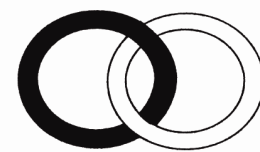


The  
Redwood  
Empire

# Therapist

NOVEMBER 2006



REDWOOD EMPIRE CHAPTER CALIFORNIA ASSOCIATION OF MARRIAGE & FAMILY THERAPISTS

OUR NOVEMBER PRESENTATION

## **ANXIETY DISORDERS IN CHILDREN AND TEENS: A COGNITIVE BEHAVIORAL APPROACH TO TREATMENT**

It is estimated that one out of five children has an anxiety disorder. These disorders do not often remit spontaneously and can become more complex and treatment resistant over time, underscoring the importance of early intervention. According to our next presenter, Cognitive Behavioral Therapy (CBT) has been found to be the most efficacious treatment for anxiety disorders in both children and adults.

Please join us on November 10 at our general RECAMFT meeting when Jennifer Shannon, MFT will speak on the topic, "Anxiety Disorders in Children and Teens: A Cognitive Behavioral Approach to Treatment". In this presentation, you will learn about anxiety disorders in children and teens, principles of CBT and ways to utilize these principals with young clients and their families. Jennifer will explain how to use psychoeducation to lay the groundwork for therapy. You will learn various CBT strategies including cognitive restructuring and the assignment of homework as well as the most effective ways to involve parents in treatment.

Jennifer Shannon has treated children and their families for over 18 years. For ten years she was the Program Director for the Child Care Behavioral Health Consultation Project at Care Children's Counseling Center in Santa Rosa, where she trained and supervised clinicians and provided short-term solution focused treatment services. She is an expert in the treatment of trauma resolution, anxiety disorders in children and adults, depression, oppositional defiance and attention deficit and has extensive background in domestic violence issues.

Jennifer specializes in structured behavior family therapy and is EMDR certified. In addition, Jennifer is currently a Child Behavior Consultant at Care Children's Counseling Center and has a private practice in Santa Rosa where she provides brief treatment using a cognitive behavioral approach with individuals and families. She specializes in the treatment of anxiety disorders in children, teens and adults. Please join us for a most interesting and informative presentation!

November 10th RECAMFT Meeting

10:30 - 11:00 am Social Time

11:00 am - 1:00 pm

**Anxiety Disorders in Children and Teens: A  
Cognitive Behavioral Approach to Treatment**  
Jennifer Shannon, MFT

**Odd Fellows Temple/Mercer Hall**  
545 Pacific Avenue, Santa Rosa

**DECEMBER 8<sup>TH</sup> MEETING**

December Brunch

A Special Focus on Interns and "Old Timers"

**JANUARY 19<sup>TH</sup>, 2007**

**LAW & ETHICS WORKSHOP**

Santa Rosa Veterans Memorial Hall

6 CEUs

**ALL INTERNS** The December 8<sup>th</sup> General Meeting will be a chance for interns and trainees to meet "Old Time" licensed MFTs. This will be a great opportunity. Please plan to attend this meeting and be prepared to say a few words to introduce your current practice/internship.

**Katherine Kirk, MFT Intern, RECAMFT Intern Support**

## *President's Message*

*Diana Poulson, MFT*

Greetings RECAMFT! Moving into the hectic holiday season, I hope you find some quiet moments to listen to the fallen leaves dancing down the street and notice the amazing colors that are surrounding us. Could there be a more beautiful place to live than Northern California?

My time as president is winding down and I'm getting ready to pass the torch to Gail Van Buuren, our President-Elect. I want to thank you all for a very rich experience and the incredible opportunity to serve. I also want to thank this wonderful Board, and I very much appreciate the nomination for the chapter Outstanding Leadership Award. It feels great to receive such acknowledgement from our chapter; however, it took the village to do what we accomplished these past two years and we've been a great team.

I look forward to supporting Gail and this organization for one more year. I'm very excited to be part of Gail's team. She's going to be a fantastic President. Her energy, ideas, take charge and get things done attitude is going to take us to new heights! It's truly an exciting time for RECAMFT.

My efforts will be focused on community outreach and recruiting. Recruiting for what you might ask? President Elect for starters! I encourage you to let yourself enjoy being part of this leadership. You will give yourself such a valuable learning experience and foster important relationships with other professionals. Gail was last year's recipient of the Outstanding Leadership Award for the Monterey Chapter and it would be a tremendous opportunity for someone to work with her and gain tremendous insights from her experience. Please offer yourself or nominate someone who you would like to see lead us into the future. The time is NOW. Voting will take place in November and the job begins in January. Think about it... I'll look forward to talking with you.

Diana

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

### **AN ALTERNATIVE TO "DIVORCE AS USUAL": COLLABORATIVE PRACTICE A BETTER WAY**

Working with a team of experts, couples can:  
**Negotiate satisfying agreements**  
**Help their children**  
**Stay out of Court**  
**Preserve assets**

**Collaborative Attorneys** help parties reach workable agreements and stay out of court.

**Coaches** help adults express feelings and needs appropriately and understand how to help their children.

**Child Specialists** provide a voice for children and explore options for their care.

**Neutral Financial Consultants** evaluate information and help develop practical solutions to financial issues.

For more information, please visit our web site:

[www.collaborativecouncil.org](http://www.collaborativecouncil.org)



**Collaborative Council of the Redwood Empire**

### *Catching Up With the Collaborative Council* *by Moss Henry, MFT*

The Collaborative Council of the Redwood Empire (CCRE) is a group of professionals interested in avoiding court battles and power struggles to resolve conflicts. Our group consists of mental health professionals, family, probate and civil attorneys, financial planners and other professionals. An alternative to litigation, it has been used primarily in family law with the goal of enabling clients to negotiate agreements themselves, rather than having a judge make decisions for them. Collaborative practice has come a long way since I first wrote about it for RECAMFT last year and I felt that an update would be of interest.

One of the major steps we have taken is to establish the Collaborative Practice Center in Santa Rosa and we recently held an open house which drew many local therapists. Collaborative

Practice is a conflict resolution method in which the participants focus their efforts on reaching mutually agreeable settlements. Professionals are retained for the sole purpose of assisting the parties in attaining this goal. The CCRE works in teams to help the parties learn to negotiate respectfully, develop self-esteem, become effective co-parents, preserve significant relationships and develop settlements that work for both parties.

This was a big strategic change from when I first began doing this work and we were using a model which focused on four-way meetings between attorneys and clients which then brought in other team members as needed. If clients agreed to involve coaches, we joined the team. Some clients would not agree and we were then often brought in after problems arose and asked to do damage control. This led to some cases terminating and clients proceeding to litigation. Recently we've learned about a different approach developed by a group in San Diego. They begin every case with a team and let clients know they won't accept the case of this format is unacceptable to the clients. Team members get to know each other well and develop their skills. The San Diego group has found that they resolve significantly more cases this way and a number of CCRE attorneys are now working with this paradigm. It means that coaches are equal members of the team and involved in more cases. I am eager to see how this change impacts our clients as well as our team members.

Another significant change has been the addition of Probate and Civil cases. Organizations involved in collaborative practice, including our own, are developing protocols and procedures for these areas of law. This is all very new and we're learning as we go. For example, an obvious difference between a divorce case and a probate case might be that a number of siblings living in different parts of the country are struggling over an estate. How many coaches do you use? How do you meet? With whom do you meet? How do you deal with grief? Family systems thinkers can readily see the challenges and benefits this model presents.

My participation in CCRE has grown steadily. In addition to case involvement, I am a Board member and the co-chair of a committee. I

appreciate the team aspect of this work and find it to be a welcome counterpoint to the isolation of a private therapy practice.

---

## **Intern Support Group Forming Now**

Peer Led / RECAMFT Sponsored

The first Sunday of every month  
4 to 6 p.m.

**Next meeting, Sunday, November 5**

Contact Katherine Kirk, MFT Intern, IMF 48063  
538-2716  
[spiralkk@earthlink.net](mailto:spiralkk@earthlink.net)

*The Intern Support Group is open to all pre-licensed trainees and interns. The content is open to whatever those who attend would like it to be. It is an informal conversation where we can provide mutual support, information, resources, networking, referrals, job hunting resources, and licensing exam tips to each other as needed. The group is a safe place to reflect and share with each other about our joys and challenges. The group is free of charge and attendance is on a drop-in basis with no commitment or obligations to attend other meetings.*

---

**Diana Poulson, MFT**

**President of RECAMFT  
will receive the CAMFT award for**

**Outstanding Chapter  
Leadership**

**for her dedicated and invaluable  
service to this chapter for the two  
years she has held this office.**

**Congratulations, Diana!**

*MySpace Nation:  
What's Up With That?  
By Rebecca L. Kuga, MFT*

Launched a mere two years ago, MySpace has quickly become one of the biggest hits in the history of the internet. Designed as a social networking site meant for people to build community by sharing music and blogs (on-line "web logs" or journals), it now boasts 80 million members and its traffic is second only to Yahoo in the number of pages viewed per day. While there are other sites that attempt to do the same thing, such as Xanga and Facebook, MySpace is by far the most successful. MySpace is geared towards teens and young adults and 20% of the site's visitors are between the ages of 14 and 17. The attraction for youth, a nimble site which allows them to upload photos and/or videos, and share with other visitors from around the world, also has helped create the dark side of MySpace, a place where cyber-bullies and online pedophiles lurk in wait of an unsuspecting victim.

Needless to say, parents and teachers already have their hands full worrying about protecting children and teens when they venture out into cyberspace. We as clinicians also need to educate ourselves about this cultural phenomenon in order to better serve our teen clients and their families. We all need to give thought to how our mandated reporter duties may or may not be triggered by what our clients tell us about their interactions with other members on MySpace and the like. Knowledge is power so go to MySpace.com and check out the website. Notice how easy it is to receive a free webpage where the visitor can post photos and blogs. Pay particular attention to the "About Me" form that covers personal details such as names (most are fake), school, sexual orientation, likes and dislikes, etc... Think of MySpace as an electronic version of the chain letter (remember those?) except here members receive e-mails from strangers who have read the member's personal page and want to be "friends". While there are protections put into place for members under 15, there is nothing to stop a potential member from lying about his or her age, or fabricating other personal profile items. When working with family clients, encourage parents to ask their children direct questions about their participation and degree of involvement.

MySpace, and other sites like it, can truly facilitate communication and build community. However, efforts need to be made by all involved to keep activities above board and not in the shadow areas of human nature.

Educate yourself now and avoid the risk of becoming a potential BBS test case later!

*\*Statistic on MySpace taken from a recent article in People Magazine entitled "MySpace Nation: The Controversy", published 6/5/2006*



*Artful Marketing &  
Practice Development*

*Individualized • Comprehensive  
Consultation for Health Professionals*

**Marketing Strategies Work Group**

Focus your marketing.  
Improve ongoing strategies.  
Set clear goals and doable tasks.  
Track and assess your results.

San Rafael • Ten Monthly Meetings  
Sept. 6, 2006 – June 6, 2007  
9:30 – 11:30 AM

Wendy Davis Larkin, MA • 415.454.2911

(PCE1105)

*What You Missed  
by Gail Van Buuren*

Bret Lyon, Ph.D., guest speaker for our October meeting, gave us quite a bit of food for thought regarding non-verbal ways of creating safety and empathy in therapy. He opened his presentation with a focusing exercise that immediately engaged those in attendance and brought us into the room and into our bodies. After giving a background of how he came to study Reichian breath and energy work and then combined that with Feldenkrais body awareness and other approaches over the years, he led us in a short client/therapist exercise that clearly demonstrated the importance of non-verbal communication in therapy.

Bret gave a brief review of the four parts of the brain and how important it is to integrate the whole system in order to function at our highest level, noting that a huge key to better function is breathing. Although he knew that Reichian therapy would be what he would

teach when he first discovered it, he believes that bringing in Focusing helped develop a more gentle style, allowing both therapist and client to attune more to the body's signals and to drop into deeper awareness of what is going on. This helps us accomplish the most important things, empathy and connection.

Knowing that the best way for us to get a clear idea of how this type of therapy works is through demonstration, Bret asked for a volunteer to do a mini-session with him. The volunteer began to gesture with her hands as she explained feeling somewhat blocked in moving forward. He engaged her in continuing the movement while noticing her bodily feelings and soon she reported that her lower body felt not ready to move. While exploring levels of energy in the different parts of her body, their relative ages and memories that arose, Bret encouraged her to continue expressing any movement she felt like making. As the session ended, she said her body felt far more integrated and that something had shifted.

Speaking for myself (and others remarked on this as well), their exploratory journey through the body, its movements, energy, gestures, and the relationship of its parts had an amazing flow to it. Bret is highly intuitive and, when responding to comments about that, he said it is an outflow of this way of working and that he just looks for physical metaphors. The body is the best guide, far more intuitive than the mind, especially if you are kinesthetic, as Bret acknowledges he is. The mini-session was like one of those pieces of work we all like to remember at the end of the day. I left the meeting planning to learn more from him. If you want to learn more as well, you can go to his website at [www.BodyBreathBeing.com](http://www.BodyBreathBeing.com) or email him at [Bret@BodyBreathBeing.com](mailto:Bret@BodyBreathBeing.com) or call him at 510 540-5115.



**Need your CEU's for Law and Ethics? Mark your calendars now for January 19, 2007 when RECAMFT Presents will host a day-long (six-hour) workshop on this important topic. The program will be taught by a CAMFT Presenter! Remember, Law and Ethics MUST be taken for each two-year licensing renewal period. If you are due to renew, join us in January! Your flyer announcing details is in this newsletter!**

### Ethics Committee Meeting

The Ethics Committee meets once each in the Fall, Winter, and Spring. Topics for group discussion are generated from our own clinical practices or by an issue that has come up for one of us. For example, we discussed how to create and put in place a Clinical Practice Will, which we all should have.

Our meetings are informative and stimulating and RECAMFT members are invited to attend. No ongoing commitment is required.

For more information call Coralia Serafim at 781-0133

## Treatment of Alcohol and Drug Problems

### *Intensive Outpatient Program*

#### Sequoia Recovery and Mental Health Services

- ◆ The only adult dual diagnosis program staffed by licensed mental health professionals in Sonoma County
- ◆ Client can continue in therapy with the referring therapist
- ◆ Evening program available, work and live at home
- ◆ Medication support available
- ◆ Family Program
- ◆ Contracted with most health plans and certified by the State of California
- ◆ Free assessments



(707) 524-8144  
PSYCHSTRATEGIES, INC  
[www.psychstrategies.com](http://www.psychstrategies.com)



## *Family Assessment: A Messy Affair* by Gail Van Buuren

Susan (not her real name), a mother of three, in the throes of a contentious divorce that had dragged on for almost three years sought psychotherapy for her problems. Within the first session it became clear to me that there were far more people in that office than Susan and I. How many of them did I need to see in order to be an effective marriage and family therapist?

When an individual who is a member of a nuclear family comes to us for help, is it possible to get an accurate idea of how these relationships truly function without ever seeing the other family members? Well, it is much easier to work with just one person. Things usually remain manageable, notes are neat instead of complex, the diagnosis is doable because there is only one point of view to look from, but as marriage and family therapists we should be looking at the bigger picture from the other points of view as well. And more than that, we need to see and feel how that family interacts in order to get the bigger picture. One person's description will not suffice.

Does this mean that I would be asking Susan to bring in her 80 year old narcissistic and abusive raging alcoholic mother and dependent, abused father or her divorcing, denigrating and sometimes raging alcoholic husband? Even I'm not that crazy. But her husband had taken to calling Child Protective Services on her every time her oldest daughter, Lucia (11) called him to say that Mommy had yelled at her or dragged her by the arm into her room for a time out. CPS was investigating and Susan was at her wits' end. The other two kids, Thomas (9) and Lily (6), were also acting out quite a lot and Susan's parenting skills were poor, to say the least. I made an appointment for her and the children for a family session but before that, CPS stepped into the mix. Here is what happened.

Susan, acting with my agreement, asked CPS to recommend a therapist for the two oldest children, especially Lucia. Lucia, and sometimes Thomas, began seeing a well-respected MFT whom I had met but did not really know. When he talked about Lucia, he told me that he believed Lucia was sincere in her story of how her mother had hit her. But Susan was telling me that because she had been hit so much by her own mother, she would never do so to her own children. Lucia's therapist had interviewed Susan once, alone, and had done the same with the father. His assessment of Susan was that she had deep rage that she had trouble containing and that the father was so narcissistic there

was no use talking to him at all. I thought his assessments were on target. Susan was an interesting blend of narcissism, defensiveness, insecurity, poor relational skills, and a tendency toward alcohol abuse at times. But I felt strongly that I did not have the whole picture so, a few weeks later, when things had eased between Susan and Lucia, (and when CPS had finally caught onto the father's game plan) I had Susan bring the kids in for a family session.

The kids were beautiful, athletic, intelligent, artistic and very vocal. I facilitated a family meeting around the problem of chaotic school day mornings which often ended in fighting and disaster. In the process I observed that the two older children, especially Lucia, were verbally abusive, disrespectful, and manipulating towards Susan who reacted by becoming defensive, hurt, and at home would probably explode verbally. I was impressed by the level of sophisticated psychological manipulation Lucia was capable of towards Susan. Clearly she had been taking unconscious lessons from her father and grandmother. I was even more astounded by the depth of her rage towards Susan and her siblings and by her ability to twist reality around so that nothing was ever her fault. When we took the time to mirror her pain to her, she melted into tears, but her default defenses were rage, blame, and manipulation. Thomas was learning from her and both were very mean to little Lily.

We had several more family meetings during which the kids did drawings and worked on figuring out family dynamics. We took turns facilitating and things began to calm down. Over time, with a lot of support and education, Susan's parenting skills improved and her defensiveness decreased. She became a mother instead of a sibling, gained some boundaries with her own mother and soon-to-be ex-husband. Along the way I had a meeting with my colleague who was seeing Lucia and he was amazed to hear about my observations in the family sessions saying he had never seen any of that behavior in Lucia.

This is my point. We cannot know what is going on in a family unless we see them as a family. Often we are partially in the dark because our client wants to show him or herself in a good light, as a victim, or simply from their own point of view. Family therapy is chaotic and messy. While this family worked I was contending with the children spontaneously starting up a baseball game with balls of paper, sudden fights or fits of rage where one was being very hurtful and another crying, while a third was jumping on a chair, feeling startled by the violent scene I had just noticed in a drawing on the floor, or feeling utterly overwhelmed. Often it was the next day before I sorted it all out. But this family was teaching me, showing me how things were. I saw

Susan's family of origin and marriage relationships playing out in front of me without ever having to see her mother and husband and it made our work together far easier. There weren't that many sessions with the children. They were able to continue their work at home with their mother while I continued to support from behind her. However, knowing this family and seeing how they interacted helped me to see my client's internal family system and how she behaved under the stress of those dynamics. I had the opportunity to intervene right in the middle of the stress so that she could internalize the changes in her defenses as she made them. It's a lot of work seeing such a family, but it is what we need to do for an accurate assessment of a client who is in a family.

## *Office Space*

FT OFFICE FOR RENT: Share suite with other therapists. Quiet, bus/wheelchair access. Parking. Reasonable rent. FMI contact Susan at 538-2011 or Kristine at 539-7096FT

PETALUMA OFFICE – Comfortable east side office with waiting room, easy parking, wheelchair access, sand tray and child friendly materials/setting. Available Mondays, Fridays and weekends – Monthly rent \$100/day. BJ Brown, 765-4885

THERAPY OFFICE avail. M, W, F, 24 hrs; Tue. eves. Near downtown, public trans, wheelchair access, sandtray. 523-4478.

## *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.

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

**Remembering the Body in Psychotherapy: A Multi-Weekend Intensive Somatic Psychotherapy Training.** Jan-June, 2007, Sebastopol. Training will include body-oriented techniques and practices to intervene and bring resolution to emotional injuries. Open to licensed therapists, experienced interns and body-oriented practitioners. CEUs available. Interview required. Taught by Kitty Chelton MFT, Jan Lowry-Cole MFT, Theresa Beldon MFTI (sup by Ellen Jordan MFT). FMI and brochure call 823-8203 or visit [www.rememberingthebody.com](http://www.rememberingthebody.com).

## *Bulletin Board*

**Intern Warm Line** is a line for all interns and trainees to call for support and information. Part of that service is the **Intern Bulletin Board**, a space for interns and trainees to network, exchange information and support. To post something on the Bulletin Board, call the **Intern Warm Line** at **538-2716**.

## *Future Issues*

**Group Listings:** We would like to list both ongoing and upcoming groups available in Sonoma County. Please contact the office if you would like to advertise your group in the newsletter. This would be a monthly column.

**Community Calendar:** We think a community calendar would be useful to our members. It would include anything that would be of interest to our readers. Call, fax, or email items to the office. Inclusion would be at the discretion of the Board.

## NEWSLETTER COSTS & DEADLINES

### Line ads and announcements:

Members - \$5 per line

Non-members - \$12 per line

Flyers inserted in newsletter - \$100

Mailing labels - Members - \$65

Non-members - \$125

### Display ads (camera ready):

Full page - 9.75" x 7.5" = \$200

Half page - 4.75" x 7.5" = \$110

Quarter page - 4.5" x 3.5" = \$60

Eighth page - 2" x 3.5" = \$35

10% discount for 5 month ad commitment

20% discount for 10 month ad commitment

### Deadlines:

Articles & letters - 10<sup>th</sup> of the month

Advertisements - 5<sup>th</sup> of the month

For more information call, fax, or email the office at:

707 575-0596 or [therapy@recamft.org](mailto:therapy@recamft.org)

## *Membership Renewal Time*

Your membership renewal form is inserted in this newsletter. On the reverse side is personal information that you gave last year on your membership form to assist you in completing this one. Take advantage of the opportunity to save by registering for the Law & Ethics Workshop at the same time.

*The  
Redwood  
Empire* **Therapist**

REDWOOD EMPIRE CHAPTER, CALIFORNIA ASSOCIATION  
OF MARRIAGE & FAMILY THERAPISTS

PO BOX 2443, SEBASTOPOL, CA 95473

Telephone/Fax: 707 575-0596

Email: [therapy@recamft.org](mailto:therapy@recamft.org)

Website: [www.recamft.org](http://www.recamft.org)

Presort Std.  
US Postage Paid  
Sebastopol, CA 96572  
Permit No. 170

### RECAMFT TEAM

#### BOARD OF DIRECTORS

PRESIDENT: Diana Poulson 824-4782

PRESIDENT ELECT: Gail Van Buuren 494-4198

PAST PRESIDENT: Joan Logan 829-0122

SECRETARY: Judith Peletz 526-7720 x 315

TREASURER: Winchell Quan 486-3178

#### DIRECTORS-AT-LARGE:

Membership Chair: Phillip Knowlton 887-8803

Programs: Christine Erickson 575-1600

Interns: Katherine Kirk 544-3299 x204

#### NEWSLETTER

Editor: Rebecca Kuga 415 898-0504

Formatting: Gail Van Buuren 494-4198

#### COMMITTEE CHAIRS

5150 Raffle: Jan Lowry-Cole 542-7987

Ethics: Coralia Serafim 781-0133

Hospitality: M. Tamar Berg 522-0446

Website: F. Michael Montgomery 578-9385

Community Outreach: Diana Poulson 824-4782

RECAMFT PRESENTS: Winchell Quan 486-3178

#### STAFF

Administrative Assistant: Diane Moore 575-0596

-FORWARDING SERVICE REQUESTED-