

## SOMATIC EXPERIENCING - AN OVERVIEW

On Friday, May 9<sup>th</sup>, at the general RECAMFT meeting, Joe Persinger, Ph.D. will be presenting on the topic, Somatic Experiencing--An Overview. Somatic Experiencing is a short-term naturalistic approach to the resolution of post-traumatic stress conditions. It is based upon the ethological observation that animals in the wild utilize innate mechanisms which regulate and neutralize the high levels of arousal associated with defensive survival behaviors. Somatic Experiencing normalizes the symptoms of trauma, which bind this arousal, and offers the steps needed to resolve activation and heal trauma.

SE works in the 'here and now' and focuses predominantly on the bodily *felt sense* - physical sensations, affect, imagery and motor response patterns--and how the system binds stress in the body. It works with 'just enough' activation to allow discharge, integration and completion within a person's current range of resiliency and helps the client expand the internal, external and missing resources to aid in the healing of unresolved trauma.

As a result of attending the presentation, clinicians will:

1. Be familiar with the components of a successful trauma response.
2. Understand how an unsuccessful trauma response can elicit chronic autonomic nervous systems dysfunctions and the resultant spectrum of post-traumatic stress syndromes.
3. Understand the underlying tenants of Somatic Experiencing Trauma Therapy and become familiar with applications of SE interventions in clinical practice.

Dr. Persinger will include experiential exercises in order to highlight some of the points he will be making during his presentation.

Dr. Persinger received his bachelor's degree from the University of Virginia and his Ph.D. in Clinical Psychology from Alliant University. He completed his post doctoral internship at the Sonoma County Department of Mental Health. He has had a general outpatient private practice at the Milton H. Erickson Institute of Santa Rosa since

### May 9th RECAMFT Meeting

10:30 - 11:00 social & sign in  
11:00 - 1:00 meeting

### Somatic Experiencing - An Overview

Joe Persinger, Ph.D.

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

June 6, 2008

### Attachment in Psychotherapy Workshop

David J. Wallin, Ph.D.

SEE HIS ARTICLE IN THIS ISSUE!

June 13, 2008

### Working with Gay,

### Lesbian, Bisexual & Transgendered Persons

James Foster, MFT & Panel from Positive Images

1982. In addition, he has worked as a staff psychologist in the Chronic Pain Management Program at Kaiser, Santa Rosa, since 1995.

Dr. Persinger's areas of clinical interest include anxiety and depression, life stress, post-traumatic stress, chronic pain, sleep disorders and psychosomatic disorders. His specialty training includes behavioral medicine, hypnosis, EMDR, Dialectical Behavioral Therapy (DBT) and Somatic Experiencing Trauma Therapy. He is particularly interested in integrating these approaches into a coherent mind-body therapy for people with both psycho-emotional and physical problems.

Please join us for what promises to be an extremely informative presentation on a fascinating and cutting-edge topic!

## *President's Message*

*Kate Maxwell, MFT*

No TIME!! I don't have enough time to keep up with all the information about: the Presidential elections, environmental stresses, new legislation, great organizations (TED.com anyone?); developments in Freudian Theory, Somatic Therapy, Behavior Modification, Body Oriented Therapy, Gestalt Therapy, Sandtray Therapy, Narrative Therapy, Jungian Therapy, Biofeedback, Hypnotherapy, Humanistic/Existential Therapy, Imago Relationship Therapy, Integrated/Eclectic Therapy, Transpersonal Therapy, Gottman Method Couples Therapy, Brief/solution based Therapy, Depth Therapy, Self Therapy, Client Centered Therapy, Object Relations Therapy, Play Therapy, EMDR, NLP, AEDP, CISD, CT, EFT, MFT, EMT. What have I left out? What don't I know about?

When do I have time to sit in the sun with my morning cup of coffee or to have a leisurely conversation with a good friend without the feeling that I "should" be attending to all the information that I "should" know: books, professional magazines, lectures?

As I talk to friends, colleagues, co-workers and family the complaint is always the same: "I don't have enough time." The internet has only heightened the experience. The pressure to be informed is incredible. And, sometimes it seems as if there is an element of one-up-man-ship. Information accumulation has replaced clothes and toys (cars & high-tech gizmos) among the professional crowd: Haven't you taken the latest training, gotten the certification, read so-and-so's latest book?

Have you ever noticed a creeping fear of inadequacy as someone describes how the latest theory de jour is

so wonderful and has all the answers to the human condition? Do you find yourself a little out of the loop when you aren't using the definition de jour for a particular behavioral pattern? I am being flippant, but we all know that basic human behavior and motivations have remained constant over hundreds, if not thousands, of years. The "new" theory isn't much more than a marketing tool. If you were to speak the truth about humanity it would hardly sell a book, inflate an ego or build a following.

Has all the information and outside expertise undermined our own faith in our ability to be present with another human being? What has happened to truly being present with another person, whether friend, family or a client? What has happened to trusting our own senses and reactions? Oh, I know, you need to take a class so you can become certified in paying attention and being with another person, read a book about it: Anything to avoid being quietly present to yourself and another person. After all, how do you know if you're doing it right? How does anyone else know you're doing it right if you aren't certified?

Let me ask you, how many of your clients actually ask about all your certifications or about the books you've read? Very few, if any, I'll bet. What they do want to know is if they can form a real relationship with you, will you be able to be with them, see them, hear them and can you assist them in experiencing themselves in a larger context so they can make better choices. What if we just slow down and "be present?" Isn't that ALL any of us truly want-- to have another person take the time to see us, to listen and to "be with us?" I'm not saying that some of the techniques

we may learn have no place, but without the truly “being with” another person, the techniques only result in further alienation.

Can we slow down enough, be with ourselves with a silent curiosity, so we can learn to trust our own knowledge? We are trained professionals. With curiosity as a tool we can share discovery and acceptance with our clients. But in order to that we must slow down. We cannot rush the building and maintenance of a relationship with our clients regardless of the pressure of the insurance industry or our busy client. (Or maybe we just surrender to the drug industry so no relationship is required: “Better Living Through Chemistry” [Du Pont]). Putting sarcasm aside, rushing shows a lack of appreciation and respect upon which all meaningful relationships are built. Let’s slow down and trust ourselves. You’ve heard of the “Slow Food” movement? Well, let me advocate for “Slow Therapy”.

So I’ve gone off on a bit of a rampage. Thanks for listening.

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

**\* NOTICE OUR NEW BOARD MEMBER, BETTINA O’BRIEN! SHE IS OUR MEMBERSHIP CHAIR. BE SURE TO LOOK FOR HER AT OUR MEETINGS. \* →**

## *May 5150*

Lani Collins NCMT is the practitioner generously donating our May 5150 prize. She has been doing massage for 23 years, and her expertise is in deep tissue. It is very intuitive work, and Lani tends attentively to the needs of her clients and helps them on their way to recovery. She includes working through the layers of myofascial tissue and releasing and lengthening muscles groups, as well as integrating cranio-sacral and energy work to help rebalance the body. In addition, she teaches self help, herbs and supplements, and yoga stretches to help with problem areas. Lani can be reached at 707-738-2858. Many thanks to Lani, and also to Kitty Chelton, MFT, who submitted Lani’s name because she has experienced Lani’s work and highly recommends 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.)*

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## *What You Missed By Michael Krikorian*

Mario Guerro, MFT and Marcia Gomez, LCSW are a married couple who honored us with an interesting and informative presentation on “Working with Latinos in Therapy” at our April general meeting. Marcia, who emigrated from Chile, and Mario, who emigrated from Mexico, explained that “Latino” is the term preferred by people today as “Hispanic” is a term brought into use by government agencies. While Mario and Marcia focused on Mexican cultural characteristics (80% of the Latinos in Son. Co. are Mexican), they explained that distinctions exist between the various Latino cultures. They also helped us see how demographic trends show Sonoma County with an aging and shrinking white population and a growing, young Latino population. Obviously, it is important that all therapists become knowledgeable and sensitive to Latino cultural characteristics. Marcia stated that more important

than understanding the language is that a therapist show appropriate respect and openness of heart when relating to Latino clients. This means addressing the parents first and by last name, showing respect for the family hierarchy by including parents in decisions and asking their permission. It also means dressing professionally, as that is expected. Many Latinos carry some initial mistrust of professionals based on a fear of information being passed to Immigration. Marcia suggested that brief, problem-focused approaches that include the family are better accepted than ongoing depth work.

Mario and Marcia explained that in the Latino culture, the father does the discipline and control, while the mother, who is idealized, nurtures and supports. Children are expected to stay with the family until they get married as there is an emphasis on group well-being rather than individual well-being. Spiritual values are important and there is an emphasis on dignity of the individual and respect for authority. Clearly there are differences between the dominant American culture and the Latino traditional culture. Each individual's response to these differences can be summarized by 3 choices: alienation (my culture without your culture), acculturation (your culture without my culture) or assimilation (my culture with your culture). Mario and Marcia see assimilation as the healthiest adaptation.

The typical immigration pattern is that the father comes to this country first and sends money home. This separation sometimes sets up problems of mistrust and extramarital relationships on either side. Eventually the family comes to America. Children often pick up the language here sooner than the parents who are busy working long hours. Children may gradually lose the ability to speak Spanish thereby loosening the connection with grandparents and extended family. Mothers may earn more money than the fathers which is a blow to the father's pride. Children who speak better English are often put in the role of interpreter for the parents which also is a blow to the parental authority. Within one family, some members will be assimilating; some acculturating and some will be in a state of alienation. The alienation that can happen between the children and parents from all of these factors leaves fertile grounds for unhealthy peer bonding, such as gang membership. An important role of the therapist is helping each member express their experience with this struggle of dealing with old and new cultures.

The good news is that a recent study shows that over time across generations, Latinos have done just as well as Europeans who came in the early part of this century.

Marcia can be reached at Kaiser Permanente in Santa Rosa and Mario through Sonoma County Mental Health.

*Michael Krikorian, MFT sees couples and individuals, adults and teens in his practice in Santa Rosa.*



**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:

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- Eating disorders
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- Loss and grief
- Divorce

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***INTERN GREETINGS***  
*From Karen Nemrow*

This time of year is always one of transition for me. I'm guessing many of you may be feeling the same. Congratulations to those of you getting ready to graduate and welcome to RECAMFT. For others, like myself, this time of year may be filled with placements drawing to an end, and the anticipation of new experiences to come. For others it may be a time to study and prepare for exams. Whatever your personal transition may be I send positive thoughts your way. Pass them on! It's been great to see so many interns coming to chapter meetings. Hopefully we can meet and get to know each other as we continue on our journey of hours!

Please call me with questions, concerns or to talk about finding new ways to support each other.

*Karen Nemrow is an MFT Intern in private practice in Petaluma and can be reached at 765-4999*

# Speaking of Speaking...

By Don Ross

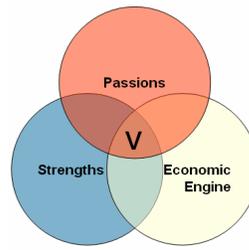
At the February RECAMFT Meeting, where our Treasurer Lisa Lund gave a riveting presentation on the Gottman approach to marital therapy, we introduced a new format for introducing ourselves in the meeting. I believe it was Lisa's suggestion that I facilitate the introductions—to share with our group principles I've learned in **Speaking Circles**© and **Toastmasters**, as well as in the business world.

I suggested we each introduce ourselves with what is called an “elevator speech” (or “30-second commercial”). It is a prepared introduction, which summarizes—in an impactful and memorable way (if done right)—the essence of what it is you **do**. If you e-mail me at [love-and-work@comcast.net](mailto:love-and-work@comcast.net), I'll send you the hand-out I provided at the meeting.

If you have any doubt about why it is important to communicate, powerfully and succinctly, how you are different from other therapists in this area—and **who** you are best positioned to serve (and why), you may want to look at practice-building guru Lynn Grodzki's article: “Harnessing the Winds of Change.” Recently published in **Psychotherapy Networker**, you can find the entire article on her website at <http://www.privatepracticesuccess.com/windsofchange.html>.

One of the points Lynn makes is that our (therapists') financial survival depends on our learning to think like entrepreneurs and business-people. And that means REALLY knowing our market and identifying niches where we can provide better service than our competition. She also quotes **Breaking Free of Managed Care** author Dana Ackley, who compares therapists' reliance on insurance companies to the codependent partners in “abusive relationships.”

In our RECAMFT meeting, I shared a model I learned from the best-selling business book **Good to Great**, which I believe we can use. Author Jim Collins, who **Fortune** magazine called the most influential author in U.S. business today, shares this model—which the extraordinary companies he profiles have in common (see diagram below).



The relevance of this model to **us** is our need pinpoint the particular area of our work, for which:

1. we have the greatest **passion**;
2. our **strengths** make us better than our competition; &
3. there is a **demand** (i.e.; a sufficient number of people in our market will pay

So, where does speaking fit with all this? While speaking cannot tell us about market demand, nor prove superior skills, what it **can** do is help us identify the critical first step in our business planning: what we are most **passionate** about. Speaking does this by first helping us **feel** our own excitement—as we speak. As anyone who has experienced Speaking Circles or Toastmasters knows, speaking can connect us with our own core and mission—and also boost our self-esteem and confidence. And, as a group, we can provide invaluable feedback to each other about what and how we are communicating (and if we are really “reaching” our audience).

As Community Outreach Chair, it is my mission to reactivate our Speakers Bureau, where our RECAMFT members will again have opportunities to speak to both business and community organizations on topics we know and care about—such as Assertion Training, Conflict Resolution, Parenting Skills, etc. Such opportunities not only provide an opportunity to educate our community about the importance of our work, they also provide a channel for people to experience who we areas individuals. This is obviously a great way to attract clients who can ‘connect’ with us.

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A small group of us are now meeting twice a month, on Thursday mornings from 10:30 AM to 12:00 Noon, at Romy Brock's office, near Memorial Hospital, starting on May 1<sup>st</sup>. We will use this time to both practice speaking and develop our skills, as well as to brainstorm opportunities for outreach (i.e, develop a list of organizations where our knowledge would be valued). If you are interested in participating, please call me at 525-0675. You need not be an experienced speaker—as long as you have some “fire” about your work, which you want to share. I look forward to sharing that fire with you!

**Recommended readings:** (in Sonoma County Library)

1. **Be Heard Now**, by Lee Glickstein
2. **You, Inc.: the Art of Selling Yourself**, by Harry and Christine Beckwith
3. **Made to Stick**, by Chip Heath

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

By David J. Wallin, Ph.D.

Ever since *Attachment in Psychotherapy* came out last Spring, I've been intermittently traveling the country and "teaching the book." What I've realized along the way is that *writing* the book changed me and the work I do with patients in three primary ways. Put succinctly it awakened my awareness of the centrality of mindfulness, enactments, and the body.

## *Mindfulness*

s. My book proposal said not a word about it. The topic wasn't on my radar screen, either conceptually or personally—though I was captivated by the attachment research which documented that *reflecting* upon our experience can transform it. Then one afternoon I was sitting on my deck, thinking about what the British researcher Peter Fonagy calls the "reflective self." This is that potentially transformative part of the personality that allows us to consider how our mental models of *past* experiences shape our *present* experience of the world. As I reflected upon the reflective self, what seemed the inevitable question arose in my mind: *Exactly who is it that is doing the reflecting here?* You might try, as I did, to close your eyes and pose this question to yourself.

What I got in response was not an answer in the ordinary sense but rather an experience. I had the sudden, compelling, and slightly dizzying sense that my *self* as I ordinarily knew it had imploded. What remained (the answer to my question, I suppose) was no "self" per se, but instead only awareness. In place of my usual experience of self—saturated with my history and identity, and taking up a good deal of psychological space—was what felt like a single point of consciousness that took up no space at all. For a couple of weeks or so, I was able virtually at will to reconnect with this newly discovered sense of self—or "no-self." As I did, I experienced profound feelings of well-being and gratitude as well as a much enhanced ability to be present. I also experienced decreased defensiveness, a heightened capacity for empathy and acceptance, and an intense feeling of connection to others on the basis of what felt like our shared capacity for awareness, not to mention suffering.

This rather uncanny experience was a gift that opened my eyes to the awareness of awareness. The experience faded but not its impact. Because meditation exercises the "muscle" associated with the very mindful state of mind with which my experience acquainted me, I became a committed meditator.

And, of course, the book I was writing took an utterly unexpected turn. For I came to understand that our felt experience can be transformed not only through reflection but also through mindfulness—that is, deliberate nonjudgmental attention to the present moment. Apparently the regular exercise of mindful awareness promotes the same benefits—bodily and affective self-regulation, attuned communication with others, insight, empathy, and the like—that research has found to be associated with childhood histories of secure attachment. The implication for treatment? As therapists, we would do well to cultivate both in ourselves and in our patients the capacity for an increasingly mindful stance toward experience.

*Enactments.* When we are neither mindful nor reflective, we can simply be embedded in experience. When our stance is one of embeddedness we operate as if on automatic pilot, taking at face value whatever we might be thinking, feeling, or doing at any given moment. Here, rather than *having* our mental states, it's as if we *are* our mental states; rather than *interpret* our experience, we are imprisoned by it. Enactments of transference-countertransference are examples of *shared* embeddedness in which—initially outside conscious awareness—our own attachment patterns interlock with those of the patient.

One of the overarching aims of an attachment-focused therapy is to generate a relationship within which our patients' dissociated and *unverbalizable* experience can be accessed and integrated. Because all of us are prone to enact what we can't put into words, enactments can be a royal road to the wordless world of dissociated experience. But only if, as therapists, we are capable of recognizing the enactments in which we are embedded. Unrecognized enactments usually result in relationships that preclude attention to the very aspects of our patients most desperately in need of recognition. What I'm suggesting here is that our own habitual attachment patterns can function as a kind of invisible straitjacket that leaves us at once confined and ignorant of our confinement.

To free ourselves to be of help to our patients, the key is repeatedly to ask, *What is it that I'm actually doing as I relate to this particular patient?* Recognizing the nature of our participation in enactments can begin to loosen their grip. Such recognition—which is often impossible without the aid of personal therapy or consultation—can potentially enable us to feel,

think, and do things differently, with greater awareness, freedom, and compassion. Thus, as I've said many times, for the patient to heal, the therapist must be capable of change.

*The Body.* Suffice it to say that before writing the book, my own "talking therapy" made little room for the body. All this changed once I recognized that the core of the self is forged in the crucible of attachment relationships that are preverbal and in which emotion registers not as feeling, but as somatic sensation. Because the body remembers and reveals, we must always, as therapists, keep the body in mind: "reading" it, talking about it, and mobilizing it. And because what can't be said will not only be enacted but also evoked and embodied, we must learn to "listen" to the language of our own body as well as the body of the patient.

*DAVID WALLIN, PhD, is a clinical psychologist and author who will be teaching an all-day workshop in Windsor, CA on June 6, 2008. 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."*

## **KEY CONCEPTS OF DISASTER MENTAL HEALTH**

*By Margaret Newport*

Diane Myers, RN, MSN, CTS, BECTS Trainer for CAMFT has developed six "Key Concepts of Disaster Mental Health." From time to time, I will write about these key concepts in our newsletter.

### **Key Concept No. 1 "No One Who Sees a Disaster is Untouched by it." (Diane Myers, 1994)**

In addition to those directly involved and affected by a disaster, many other individuals are emotionally impacted by simply being in a disaster stricken community. Farther away, most citizens will readily recall how the 9/11 attacks on New York City's Twin Towers were repeatedly run on television. Who cannot recall with great clarity the graphic depiction of this disaster brought about by Terrorism. From a distance we are touched by seeing that disaster and it becomes part of our experience.

Consider, then the impact on emergency response personnel such as firefighters, law enforcement, medical professionals and mental health workers who answered the call for help. They were there, they saw and they were touched.

As mental health workers we need to walk a fine line; to allow ourselves to be touched and still function; to care for our boundaries and own health while offering our aid to others. Of course, as therapists we know a great deal about stress, burn-out and self depletion. It can happen to those working in private practice or in agencies. The risk in disaster work is different due perhaps to uncertainty of the setting, lack of sleep, working long hours, or over-identification with victims. One may become less and less efficient.

In recent years there has been increased awareness of the need for people in all helping work to practice self care and observe their colleagues for stress and exhaustion. Beverly Raphael author of "When Disaster Strikes" calls this "trauma overload."

Some suggestions for self care:

- 1) Know your role.
- 2) Become trained in disaster work. It is not therapy, has different skill requirements.
- 3) Practice stress reduction.
- 4) Maintain a support network, family, friends, and colleagues.
- 5) Participate in critical debriefing (for yourself.)

Margaret Newport, Trauma Network Chairman,  
RECAMFT

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

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