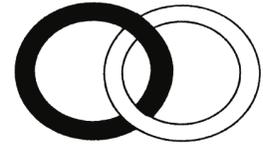


The
Redwood
Empire

Therapist

JUNE 2011



REDWOOD EMPIRE CHAPTER CALIFORNIA ASSOCIATION OF MARRIAGE & FAMILY THERAPISTS

OUR JUNE MEETING

Obsessive-Compulsive Disorder using Cognitive-Behavioral Therapy Presented by Litsa R. Tanner, MFT

The recent emphasis on OCD in popular reality television programs, such as A&E's Obsessed, has helped educate the general public about OCD and encouraged many viewers to seek treatment. Often, however, many therapists are left feeling frustrated and confounded at why, despite the best efforts of both client and therapist, the client is unable to fully stop obsessing, ritualizing, and avoiding. Although exposure and response prevention therapy (ERP) is one of the most effective treatments for OCD, the often sensationalized presentation of ERP in these television programs can leave one questioning whether such extremes are really necessary or helpful. In this interactive workshop, Litsa Tanner, MFT, will help clinicians understand why ERP, when used in a caring and ethical manner, is so successful in helping people overcome OCD. Additionally, she will guide clinicians on how to incorporate the basic principles of ERP into their daily practice with clients.

June 10th RECAMFT Meeting

10:30 - 11:00 social & sign in

11:00 – 1:00 meeting

Obsessive-Compulsive Disorder (OCD) using Cognitive-Behavioral Therapy (CBT) including Exposure and Responsive Prevention Therapy (ERP)

Litsa R. Tanner, MFT

ODD FELLOWS TEMPLE/MERCER HALL, 545 PACIFIC AVE., SANTA ROSA

IF THE PARKING LOT IS FULL, YOU CAN PARK AT THE J.C. GARAGE ACROSS MENDOCINO AVE. FOR \$3 OR ASK PERMISSION TO PARK AT THE EGGAN AND LANCE MORTUARY. IF YOU DO NOT ASK THE COST OF TOWING IS \$225.

September 30, 2011

Love and War in Intimate Relationships

A Psychobiological Approach to Couples Therapy

A Full-Day Workshop with Stan Tatkin, Psy. D.

SEE PAGE 7 FOR OUR ENTIRE 2011-2012 MEETING AGENDA

Litsa received her Master's degree in Marriage and Family Therapy from Colorado State University and is a licensed Marriage and Family Therapist. She has been using cognitive-behavioral therapies for over twelve years, and currently specializes in the treatment of anxiety disorders, including OCD.

Litsa received advanced training in the use of ERP to treat OCD from Dr. Paul Munford, who is a nationally recognized expert on the subject. She is also a co-founder of the Santa Rosa Center for Cognitive-Behavioral Therapy.

President's Message

Elaine Sohier Gayler, MFT



With the passage of time, mental health practitioners and clients alike are discovering the inherent relationship between the mind and the body, and the enormous benefit and impact of the Mind-Body Somatic approach in psychotherapy. In my 18 years of working with clients, I have come to the realization that working directly with the body, exponentially accelerates and deepens the therapeutic process. In my personal experience, and while working with clients, I have come to the awareness that discovering and developing a relationship with the innate wisdom of our own body profoundly transforms our life. Somatic Experiencing (a tool that I use with clients) is a psychobiological approach to treating trauma and anxiety. When working with couples, I am finding that by including body wisdom, I am supporting each person to become more authentic and intimate with themselves and each other.

Stan Tatkin's September 30th workshop: Love And War In Intimate Relationships, A Psychobiological Approach To Couples Therapy should prove to be very exciting and informative. Because of its emphasis on arousal and affect regulation, this approach is rapidly gaining success in working with couples that were previously thought to be untreatable. I hope that many of you will attend this workshop.

On another subject, since I will be away for the month of June, Hal Forman, our President-Elect, will step in for me and preside over our upcoming general meeting. For the months of July and August, there will be no general meetings or newsletters. Our next general meeting will be in September.

Have a relaxing, wonderful Summer!

Elaine Sohier Gayler MFT is in private practice in Sebastopol. Her specialties include: trauma resolution and anxiety-reduction through mind-body, somatic experiencing techniques, couples therapy, and transpersonal

hypnotherapy. She also supports interns in preparing for, and passing their licensing exams. She can be reached at: (707) 486-2947.

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Ads and Announcements

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

Affiliated with McClure Mallory & Baron

1160 North Dutton Avenue, Suite 250 | Santa Rosa, CA 95404

707.526.5800

June 5150

The June 5150 is being donated by Cairyl Gardner, a Certified Massage Therapist who brings an attentive touch with healing intention. Cairyl has been doing massage since 2001, and has training in many modalities including Swedish, Shiatsu, Neuromuscular Therapy, Advanced Therapeutic Training, Cranio-Sacral, Energy and Aquatic Massage Watsu. Her approach is to integrate the various modalities to personalize treatment in a safe, healing space. Some of the best benefits of a massage are stress reduction, increased range of motion, pain relief, increased circulation and relaxation. Cairyl loves what she does and has been told that comes across in her touch. It's very satisfying to her to be able to make a difference for someone. Cairyl works alongside Jody James, Licensed Acupuncturist, and Beverly Pencek, Chiropractor, at Graton's low cost clinic (\$20-\$40 sliding scale) and also at Asyrah's Garden Acupuncture Spa, which received Honorable Mention in the Med Spa category of the Bohemian's Best of 2011. In addition, Cairyl does house calls. She can be reached at (707) 228-8426 (cell). Thank you, Cairyl, for your generosity!

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. PLEASE PASS THE 5150 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 707 542-7987)

Jan Lowry-Cole has a private practice in Santa Rosa. Her website address is www.rememberingthebody.com

Office Space

For sublet: Large office in Rohnert Park, shared suite. Ground level. Common and private waiting areas, separate entrance/exit, call light, staff kitchen/bathroom. Furnished or unfurnished. Full or part-time. May be shared by 2 therapists. \$700/mo- full time or \$165 for 1 day/week. Utilities except phone included. Contact Connie Beall, MFT 584-1114

Office Sublet: Santa Rosa. Thursdays. \$125.00/mo. Wireless access. Kit. Wait room. Lisa 707-547-0401

Bulletin Board

NEW MOM's GROUP- Mon.12-2, Petaluma, \$25/sx Support group to explore the transition of motherhood, including postpartum issues: support in reconnecting to self and other moms. Led by Lily Rossman, MFT Intern 331-6565, Supervised by BJ Brown, MFT



The Art & SCIENCE of Love

A weekend workshop for couples

July 9 & 10, 2011
November 5 & 6, 2011

In Santa Rosa, California

Presented by:

Marcia J. Gomez, LCSW

Michael Basta, LCSW

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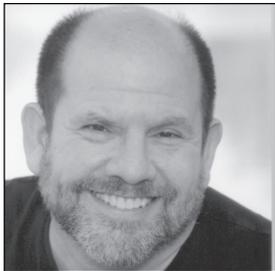
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or call us at (707)235-3423 or (707)935-6739.

For couples therapy visit: www.acouplesplace.com

The Importance of Therapeutic Coherency

Stan Tatkin, Psy.D.



Clinical professionals and students alike are attracted to interventions. They will ask me, “What do I say or how do I say it?” Or, “Give me some interventions that I can use that could stop that behavior or could change that behavior.” What I like to tell

people is this: there are two fundamental knowledge tracts to any treatment approach. The first is to know, “What is it?” The second is to know, “What do I do about it?” The second part cannot stand on its own. Knowing what to do must spring creatively from understanding the first part. In other words, if one understands what is going on one can come up with lots of terrific interventions. Performed any other way, interventions will fail or yield unintended results.

Unlike individual therapy, the psychobiologically attuned couples’ therapist must hold in mind a coherent notion as to what is going on and be able to convey that notion with clarity and confidence. As soon as possible the couples’ therapist has to say “this is what’s happening” prepared to build a compelling case for the couple that suspends their own (and usually incorrect) theories. The therapist must convince the couple that he or she knows something that they don’t. Why? The following two rules illustrate the purpose of clarity:

Rule #1 - People, especially in distress, do not know why or how they become distressed.

Rule #2 - In the absence of knowing how or why they are distressed, people will make up reasons.

Explanation: Rule #1

Most problems facing couples involve non-conscious, rapid-firing subcortical reflexes that monitor and respond to implicit threat (Beneli, 1977; Porges, 2001; Schore, 2005). These “reflexes” are somatosensory-based and follow a neuropathway involving the ANS and CNS, respectively. This ongoing self-protection process is mostly implicit (meaning, it has no narrative) as it remains a “silent running” process that assesses threat based on rapid social-emotional cues through the

face, body, gestures, prosody, movements, etc. In mutually-attuned partners, this process needn’t be conscious as two people who are interactively regulating automatically can adjust and error-correct most disruptions in the intersubjective field. However, when this error-correcting function of co-regulation fails, distress rises and partners become aware of a breach in the attachment system (safety/security.) How partners co-regulate the state change from safety to threat is key to the couple’s overall safety and security system and relational stability (Tatkin, 2004, 2005.)

The threat alert and response system is super fast and indiscriminate. Somatosensory cues are processed in tandem with lower limbic areas such as the amygdale which sweeps for dangerous faces, sounds, movements, body postures, as well as dangerous words and phrases (Adolphs, Damasio, Tranel, Cooper & Damasio, 2000; Aggleton, 2000; Bechara, Damasio & Damasio, 2000; Corrigan, Davidson & Heard, 1000.) Implicit memory systems in the right hemisphere interact with body sensations, perceptual data from other sense gates (vision, sound, smell, touch, taste) in a feedback loop involving the amygdale, hippocampus, insula, anterior cingulate gyrus, and medial prefrontal cortex (Schore, 2002, 2005.) As threat rises, oxygen-dependent (and much slower) higher cortical areas become less available to error correct lower, less discriminating subcortical appraisals and so with rising ANS arousal comes the potential for dysregulation among and between partners (Tatkin, 2003, 2006.)

In summary, the human threat system relies upon fast subcortical processes that involve somatosensory perceptions and other implicit systems that effect social-emotional behavior prior to cognitive awareness and verbal interpretation. When not in distress, partners remain largely unaware of minor misattunements and will remain unaware if minor misattunements or quickly corrected or repaired within the intersubjective field. However, when in distress, minor misattunements may lead to hyper arousal in the autonomic nervous system which leads to a change in mental, emotional, and arousal states that can throw individuals and the system itself into dysregulation. Partner’s ability to understand how and/or why the deregulation occurred is disabled by the psychobiological and neurobiological changes that occur during a threat response. Because of the vast state changes in both individuals will likely misappraise sequence, content, and most importantly, intent both during and following the dysregulating events. Mutual dysregulation without repair will lead to an

accumulating psychobiological threat response and an attack/avoidance strategy.

Explanation: Rule #2

The human mind hates a vacuum. When in distress what we do not understand on an implicit level we try to make up for on an explicit level. Because mutual dysregulation occurs so quickly and with such pain, partners become hard pressed to come up with good explanations that can satisfy both themselves and each other and that would give each other a guarantee not to return to such a terrible place. Our need as humans to come up with these explanations, especially when under interpersonal stress, can lead us to false theories about ourselves and others. Our culture is rife with messages in our books and media with possible explanations for our “unconscious” misdeeds and bad behaviors. If pressed, most of us can come up with plenty of theories that can explain the probable causes of our pain and misery. In my many years as a couples’ therapist I’ve yet to come across a partnership in distress wherein partners did not have at his or her fingertips theories and explanations of “the problem.” If the reader is to accept the notion that psychobiological processes always trump cognitive awareness than it should follow that most couples in distress neither understand the reason for their distress nor the way out of their distress.

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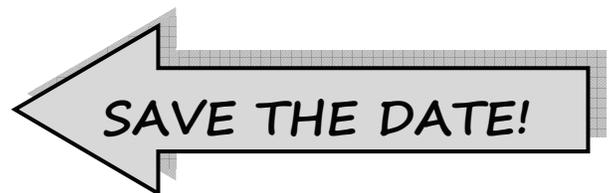
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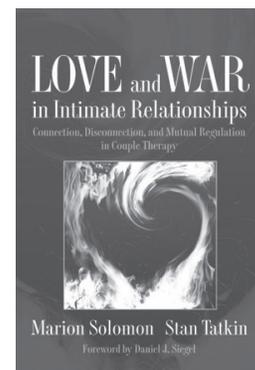
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**LOVE AND WAR IN INTIMATE RELATIONSHIPS:
A Psychobiological Approach to
Couples Therapy®**

Presented by Stan Tatkin, Psy.D.



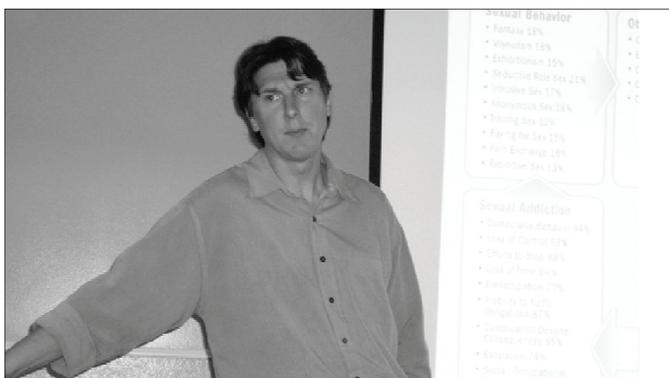
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WHAT YOU MISSED

by Doug Silberstein

At the May, 2011 RECAMFT meeting, Timothy D. Stein, MFT, gave a clear, engaging and extremely helpful presentation on the assessment and treatment of sex addiction. Starting with the criteria to determine addiction along with the different types of sex addiction, Mr. Stein went on to outline effective assessment and treatment techniques, focusing on how to meet the goal of treatment:

“The goal of treatment is NOT a de-escalation in addictive behaviors but to bring about a profound shift of beliefs and behavior in which the obsession loses its power.”



Tim Stein reviewing assessment of sex addiction.

In order to treat someone with sex addiction, the clinician must have an understanding of the main factors that correlate with sex addiction. These include being raised in a family with addiction, being raised in a rigid and/or disengaged family system, and experiencing childhood trauma, including a high prevalence of sexual abuse. Awareness of these factors, along with an understanding of the addictive cycle, helps guide the clinician in both the assessment and treatment phases.

Assessment is based on asking the right questions (with a caring persistence) and having the client fill out valid surveys and measures. Educating the client about sex addiction is also a vital part of assessment in that it gives the client a framework within which to more accurately answer pertinent questions.

Treatment is broken down into three main phases, the first being organized by the objective of attaining “sobriety”. Sobriety is defined as abstaining from “acting out” behaviors. It is during this phase that the

client confronts and begins to surrender to the truth of their actions and immerses him- or herself in a recovery support system like a 12-step group.

The second phase of treatment focuses on the processing of deeper intra-psycho issues related to the compulsive behavior, such as shame, trauma and guilt. In this phase, the therapist helps the client look more deeply at personal and family history that resulted in maladaptive ways of dealing with anxiety. For many individuals addicted to sex, trauma treatment is an essential component of the treatment process. Mr. Stein employs Pia Mellody’s Post Induction Therapy approach to help clients “identify, confront and release”. In the final phase of treatment, the focus is on healing relationships and on more deeply integrating self-awareness and self-care skills into the client’s life. It is at this point that an emphasis can be placed on couples counseling or family therapy as an adjunct or follow-up to the recovery treatment.

Mr. Stein emphasized that due to the fact that sexual activity impacts three major neural pathways of the brain related to reward and pleasure, it is considered the hardest of all addictions to treat. This is compounded by the fact that, like with food, the addicted person will continue to have a relationship with “object” of their addiction. Therefore, the clinician must be patient and dedicated as recovery from sex addiction typically takes five years.



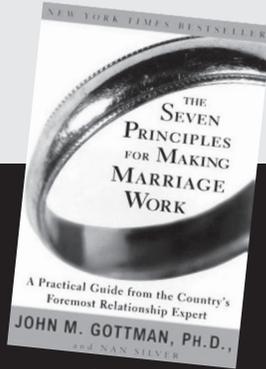
Considering a question from the audience.

Doug Silberstein, MFT is in private practice in Santa Rosa and San Rafael and focuses on working with couples and parents, as well as with individuals struggling with anger and anxiety. He primarily employs existential-experiential, intersubjective and attachment-based approaches in working with his clients and can be reached at 707-583-2353.

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June 25-26 & Sept. 24-25
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presented by Certified Gottman Therapists
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Trauma Response Team News By Margaret Newport

From the United Nations

Dr. Jeffrey Mitchell, pioneer in the field of Critical Incident DeBriefing, was recently invited to address the United Nations.

The UN recognizes the need to aid those who experience emotional trauma worldwide. Dr Mitchell reports that the Critical Incident DeBriefing model has been adopted by the UN. The CISM process itself followed by professionals will not be changed. However, some terminology will to be modified to more descriptive names, allowing them to be widely understood.

The UN has accepted CISM as an official protocol for addressing the victims of emotional trauma. This move by the UN provides the possibility to aid untold numbers of people.

From the American Red Cross

The Red Cross has reactivated its "Statement of Understanding" with CAMFT. It is offering a new class known as, "Just-in-Time." A Disaster Mental Health Course, which is designed to prepare professionals for a critical event when it is already upon us. Different

Chapters have different needs and different protocols. Those interested should contact local ARC as they are looking for volunteers.

For further information, interested Licensed Professionals may contact:

Margaret Newport, LMFT
RECAMFT Trauma Chairperson. 887-1887.

RECAMFT 2011-2012 Meetings

September 9, 2011

Bringing the Body into the Therapeutic Mix

Barbara Molle, PhD

October 14, 2011

Applying Focusing to Couples Therapy

John Amodeo, PhD

November 11, 2011

Transference and Counter Transference

Charles Harris, PhD

December 9, 2011

Engaging Teens and Young Adults

Scott Nelson, PhD

January 13, 2012

An Important Part of Caring for your Clients: Professional Wills

MaryClare Lawrence, JD

February 10, 2012

Shame and Trauma

Bret Lyon, PhD

March 9, 2012

Emotionally Focused Therapy with Couples

Richard Doleman, MFT

April 13, 2012

Somatic Psychotherapy for Verbal Therapists

Robert Leverant, MFT

May 11, 2012

Working with Adults with Attention Deficit/Hyperactivity Disorder

Molly Bloom, MFT

June 8, 2012

Dissociative Identity Disorder

Myron Walters, MFT

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June Issue



Santa Rosa Center for
Cognitive-Behavioral Therapy

Please join us!

For our PCIT Open House
Wine & Hors d'oeuvres

Friday, June 24th

5 pm to 7 pm
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Phone: (707) 545-4600 x1 or

email: info@srcbt.org

The Santa Rosa Center for Cognitive-Behavioral Therapy (SRCBT) is excited to announce that we are now offering **Parent-Child Interaction Therapy (PCIT)**. PCIT is a quick and effective therapy based in attachment and social learning theory that helps dramatically reduce the occurrence of oppositional, defiant, and aggressive behaviors in children ages 3-6. PCIT is a unique therapy that utilizes in-the-moment coaching of parents with their child. This allows the therapist to see first hand the child's difficult behaviors, and provide immediate support and guidance in how to effectively manage these behaviors. As a result, parents learn and practice their new skills simultaneously in real life situations. Because parents' interactions with their child offer the foundation for how the child interacts with others, PCIT also reduces the occurrence of problematic behaviors in other environments such as school. To learn more about PCIT call 707-545-4600 or visit our website <http://srcbt.org/challenging-behaviors-young-children>