUPS.** Practice Building Group or Group Therapy Consultation. Each meets once/month, Mon. 12-1:45PM, San Rafael. Renee Owen, LMFT 415-453-8117.

### Office Space

**LOOKING FOR YOUR OWN OFFICE?** Large, sunny office, downtown location. Large waiting room shared with other MFTs. \$470.26/month (includes house-keeping for common areas), wheel chair access. Call Patricia at 537-1511.

**PETALUMA OFFICE SUBLET**–Quiet, waiting area, A/C, sandtray. Mon. and /or Fri. \$100 per da y, 763-4915.

**WARM & FRIENDLY office,** wheelchair access.,available Weds. (2nd st. SR) Call Ariaah 656-0052.

**LOVELY OFFICE** downtown Santa Rosa available weekday mornings and all day Friday. Includes waiting room and separate room for play therapy. Call Moss 525-8968

**SEBASTOPOL offices(2)sublet** \$490ea info 526-8306 ex110

**SAN RAFAEL,** large, beautiful Victorian office, sunny, quiet, wait room, fireplace, windowbox seating. Avail. Fridays or weekends. Renee Owen (415)453-8117.

**WARM AND WELCOMING** psychotherapy offices for part-time sublet at 1023 College in S.R., btwn King and North. Wheelchair access. FMI call Daisy at 573-9432.

### Employment Opportunities

CD counselor PT intern ok Sequoia Rec Serv SR 284-2126.

**PETALUMA PEOPLE SERVICES Center** is seeking a counselor with initiative and self-directedness, experienced working with groups of adolescents for 2 junior high sites, total 24 hours per week for AOD prevention program. Individual and group supervision/consultation; hours toward licensure available. FAX resume to Barbara Mendenhall at 765-8482.

### Bulletin Board

**SEEKING RESEARCH PARTICIPANTS**–therapists in private practice who have a chronic unseen physical illness. 1 hr. interview. Cheryl Jern 762-9398.

### RECAMFT MEETINGS

#### General Membership

2nd Friday of each month.....11:00AM-1:00PM  
Location: Oddfellows Hall

#### Board and Committee

1st Friday of each month (potluck).....5:30-7:30PM  
Location: To be announced.



**R**ECAMFT invites all member MFTs to contribute letters to the editor about any subject that concerns you professionally or in response to any article or letter published in a previous issue. Please see information below for guidelines. We look forward to hearing from you!

**N**ext deadline for **Advertisements** is December 1st for the January issue and February 1st for the March issue.

**N**ext deadline for **Articles and Letters to the Editor** are November 10th for the December issue, and December 10th for the January issue.

*The Redwood Empire Therapist* is published monthly except July and August by the Redwood Empire Chapter of the California Association of Marriage and Family Therapists, P.O. Box 2443, Sebastopol, CA 95473, (707)575-0596. The purpose of *The Redwood Empire Therapist* is to provide information for the chapter membership and to serve as a forum for ideas relevant to practice of the profession of marriage and family therapy. Submissions accepted for publication will have professional/clinical content, tone and appearance relevant to and in the best interests of RECAMFT, the MFT profession, and the public served. The publication of any submission does not imply representation of a RECAMFT position or policy, endorsement of the writer or advertiser or their services or products, or responsibility for any claims made. RECAMFT reserves the right to edit or refuse any material.

# Next Meeting Information

## MEETING LOCATION:

Oddfellows Temple/MERCER HALL  
Address: 545 Pacific Avenue, Santa Rosa

## MEETING TIMES:

~FIRST FRIDAY OF THE MONTH~

5:30 - 7:30PM Board/Committee Dinner Meeting  
(Locations to be determined.)

~SECOND FRIDAY OF THE MONTH~

10:30-11:00AM Continuing Education (CE)  
Sign-in and Networking  
11:00- 1:00PM Membership Meeting/Speaker Presentation

## Special Notes:

- ✓ CE credit sign-in ends at 11:00AM. No CEU fee for members, \$15/nonmembers. *Please pay by check.* You must be present for the entire presentation, complete the evaluation form and signout to receive your CE credit.
- ✓ Course meets the qualifications for 1.5 hours of CE credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. Provider number PCE2322.

*RECAMFT welcomes and encourages nonmember professionals and guests to participate. Our activities are designed to support and enhance professionalism in our community. A \$5/guest fee is to be paid at the door by the guest or inviting member.*

## Calendar

[RECAMFT is calling for papers on these topics. Please contact us at 575-0596.]

**NOVEMBER 11:**  
Disability and SSI  
by Steven Burnaker

**DECEMBER 3:**  
There will be no General Membership meeting in December.

**JANUARY 13:**  
Practice Building  
by Wendy Davis Larkin



## Other RECAMFT Meetings...

**ETHICS DISCUSSION**  
Contact Coralia Serafim, MFT, Chair of Ethics at 781-0133 for more information.

**SPEAKERS BUREAU**  
Contact Don Ross, MFT, Chair of Speakers Bureau at 571-8836 for more information.

**INTERN SUPPORT GROUP**  
Contact Andrew Mayer, Chair of Interns for more information and meeting times. **The Intern Warm Line is 570-1299.**

# DECEMBER

NEWSLETTER THEME:  
"RECAMFT RE-VISIONED"

ARTICLES DUE NO LATER THAN  
NOVEMBER 10TH

CHECK OUT  <[www.recamft.org](http://www.recamft.org)>

## The Redwood Empire Therapist

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### STAFF

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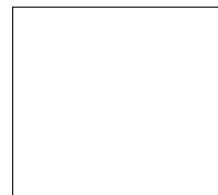
Newsletter Design & Layout: Eileen Lakin • <lakinlink@earthlink.net>

REDWOOD EMPIRE CHAPTER, CALIFORNIA ASSOCIATION  
OF MARRIAGE & FAMILY THERAPISTS  
P.O. BOX 2443 • SEBASTOPOL, CA 95473

Telephone: 707-575-0596

Email: <therapy@recamft.org>

Website: <http://www.recamft.org>



-FORWARDING SERVICE REQUESTED-