

WORKING WITH THE LATINO POPULATION

On Friday, April 11, at the general RECAMFT meeting, Marcia J. Gomez, LCSW and Mario G. Guerrero, MFT will be presenting on the topic Working with the Latino Population. Latinos are the largest minority and the fastest growing ethnic group in the U.S. A present-day clinician must develop an understanding of the Latino culture and the Latino client. This presentation will explore the Latino culture, its strengths and challenges, immigration and acculturation and how these issues shape this population and impact the mental health of its constituents.

Marcia and Mario will begin by defining the term Latino and describing differences between Latino and Spanish cultures. Then they will talk about demographic and socio-economic factors affecting Latinos. Immigration will be discussed specifically as it impacts parents, couples and children.

Marcia and Mario will then speak about cultural implications for treatment, focusing on the organization of the Mexican family including the marital, parent-child and sibling subsystems. The role of the mental health professional will be explored in depth and will include a discussion of useful techniques for joining with the Latino client. Vignettes of actual cases will be presented.

Marcia J. Gomez is a graduate from U. C. Berkeley and has been practicing psychotherapy for over 15 years. She has

extensive training and experience in individual psychodynamic therapy as well as structural family therapy. She currently works as a Psychiatric Social Worker at Kaiser Permanente in Santa Rosa and has a successful private practice working exclusively with couples using the Gottman Method. Marcia is currently a consultant with the Gottman Institute Certification Program. She continuously gives presentations on working with the Latino population at community programs in Alameda and Sonoma Counties.

April 11th RECAMFT Meeting

10:30 - 11:00 social & sign in

11:00 - 1:00 meeting

Working with Latinos in Therapy

Mario Guerrero, MFT & Marcia Gomez, CSW

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

May 9, 2008

Somatic Experiencing

Joe Persinger, MFT

June 13, 2008

Positive Images Working with Gay, Lesbian, Bisexual & Transgendered Persons

James Foster, MFT & Panel

SAVE THE DATE - JUNE 6TH WORKSHOP Attachment in Psychotherapy Workshop

David J. Wallin, Ph.D.

SEE HIS ARTICLE IN THIS ISSUE!

Mario G. Guerrero worked for 12 years at La Familia Counseling Service where he participated in the creation and development of the Training and Research Institute, now in its 17th year. At La Familia Mario received intensive training in structural family therapy and in individual psychodynamic therapy. For the past 8 years he has worked for Sonoma County Mental Health as a clinician and as a program manager. He is currently the program manager for the Community Intervention Program (CPI) which is a new program that provides integrated community-based bilingual and bicultural mental health services throughout Sonoma County. Mario also holds the position of the Cultural Competency and Ethics Service Manager at SCMH. During his professional career, Mario has given numerous presentations on the Latino population at many agencies and colleges in Alameda and Sonoma Counties.

This is a presentation you cannot miss! Please join us for this timely and important topic. We'll see you there!

President's Message

Kate Maxwell, MFT

What would you do in the event of a local disaster? I'll bet that since you are a caring person with knowledge of how to help someone in crisis, that once you had determined your family was safe, you would show up at the disaster scene and volunteer your assistance. Of course you, with your training, might assume your offer would be accepted gratefully.

Wouldn't it be a surprise if you were told that you could either go home or do manual labor? After all, how can it be that you and your training would be dismissed? But it's true! Your valuable mental health experience would be refused unless you had specific "disaster mental health" training. It seems that many of the techniques we use in therapy are useless or even detrimental at the scene of a disaster. So you can't just pop in and join the effort.

"Self-deploying," as the American Red Cross calls it, is unacceptable. They are the agency mandated by Congress to respond in the event of a disaster. All this information and more was presented March 6th and 7th at the "Eye of the Storm: Essentials of Disaster Mental Health" presented by Diane Myers, RN, MSN, CTS for the SCV-CAMFT (see Margaret Newport's article in this issue for more information). It was another great training that I had the pleasure of sharing with our past president, Gail Van Buuren, and our Trauma Response Team leader, Margaret Newport. (Anyone interested in joining the team?)

Disasters are like old age: no one wants to think about it, or to prepare for it, because the mere act of doing so gives it reality. So even if it's uncomfortable, let me encourage you to think about the most likely disaster in this area: earthquake. Ask yourself some simple questions. Are your bookshelves anchored to the wall? Do you have warm blankets? Do you have water set aside in case the public water supply

is interrupted? Do you have a phone that doesn't require a power supply? What about flashlights? Are all these things too much of a bother? We all need to make at least a minor effort to prepare for a minor earthquake.

But what about a major earthquake? Unless you have prepared for the basics, you will be unable to assist those in need, and that could mean your own family! We live in earthquake country and if you ever look in Saturday's Chronicle you will see a map of all the earthquakes that have occurred weekly throughout this area. Each week there are dozens of earthquakes, most of them under 4.0. But think about what could it mean to you or your family to have some very basic preparations in place in case the need arises? Wouldn't you want to be able to assist your family, neighbors, and your community? Do you have a plan in place?

So what could it mean to your community if you had the training specific to a disaster response? You would truly be able to provide essential support to those around you. The research done on crisis management has shown that early intervention is critical. Not only could you experience the reward of making a meaningful contribution, but you would also validate your training as a psychotherapist, because you would know which tools (including specific disaster responses) you possess appropriate to the situation. If you go to the RECAMFT website and to Newsletters you can access this message and click on the following for additional information:

- The local chapter of the Red Cross: <http://www.arcsm.org/> or if you go to: <http://www.cmiregistration.com/user/org/category.jsp?id=127565&org=748> you will find the registration for the

next "Foundations in Disaster Mental Health taking place on April 21st here in Santa Rosa.

- The International Critical Incident Stress Foundation, Inc. offers training in the Bay area. For information on this training go to:
<http://www.icisf.org/training/classes/getclass.asp?id=64>.
This is a three day course to be taught May 28th through May 30th in San Francisco.
- UC Berkeley Extension will be offering a basic CISM course taught by David Wee on July 14th and 15th:
<http://www.unex.berkeley.edu/> . You can register after April 14th.

Of course, you don't have to take the training all at once. You can limit your response availability to critical incidents or disasters close to home. Please spend a few minutes looking into this valuable information and become part of CAMFT's Trauma Response Network Task Force. If you go to the following link you will find CAMFT's list of members who have received the three courses which qualify for the task force:
<http://www.camft.org/scriptcontent/index.cfm?displaypage=../StaticContent/I/CrisisRelief/TraumaResponseNetwork.htm>.

Getting involved in this effort is a great way to build personal professional credibility as well as credibility within the psychological community. In addition, we have a great team started here at RECAMFT and we'd love to invite you to join us!

Kate Maxwell is in private practice at the Erickson Institute in Santa Rosa and can be reached at 237-8900.

Ethics Group Meeting

The Ethics Group 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.

**Next Meeting - April 4th, 2007
1:30 - 3:00 pm**

For more information call Coralia Serafim at 781-0133

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What You Missed By Judith Peletz

At our March meeting, Marguerite Dean gave a presentation on Leading Expressive Arts Therapy Groups for Children. Not only did she give us some good information, but she allowed us to participate in some of the group games and activities she uses with families and children.

Expressive Art Therapy can take many different forms. Marguerite talked about using art, movement, music, poetry, psychodrama and guided imagery. All of these forms promote the expression of feelings and allow unconscious material to surface, resulting in emotional healing. Marguerite stressed that expressive arts therapy is not about performing, not about talent or experience, but about emotional expression. It was

reassuring to know that neither the leader nor the participants need to have any artistic skill.

The first goal when working with a group is building cohesion, trust, safety, and bonding. The audience had fun participating in an ice-breaker game. Later, Marguerite asked for volunteers and then demonstrated two other games that help members of the group learn each other's names. By making the first activities fun, kids buy-in to the idea of being in the group. Then, Marguerite continues to begin each session with a cooperative game, helping kids get warmed up to the group experience.

Marguerite modeled how she gets kids to participate in a discussion about goals and about group rules. She uses simple drawings to illustrate her basic goals: to learn skills for living, to heal your heart, and to have fun. Then, she acts out compliance and non-compliance with the rules. For example, she shows kids what it looks like to be an inattentive listener as opposed to an attentive listener, all the while exaggerating and using humor.

Marguerite gave some examples of different ways of running a group. The group may have one specific theme such as divorce or anger management, or the group can focus on a different topic each session.

Our audience had fun participating in different modes of expressive arts therapy. We experienced music therapy when we learned "The Butterfly Song" which was accompanied with hand movements. This particular song helps us celebrate who we are. Some volunteers took part in psychodrama. When offered a deck of feeling cards, they picked a card and acted out the feeling until the audience guessed what it was. Illustrating the use of poetry, Marguerite read the "Rainbow Poem." Imagery of being wrapped in a rainbow offers reassurance and comfort. Then, we all participated in some art therapy using star-shaped cut outs. On one side we drew a symbol meaningful to us. On the other side we wrote what we like about ourselves and others added what they appreciated about us also.

Finally, Marguerite gave some good tips about activities to do and discussions to have when it is time for the group to disband. She shared a moving poem that she wrote called "Wednesdays" and she graciously invited us to modify it for our own use. She also handed out certificates to signify completion of the mini workshop, just as she does in her groups for children, adolescents, and families.

All in all, there is one word to sum up this presentation, FUN! Thank you, Marguerite!

Judith Peletz, MFT is in Private Practice in Santa Rosa and can be reached at 526-7720 x315.

April 5150

The April 5150 prize is an acupuncture session donated by Sebastopol Community Acupuncture, which provides high quality acupuncture treatment at affordable rates in a supportive community setting. Acupuncture can be effective to treat many ailments, including allergies, asthma, anxiety, arthritis, back pain, cough, colds & flu, depression, dizziness, fatigue, headache, insomnia, digestive disorders, muscle and joint pain, PMS, stress, and more. Most U.S. acupuncturists treat patients on tables in individual cubicles. This is not traditional in Asia, where acupuncture usually occurs in a community setting. In our clinic we use recliners, clustered in groups in a large, quiet, soothing space. Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together; many patients find it comforting; and a collective energetic field becomes established which actually makes individual treatments more powerful.

Sebastopol Community Acupuncture can be reached at (707)823-2217 or at www.sebastopolcommunityacupuncture.com Many thanks to Barbara Chapman, Acupuncturist, for her generous donation, and to Kitty Chelton, MFT for recommending her.

The 5150 Raffle is held every month at the RECAMFT general meeting. All attendees are eligible to win. Winners please contact the person donating the service within 6 weeks. Feel free to pass the prize to someone else if you are not able to take advantage of the offering. 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.)

Coach's Corner



We regret that Diana Poulson will no longer be able to publish this column due to time constraints in her life. I, for one, will miss the interesting interviews with our colleagues and her insights. Gail Van Buuren

ATTACHMENT IN PSYCHOTHERAPY: TRANSFORMATIVE RELATIONSHIPS, NONVERBAL EXPERIENCE, AND THE MINDFUL SELF

By David Wallin, Ph.D.

How does psychotherapy enable people to change?

This question has inspired my deepest curiosity for more than three decades, no doubt for personal as well as professional reasons. As a graduate student seeking a dissertation topic, I considered trying to solve the mystery by observing what master clinicians actually *did* with their patients. Years later I learned that attachment researchers had taken a related tack by observing what sensitively responsive parents actually did with their children.

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Sparked by John Bowlby's original insights, these researchers brought empirical rigor to the study of the most intimate human bonds, generating the wealth of knowledge that has made attachment theory the dominant paradigm in contemporary developmental psychology. No other research-based framework tells us more about how we become who we are. Yet until recently therapists have been largely left to draw their own inferences about how the theory is to be applied. Thus the *clinical* promise of attachment theory has remained unfulfilled.

The teaching I do and the book I've written—*Attachment in Psychotherapy*—are my contributions to realizing that promise. In brief, I propose that *psychotherapy is a process of transformation through relationship*. Drawing on neurobiology, cognitive science, trauma studies, and Buddhist psychology as well as attachment theory and relational psychoanalysis, I explain how therapists can make practical use of three key findings of attachment research. Accordingly, I

focus on the therapeutic relationship as a developmental crucible, the centrality of the nonverbal dimension, and the transformative influence of reflection and mindfulness.

The relationship is where the developmental action is, whether in childhood or psychotherapy. When we're effective as therapists, what we do is analogous to what good parents do with their children: We create a relationship of attachment with our patients that makes room for as much of their experience—their feelings, views, desires—as possible. Within such an intimate partnership they can learn to regulate their emotions, make sense of their experience, and take charge of their lives. Attachment research—that identifies the features of the most developmentally facilitative relationships as well as the consequences of development gone awry—enables us to tailor our therapeutic stance to the patient's developmental needs so we can become more effective facilitators of growth and healing. And because development takes two, this research also underscores the clinical finding that the therapist's *own* capacity for self-awareness and change may be a precondition for promoting awareness and change in the patient.

Nonverbal experience makes up the affective core of the self. This is a finding around which attachment, neuroscience, and trauma researchers all converge. The implications for treatment? To access the dissociated self experience that underlies our patients' symptoms and suffering, we need to get beneath the words. We need to "listen" to the language of emotion and the body—in ourselves as well as our patients. This requires us to work with what our patients evoke *in* us, enact *with* us, and/or embody.

Changing one's stance toward experience can transform it. This is a finding that takes us all the way from Bowlby to Buddha. Attachment research does indeed show that the capacity for a *reflective* stance can trump the impact of personal history even when that history is quite horrendous. The same may well be true of a *mindful* stance. A reflective (or "mentalizing") stance allows us to take a step back from the immediate "reality" in order to consider its meaning in light of underlying

mental states. Rather than being defined by our experience we can interpret it. With a mindful stance we deliberately occupy the present moment with awareness and acceptance. Rather than being held hostage by the remembered past or the imagined future, we can become intimate with our experience in the here and now. Mentalizing and mindfulness, I've suggested, are the "double helix" of psychological liberation—the first frees us through understanding, the second through presence and compassion. The clinical implication? We would do well to cultivate in ourselves and attempt to elicit in our patients the capacity for an increasingly reflective and mindful stance toward experience.

In closing I'll circle back to where I began—with the question about how psychotherapy "works." John Bowlby, the father of attachment theory, put it something like this: It works by allowing the patient to risk feeling what he's not supposed to feel, thinking what he's not supposed to think, and entertaining intentions he has previously been forbidden to entertain. My own answer is more detailed.

Capitalizing on the universal biologically built-in need to attach when threatened or in pain, the therapist helps kindle a *relational-emotional-reflective process* that heals in at least three ways: It provides a "safe haven" and "secure base" within which the patient's natural self-righting developmental tendencies can be re-engaged. It accesses the nonverbal realm, through which the patient's emotionally and somatically based responses to experience can be illuminated and altered. Finally it enhances internal freedom by fostering the patient's realization that his or her experience of the world is always mediated by the mind—and with the help of another, one can change one's mind.

DAVID WALLIN, PhD, is a clinical psychologist and author who will be teaching an all-day workshop in Windsor on June 6th. *Attachment in Psychotherapy*—his book on which this workshop is based—has been described by Daniel Goleman (*Emotional Intelligence*) as "a brilliant leap in realizing the clinical promise of attachment theory, a synthesis that should be required—and will be **rewarding—reading for every psychotherapist.**"

THE FEELING TABLE

*There sits between us a feeling-table, on either side seating for two.
We spread before ourselves expressions of life.*

*Particular tones of yours invite me to leave my side to sit with you.
There I take your hands in mine, look squarely into your face, take you into my self.*

When you feel heard I return to my side.

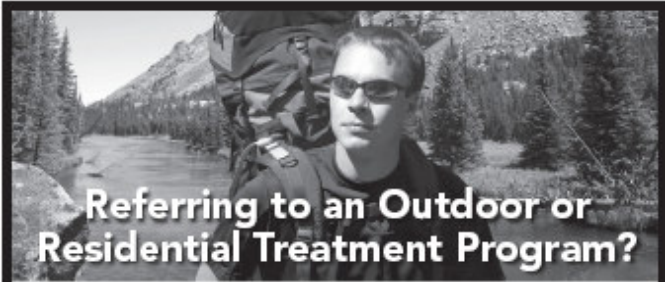
*Particular tones of mine invite you to leave your side to sit with me.
Here you take my hands in yours, look squarely into my face, take me into your self.*

When I feel heard you return to your side.

*As we take the other's feelings into our self the connection is divine!
When not, we feel, facing each other, the hell of loneliness.*

*The expressions we spread before ourselves continue.
There sits between us a feeling-table, on either side seating for two.*

Don Scully



Referring to an Outdoor or Residential Treatment Program?

Educational consultants, in collaboration with referring mental health professionals, work with families to identify appropriate therapeutic treatment options for struggling students.

Bob Casanova is an experienced, licensed marriage and family therapist (MFT) who provides realistic, comprehensive recommendations to Therapeutic Schools, Residential Treatment Centers and Outdoor Therapeutic Treatment Programs for teens and young adults who need help coping with such challenges as:

- Drug or alcohol abuse/dependence
- Learning differences
- Social, emotional or psychiatric concerns
- Self harm
- Eating disorders
- School failure or refusal
- Adoption/attachment issues
- Asperger's/PDD/NLD
- Family conflict
- Loss and grief
- Divorce

BOB CASANOVA Educational Consultant
and Licensed Marriage & Family Therapist
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319 South E Street, Suite A | Santa Rosa, CA 95404
707.526.5800

INTERN GREETINGS

From Karen Nemrow

Last month I attended the Sonoma State Intern Fair along with Judith Peletz and Romy Brock. While there I had the pleasure of meeting many new interns/trainees. Welcome! I also had the opportunity to meet and talk with many therapists, supervisors and program directors from local agencies and school districts. . I came away with lots of information about possible internships and am happy to share! Feel free to contact me if you have questions or would like to know more. If you haven't done so already, check out our intern on-line group. Many of us have been communicating, sharing ideas, and letting each other know about trainings and job opportunities. It's a great way to stay in touch with other interns and keep current about the goings on in both Sonoma and Marin. Check it out by going to www.recamft.org .

Karen Nemrow is an MFT Intern in private practice in Petaluma and can be reached at 765-4999 or karenbnem@comcast.net

In The Eye of the Storm.....

By Margaret Newport

On March 7, and 8, 2008 Gail Van Buuren (retired chapter president RECAMFT), Kate Maxwell (current president RECAMFT) and I participated in a training course called, "In the Eye of the Storm." This was a two day, 16 CE unit course taught by, Diane Myers, RN, MSN,CTS. Diane earned a Masters in psychiatric nursing from Yale. She is a licensed Public Health nurse, Board Certified Expert in Trauma Stress and a Certified Trauma Specialist. Diane has done pioneering work in the field of disaster mental health response. She is the author of three books and over fifty publications and video tapes concerning intervention with trauma, disaster, critical incident stress and terrorism. With these qualifications it is easy to understand why she puts together an excellent course.

Participants had a variety of objectives for their attendance at the training. Some stated they desired information and understanding regarding the impact that disaster causes on individuals, families, groups and the wider community. While others wished to become involved in organized disaster mental health efforts such as CAMFT Trauma Response Network. (This training is one of three required to become part of the network.

The other two are Red Cross Disaster Mental Health and Critical Incident Stress Management.)

*** Course Content:** (developed by Diane Myers)

- Identify and differentiate different types of disasters
- Describe the types of trauma caused by all disasters
- List common stress reactions to disaster
- Understand the psychological phases of disaster recovery
- Understand key concepts of disaster mental health
- List phase appropriate disaster mental health services
- Become involved in organized mental health efforts

This field is quite different than agency or private practice work.

It is not traditional therapy. There are different skills and interventions and it is normally short term. The intent is to prevent further escalation of symptoms, reduce stress and promote coping skills.

Members having an interest in this field are invited to contact me. I am listed in RECAMFT membership directory.

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For more information call, fax, or email the office at:
707 575-0596 or therapy@recamft.org

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