



The Redwood Empire Therapist

OUR DECEMBER MEETING

Bringing Authentic Presence into Therapy with Clients Facing Cancer Cheryl Krauter, LMFT



This experiential presentation introduces a narrative, inner-subjective storytelling framework designed to deepen the process of healing from a cancer diagnosis. Focusing on all of those whose lives have been touched by cancer, you will learn tools to implement with your clients and groups and have the opportunity to express your own story. You will be introduced to a narrative, storytelling process designed to deepen and expand therapeutic

work with people who are impacted by a cancer diagnosis. We will briefly explore the deep healing that can occur when we meet at the edge of the unknown, allowing space to explore and discover who we are while bringing awareness and attention to the importance of including all of those affected in the cancer community.

This humanistic, narrative perspective expands beyond the learning-based, behavioral and psychosocial resources, which are currently available to cancer patients and their families and provides options that extend beyond the support group and medical models of

December 11th RECAMFT Meeting

10:30 - 11:00 social & sign in

11:00 - 1:00 meeting

Bringing Authentic Presence into Therapy with Clients Facing Cancer Cheryl Krauter, LMFT

ODDFELLOWS TEMPLE/MERCER HALL, 545 PACIFIC AVENUE, SANTA ROSA

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January 8, 2016

Reciprocal Exchange Dynamics: Leveraging Therapeutic Transactions Scott Nelson, Ph.D., LMFT

January 29, 2016

Using the Language of the Law to "Salt & Pepper" Your Treatment Records David Jensen, JD

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treatment. A contemplative view opens up an alternative to the mode of tolerating or coping with the issues of cancer into the realm of awareness, exploration, and acceptance. While it is tempting to find solutions and “fix a problem” there is much to be gained from learning how to live with uncertainty and delving more deeply into the emotional residue of cancer.

Cheryl Krauter, LMFT is an existential, humanistic psychotherapist with over thirty-five years of experience in the field of depth psychology and human consciousness. Due to her background in theater arts, she has worked extensively with performing artists and visual artists. In 2007 she was diagnosed with aggressive breast cancer, underwent a grueling treatment and is currently in remission. Her personal experiences lead to her current work with those dealing with a cancer diagnosis. She is on the board of the Women’s Cancer Resource Center (WCRC) in Oakland, CA and has presented numerous talks and workshops on living with the uncertainty of life-threatening illness.

President’s Message
Kris Spangler, LMFT



Passing the Baton

Hello RECAMFT!

This is my last message to you as President. I will be handing over the baton to Bob Dalzell in January. I’m finding myself reflecting on our past year, remembering highlights and noticing how I’ve grown and how the organization is ever-changing. RECAMFT is its membership, so who we are is what the organization is – a little different all the time. It’s hard to believe the year is almost over; what I have enjoyed the most is getting to know so many more of you -- the President’s seat has given me such a great opportunity to do that. Individually and collectively, we do such meaningful work in our community; it amazes me all the time.

I was going to name some of our year’s accomplishments but I decided to save that for our **Annual Membership Meeting**. I am excited to be hosting this on **Friday, January 8th** and I really hope you’ll come. We’re having it in the morning before our speaker meeting that day. I will review what we’ve accomplished and where we are headed. We will announce and honor our newly elected leaders. Bob Dalzell (CFO) will briefly discuss our finances. We will be giving awards and recognizing those who have volunteered in this past year. We also plan to have *live music, other entertainment, free breakfast and a gift* for everyone who attends!

Next year, in addition to my new role as Past President, I plan to assume the chair of our membership committee. I look forward to many more interactions with each of you while wearing my new hats! Thank you all for a great year! Happy Holidays!

Love,
Kris

Kris Spangler can be reached at 829-8293 or Krislinkk@earthlink.net.

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What You Missed by Doug Silberstein

At the November, 2015 RECAMFT meeting, Alva Ackley, LMFT, gave a very enlivening presentation on the power of creative play in therapy. The presentation was mainly experiential in nature as Alva engaged participants in activities largely designed to reduce anxiety and increase awareness and bonding.



ALVA ACKLEY

After a couple of warm-ups that seemed to help both relax and energize participants, the focus of the meeting was in playing improvisational games. These games both required and nurtured concentration, mindfulness, creativity and collaboration. Try creating a story with your partner – one word at a time; or even making up a story together by trying to say the same word at the same time!

Engaging in play requires vulnerability, and improvisation can certainly be anxiety-provoking: it can feel risky to expose oneself through improvisational play since taking seat-of-the-pants chances in a public forum can trigger embarrassment or shame. Alva focused on creating a very safe environment, one wherein “mistakes” were celebrated. Warm-up exercises that helped create greater group cohesion paired with Alva’s invitation to embrace process over outcome cultivated an adventurous and non-judgmental atmosphere.



Both in the small groups that were created and in the group as a whole, social connection flourished. Participants got the chance to engage in ways that fostered greater intimacy and acceptance. It was easy to see how bringing play and humor into the therapy session can help clients not only move into more grounded and connected states but also to find greater meaning and hope.



And, of course, it’s fun! Alva’s presentation was a reminder that in helping our clients discover greater well-being, vitality and authenticity, facilitating fun can sometimes lead to a transformative experience.

Alva Ackley, LMFT, has been in private practice for 23 years specializing in assisting with life transitions, treating grief and loss, and helping people to improve their relationships. She took her first improvisation class four years ago and admits to addictive, improvisation-seeking behavior ever since. In addition to her private practice and her pre-occupation with improvising, Alva provides CEU trainings, facilitation, and consultation in various clinical, business, and agency settings. She can be reached at (415) 454-8218 and at aackley.com.



ERICA THOMAS, PROGRAM CHAIR, INTRODUCING ALVA

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

SEEKING TO UNDERSTAND THE WORLD

By Michael Krikorian, MFT

If you are like me, you go through shock and great consternation at seeing some of the horrors continuing to be perpetrated on our fellow man as we enter the 21st Century. It is so strange to see the amazing advances of science and technology right alongside seemingly primitive and brutal acts of terrorism, genocide and slavery. Being a therapist, I try to fathom how this can be. I have given this lots of thought so I write this article as an invitation to start a dialog within our field about these issues. I feel the discipline of psychology has a lot to offer in understanding and, perhaps, pointing the way to more effective solutions to these troubling problems that have long plagued mankind.

One way to characterize terrorism, genocide and slavery is that these incredibly inhumane behaviors are usually perpetuated by those with a belief system that rationalizes that behavior as necessary and right. From a psychological point of view, the ability to murder or enslave defenseless others who are not directly threatening you must indicate either an absence of empathy or the ability to override it. A basic lack of empathy in a person is often associated with abuse or neglect in childhood (which occurs when caretakers are not showing empathy to the child) and can develop into individuals with sociopathic or narcissistic personality disorders. Certainly some of the people who perpetuate inhumane behaviors, especially the leaders, may include those with significant personality disorders (think Hitler, Stalin, Jim Jones, Saddam Hussein). But when there is widespread engagement in these inhumane behaviors by the population (think Nazi Germany or the Tutsis and Hutus in Rwanda), it is unlikely that all those people are sociopaths or narcissists. It is more likely that those people, for some reason, have absorbed a belief system that allows them to override any natural empathy and to feel justified in inflicting horrors onto others. Examples of such belief systems include the racial superiority of the Nazis or the KKK, the concept of Manifest Destiny by early Americans to justify removal and eradication of Native Americans, the fundamentalist religions of today that espouse killing and enslavement of non-believers. What could lead a person to embrace a belief system that condones killing or enslaving other people who have not directly harmed you? Psychohistorians offer some interesting insights into this question (psychohistory is the application of analytic psychology to the behavior of nations, cultures and political leaders). They posit that

childrearing practices, especially when similar and widespread across a culture, can result in many children growing up with similar emotional dynamics and complexes that can get activated and directed by particularly charismatic or skilled leaders. These leaders tap into the culture's mythology, group fantasies and shadow side. One understanding of the rise of Nazism in Germany, according to psychohistorians, can be traced to the brutal childrearing practices common in Germany in the late 1800's and early 1900's that included beatings, deprivation and intimidation. From this early experience, a great many people in Germany grew up with a need to struggle against the "bad" (needy or weak) child within that had been shamed, terrorized and repressed. This unacceptable part of oneself was later, with the encouragement of Hitler and his mythology of restoring purity and strength, projected onto external targets (Jews, Gypsies and homosexuals). It was then sanctioned to act out as the aggressor (rather than the victim) and vent the repressed rage from the abusive childhood onto the targeted populations.

Psychohistorians examining the current rise in terrorism see roots in certain fundamentalist cultures where women are suppressed and have a position of low power and rights. As a result, they have low self worth and have trouble protecting their children from domineering and intimidating males (note recent news reports of Afghani military and police commanders keeping young boys as sexual slaves). This position of low status can contribute to mother's sanctioning children to grow up to be "martyrs" to bring self worth back to herself. It also contributes to the children growing up with repressed anger and hatred over the removed and often scary father as well as the relegation of the mother to second class citizen status. A child bringing out their natural upset and anger over this situation would not be tolerated, so the child represses their upset and their unmet neediness. Later, with the help of fundamentalist religious indoctrination, it is sanctioned to project that neediness/"sinfulness" onto others (Western society, women, other religions) and seek to destroy what is unacceptable in oneself. The reward for such self-sacrifice is to feel powerful instead of the victim and to be with God in Heaven where one will finally receive the greatly yearned for unconditional (parental) love and recognition. Of course, Western society also contributes to this process by policies and political behavior that further the feeling of abandonment that many Third World people feel.

One of the solutions to this situation identified by psychohistorians is to find ways to empower women in such cultures. Through such empowerment it is hoped that children will grow up safer and more nurtured and, subsequently, less vulnerable to cutting off their own empathy and accepting belief systems that advocate killing of defenseless or innocent others. Empowering women will not be easy in some of these cultures as seen today when a vicious backlash occurs to those women who do stand up. Hopefully, there will be enlightened men who will stand up and back these women.

Understanding the psychology and roots of the inhumane behavior that is occurring on a mass scale today is a task of the highest urgency. I believe our field has a lot to contribute and needs to be involved.

Michael Krikorian, MFT has been licensed since 1976 and has worked in settings ranging from juvenile corrections to mental health clinics. He has maintained a private practice in Santa Rosa since 1981. Responses to this article can be sent to mk.therapist@yahoo.com



Gottman Professional Training

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Level 2- Assessment, Intervention, & Co-Morbidities
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Level 3- June 23rd-25th, 2016

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Volunteer licensed therapists are available to interns for up to two hours a month to discuss a variety of things. This is not a supervisory relationship. Interns are encouraged to contact different mentors.

Learn more about the RECAMFT Mentorship program on our website at www.recamft.org under Intern Support.



RECAMFT Membership and Community

Autumn is my favorite season of the year. I always love seeing the spectacular changing 'fall foliage'. This shift seems to engender a sense of both renewal and reflection – a transitional time in the year when we naturally withdraw as winter is near while embracing the holiday season with family and friends.

The RECAMFT community is a very special organization of Marriage and Family Therapists – a community that provides MFT's a place to connect as colleagues and friends. We often refer to this as 'networking' – and yet this common ground is profound and far reaching in our work with people and our connections with each other – leaving us with a deeper understanding of ourselves and others. Such is the nature of our profession.

Capturing this spirit of community is a quote by George Eliot (Mary Ann Evans):

*What greater thing is there for human souls
Than to feel that they are joined for life,
To be with each other
In silent unspeakable memories.*

Catherine 'Cat' Capitani, MFT
Director of Membership
recamftmembership@gmail.com

Somatic Relief for Trauma Sufferers through Yoga

By Susan Lourme

What is Trauma?

Everyone has experienced something, or perhaps many things in their life that they label “traumatic”. Frankly, a trauma can be any event or situation that one experiences as overwhelming. People are impacted in different ways by different things, and one’s experience and reaction to any particular situation is personal and unique. If an incident is experienced and labeled by one’s body system as traumatic, then regardless of label or judgement from others, it IS a trauma for that person and is stored in the body as such. The human body is a magnificently created organism that is always striving for optimal health and safety. In the face of trauma, the body therefore reacts in the best way it can in that moment to keep itself safe and protected. While these reactions typically serve for that incident of trauma, they can become the new default way of being and reacting in the world, and be inappropriate responses under normal circumstances.

How Does Trauma Take Hold?

Trauma lives in the body; it is experienced at a particular time, during an ongoing period of time, or repetitively. It is experienced, taken in, and held in the body in a particular way, unique to the individual experiencing the traumatic event or series of events. Typically when trauma occurs, the cognitive region of the brain which is the more recently developed area of the human brain is overridden by the more primitive part – the fight or flight area. This area was and still is responsible for survival, and gets us to move, or freeze, or in some way act in order to save our life. In order to 'get over' the trauma, it needs to be worked with in a way that allows for the entire body system to excavate and dissipate and expel the trauma residues that inhabit the body system. Simply talking through the experience isn't effective because talking engages only the conscious, cognitive brain which was 'offline' (overridden by the survival center) at the time of the trauma. There are a number of effective ways, adjunctive to talk therapy, that engage the entire body system in order to work through the trauma. Among these methods is **Trauma Centered Trauma Sensitive Yoga (TCTSY)**.

Research out of The Trauma Center (http://www.traumacenter.org/research/Yoga_Study.php) shows that people with treatment unresponsive

PTSD responded positively to a 10-week session of Trauma Centered Trauma Sensitive Yoga; they exhibited statistically significant decreases in PTSD symptoms, including decreased affect dysregulation, reduced dissociative symptoms, and increased reduction of tension and anxiety. After the 10-week session, 52% of those engaged in the TCTSY program no longer met the criteria for PTSD.

Trauma Centered Trauma Sensitive Yoga gives people the opportunity to explore and experience a sense of body awareness, safety, and mastery over their own body, while also facilitating development of skills to effectively interpret and tolerate both physiological and psychological states. As an adjunct to psychotherapy, TCTSY classes will give your clients a safe and positive experience of being in their own bodies. They will enjoy complete freedom of choice and learn to listen to their own bodies’ wants and needs. Many trauma sufferers had no choice or control about what happened to their bodies; they subsequently learned to dissociate and lost trust in their own bodies. Experiencing freedom of choice (empowerment) and body awareness (interoception) through this method of yoga helps them to relax and come back into contact and relationship with their bodies. They develop trust in themselves and their bodies, and take back their own power and control.

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No Yoga experience or particular level of fitness required

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Bulletin Board

Workshop December 5, 2015 10am to 3 pm.

Sandplay Basics: an opportunity to learn more about using sandplay with both adults and children. Indications in treatment and "how to's" of setting up a sand play room. Discuss basic Jungian theory as well as have time for experiential process. Jenai Gold Ph.D., MFT 707-823-8541, jenaiidoc2@sonic.net



INTRODUCTIONS ARE ALWAYS A PART OF OUR TIME TOGETHER AND THIS IS PATRICIA GRAEF, WHO VOLUNTEERED TO HELP AT THE WILLS WORKSHOP



COME JOIN US FOR EDUCATION AND CONNECTION

RECAMFT Programs for 2015-2016

- January 8, 2016 – Scott Nelson, Ph.D., LMFT
Reciprocal Exchange Dynamics: Leveraging Therapeutic Transactions
- January 29, 2016 – CAMFT's David Jensen, JD - 9am-4pm
Using the Language of the Law to "Salt & Pepper" Your Treatment Records.
Agatha Furth Center, Windsor (see website)
- February 5, 2016 - Laury Rappaport, Ph.D., LMFT
Focusing and the Expressive Arts
- March 4, 2016 - Lois Friedlander, LMFT, Certified Group Psychotherapist
Group 101: The Basics
- March 12, 2016 – Dr. Daniel Hughes – 9am-4 pm
Treatment and Care of Traumatized Children
Hilton, Santa Rosa (see website)
- April 1, 2016 - Kitty Chelton, LMFT, Theresa Beldon, LMFT
Working the Body Knot – A Somatic Communications Model
- May 6, 2016 - Meagan Pugh, LPCC, D. Min., ATR-BC, SEP
The Narcissistic Enchantment
- June 3, 2016 - Gary Gross, LMFT
Behind the Mask: Working With Men in Psychotherapy

Creating PLACE: Parenting to Create a Sense of Safety.*

By Dr. Daniel Hughes

A child can best be understood by focusing not so much on the behavior that you can observe, but on the nature of his intentions underlying the behavior. His intentions include the thoughts, feelings, perceptions, and motives associated with the behavior. Often, these features of the child's inner life are associated with traumatic and/or shameful events. So, the meaning of the behavior is often closely tied to the meaning of those past events in the child's mind.

If we ignore the child's inner life, we will have only the most superficial understanding of him. To encourage the development and expression of his inner life, we need to first make him feel safe. If he knows that he will be judged negatively for his intentions, they will remain hidden. To provide the experience of safety, a parent might well consider PLACE.

PLACE—representing Playfulness, Love, Acceptance, Curiosity, and Empathy—creates a sense of safety that facilitates self-discovery and communication. PLACE also describes the nature of a home that serves as a secure base for exploring the world and a safe haven in which the child can return when the world becomes too stressful. I will present each of these five qualities of this parental attitude toward the child so that their beneficial roles may become clear.

**A similar version of this article appeared in [Adoption Parenting: Creating a Toolbox, Building Connections](#), published by EMK Press (2006). MacLeod, J. & Macrae, S (Eds.). It is being republished here with the author's permission.*

PLAYFULNESS characterizes the frequent parent-infant reciprocal interactions when the infant is in the quiet-alert state of consciousness. Both parent and infant are clearly enjoying being with each other and feeling safe and relaxed while engaging in the delightful experience of getting to know each other. Neither feels judged or criticized. These experiences of playfulness—combined with comfort when he is distressed—serve as the infant's original experience of parental love.

During frequent moments of playfulness, both parent and child become aware of how much they like each other. Playful moments reassure them that their conflicts and separations are temporary and will never harm the strength of their attachment. Playfulness also provides opportunities to convey affection when more direct expressions may be resisted. The child is likely to respond with less anger and defensiveness when the parent can convey a touch of playfulness in her discipline. Such a response would not be appropriate at the time of major misbehavior, but when applied to minor behaviors, it keeps everything in perspective. The behavior is a threat to neither the relationship nor the worth of the child.

LOVE—when the central motive for the parents' interactions with their child—enables the child to have

confidence that what underlies the parents' behaviors involves the intention to do what is in the best interests of the child. Love, when it is expressed most fully, conveys both enjoyment and commitment. At times, one or the other is evident, but for the child to feel loved, he needs to be confident that commitment is always present, even when moments of reciprocal enjoyment are not. The child needs to know that basically his parent "likes" him, enjoys being his parent, and looks forward to having fun together. While at times these moments may not be evident, there remains an assumption that this basic "liking" will return.

Fundamental to the sense of being loved is the child's conviction that his parents will do what is in his best interests. The parents will do whatever it takes to keep him safe and to ensure that his basic needs will be met and his rights respected. "Hard times" will pass without abuse, neglect, or abandonment because the child's welfare is at the core of the parents' daily motives, decisions, and behaviors with regard to their child. Children who have lost their first parents for whatever reason need ongoing signs that their relationship with their adoptive parents is permanent—that they will never be "given away," regardless of the crises or conflicts that lie ahead.

ACCEPTANCE—unconditional acceptance—is at the core of the child's sense of safety, value, and relaxed sharing with his parent. Within acceptance, the child becomes convinced that his core sense of self is worthwhile and valued by his parents. His behavior may be criticized and limited, but not his "self." He becomes confident that conflict and discipline involve his behavior, not his relationship with his parents or his self-worth.

While the behavior of the child may be evaluated and limited, the thoughts, feelings, perceptions, and motives of the child never are. The child's inner life simply "is"; it is not "right" or "wrong." Am I suggesting that if a child says to his parents that he does not like his brother and wishes that he lived somewhere else, such expressions are "OK"? Yes—and the fact that your child disclosed his inner life to you may well reflect his trust that you will not dislike him because he has such thoughts and wishes. If he is criticized for his inner life, he will most likely begin to conceal it and feel ashamed of that aspect of himself. When he is safe to communicate his inner life, his parents will be able to understand how he is struggling with his brother, the reasons for the struggles, and possible ways to reduce them. When he is not safe, the parent will be left with simply disciplining inappropriate behavior toward his brother, without addressing the underlying causes. When the child knows that his parents understand his dislike and wishes to have his brother "go away," often his experience of his brother begins to change on its own, the behavior problems reduce on their own, and there is no need for the parent to "fix" the problem. When the inner life is not expressed and accepted, the parents are often constantly managing conflicts between their children.

Accepting the child's intentions does not imply accepting behavior. The parent may be very firm in limiting

behavior while at the same time accepting the motives for the behavior. In fact, this combination of making a clear difference between unconditional acceptance of intentions and presenting expectations regarding behaviors is probably the most effective way for your child to experience less shame toward self and more guilt toward others when he engages in inappropriate behavior. Inner-directed guilt, in the absence of pervasive shame, is probably the most effective circumstance for facilitating socially appropriate behaviors.

CURIOSITY—without judgment—is crucial if the child is to become aware of his inner life and then communicate it to his parents. Curiosity does not mean adopting an annoyed, lecturing, tone and demanding, “Why did you do that?” Curiosity involves a quiet, accepting tone that conveys a simple desire to understand your child: “What do you think was going on? What do you think that was about?” The child most often knows that his behavior was not appropriate. He often does not know why he did it or he is reluctant to tell his parent why. With curiosity, the parents are conveying their intention to simply understand “why” and to assist the child in such understanding. The parents’ intentions are to assist the child, not lecture him and convince him that his inner life is “bad” or “wrong.”

With curiosity, the parents convey a confidence that by understanding the underlying motives for the behavior, they will discover qualities in the child that are not shameful. As the understanding deepens, the parent and child will discover that the behavior does not reflect something “bad” within the child, but rather a thought, feeling, perception, or motive that was stressful, frightening, and/or confusing and seemingly could only be expressed in behavior. As the understanding deepens, the child becomes aware that he can communicate his inner distress to his parents. There is no need for the inappropriate behavior. The behavior does not reflect his being “bad.” He is much less likely to engage in that behavior again, since there is no need for it. He is also more able to step back from the behavior, be less defensive about it, and experience guilt about it.

For curiosity to be experienced as helpful, it should not be communicated with any annoyance about the behavior. Nor should it be presented as a lecture that provides an excuse to “process” a behavior in what amounts to rational blaming. Curiosity is a “not-knowing” stance involving a genuine desire to understand and nothing more. When it leads to the child developing a deeper understanding of himself and a deeper sense that his parents understand and accept him, it will—when combined with empathy—naturally lead to a reduction in the inappropriate behavior much more effectively than will focusing on behavioral consequences.

EMPATHY enables the child to feel his parents’ compassion for him, just as curiosity enables the child to know that his parents understand him. With empathy, the parent is journeying with the child into the distress that he is experiencing and then feeling it with him. When the child is sad or in distress, the parent is feeling the sadness and distress with him. The parent is demonstrating that she knows how

difficult an experience is for her child. She is communicating that her child will not have to deal with the distress alone. She will stay with him emotionally, comfort and support him, and not abandon him when he needs her the most.

The parent is also communicating her strength and commitment. The pain that the child is experiencing is not too much for her. She is also communicating her confidence that—with her sharing his distress—it will not be too much for him. Together, they will get through it.

Empathy enables a child to develop his affective resources so that he can resolve and integrate many difficult emotional experiences. He will be able to manage such experiences without being overwhelmed by anxiety, rage, shame, or despair. Curiosity enables a child to develop his reflective resources that will enable him to understand himself more deeply, including his intentions underlying his actions. With both empathy and curiosity, the parent lends herself to her child for the purpose of his developing the affective/reflective skills necessary for him to be able to act in ways that are in the best interests of both self and other. Researchers are increasingly clear that it is deficiencies in these affective and reflective skills that are often at the core of behavioral problems.

In essence, PLACE focuses on the whole child, not simply his behavior. It facilitates attachment security and the closely related affective and reflective skills that are so necessary for maintaining a successful and satisfying life. The child discovers that he is doing the best that he can, he is not “bad” or “lazy” or “selfish.” Through PLACE and the associated attachment security, he is discovering that he can now do better. He can learn to rely on his parents, and they will facilitate the development of his inner life and behavioral choices in a manner that he could never do on his own. Then, as he experiences PLACE first-hand, time and again, these same qualities will become part of his stance toward others—now toward parents and friends, and later also toward his partner and children. He will clearly know that both intentions and behavior matter. He will also know that both “self” and “other” matter.

In ending, I would like to return to the beginning and speak of safety. When we angrily lecture and scold our child about his behavior and our assumptions about his equally unacceptable thoughts, feelings, perceptions, and motives, our child is not feeling safe. He is likely to become shameful, isolated, and defensive, all of which will reduce the likelihood that he will change his behaviors. If, instead, we relate with PLACE, he will likely feel safe, even when his behavior is being limited. He, too, will strive to understand his inner life and associated behaviors. Feeling safe that the “self” is not being attacked and that his attachments with his parents are still secure, he is likely to become motivated to change his behavior. When his inner life is respected, valued, felt, and understood, first by his parents, and then by himself, his difficult behaviors are likely to lose much of their reason for being.



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PSYCHOTHERAPY

presents

Healing in Relationship

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A Mind-Body Approach to Strengthening Attachment

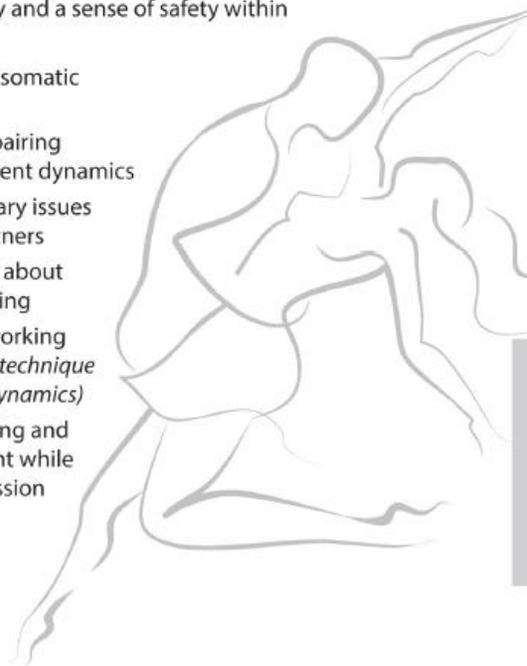
Friday, January 22 10 AM to 5 PM
& Saturday, January 23 10 AM to 2 PM

for therapists that work with couples
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In our work with couples we use somatic practices to bring to life the developmental issues that need attention. By doing so we enhance our ability to work with the defensive dynamics in vivo highlighting where the injuries occur and creating the possibility of a corrective experience. In this workshop, we will explore the use of body-based interactions that engage the senses: touch, voice tone, eye contact, proximity, movement and visual acuity. These processes allow partners to see and understand each other in new ways making it possible to respond more effectively to each other's regulatory needs. This leads to a more secure attachment which fosters intimacy and a sense of safety within the relationship.

Participants will learn somatic techniques for:

- assessing and repairing insecure attachment dynamics
- exploring boundary issues between the partners
- teaching couples about giving and receiving
- unraveling and working the Body Knot (*a technique developed by Bodydynamics*)
- enhancing bonding and secure attachment while in the therapy session and beyond



Cost

\$210 register by January 1st

\$230 after January 1st

9 CEU's for MFT's & LCSW's
(PCE# 937)

Trainers

Theresa Beldon MFT #48103*

Kitty Chelton MFT #30322*

Please see bios on our website

Register

Please fill out registration form at
bodywisdompsychotherapy.com

Send payment

Kitty Chelton

7765 Healdsburg Ave, Suite 12

Sebastopol, CA 95472

**Marriage and Family Therapist*

For more info call

Kitty: 707 823 8203 or

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Announcing...
Sonoma County's Only
Certified Sex Therapist

Diane Gleim
MFT CST



License #44429
AASECT Certified Sex Therapist

I specialize in treating issues related to sexual identity, sexual behavior, sexual expression, and sexual relationships.

A short list of client issues I work with:



- low-sex and no-sex marriages: low/absent libidos, infrequent sexual activity
- couples in conflict regarding sex
- relationship betrayals (i.e. extramarital affairs, porn, secret sexual behaviors, etc.)
- problems communicating about sex
- problems with getting/staying aroused
- anxiety about sex
- sexual minorities (LGBTQQIAH) and alternative sexualities (kinky, polyamory, fetishes)
- male sexual dysfunctions (erectile dysfunction, rapid ejaculation, delayed ejaculation)
- female sexual dysfunctions (sexual avoidance, inability to orgasm)
- mental health issues that impact sexual functioning
- the effects of aging on sexuality
- chronic illness and sexuality
- infertility

About Me and My Practice:

Licensed as a psychotherapist in 2007 and certified in November 2015, I have been working with individuals and couples with sexuality and relationship problems since the beginning. I have studied with internationally known sex therapists and authors Dr. Marty Klein, Dr. Tammy Nelson, and Dr. Stephanie Buehler. My rigorous certification is through the American Association of Sex Educators, Counselors, and Therapists (AASECT). I am the only AASECT Certified Sex Therapist (CST) in Sonoma county.

My sex-positive psychotherapy practice includes treating mostly adult clients in individual and couples therapy; providing therapist consultations; and providing trainings to mental health professionals. Because sexuality requires a multidisciplinary approach to treatment, I often collaborate with other sexual health care providers in the best interests of my clients. Do you have a challenging sex-related or couples case you're needing help with? I provide consultation either on an as-needed basis or at regular intervals one-on-one or with a small group of therapists. Lastly, I provide trainings to fellow therapists on treating various aspects of human sexuality, relationships, and sex therapy. Please contact me if you're interested in learning more about making a referral to me, receiving consultation, or having me speak at your organization.

320 10th Street, Suite 302, Santa Rosa, CA 95401
☎ 707.535.9650 | 🌐 www.DianeGleimMFT.com | ✉ DianeGleimMFT@gmail.com

Legal and Ethical Issues Workshop:

“Using the Language of the Law to ‘Salt & Pepper’ Your Treatment Records”

Many clinicians struggle with the content of their treatment records. They wonder should I write a lot? Should I write a little? What really needs to be in my records? In this six-hour course, CAMFT Staff Attorney, Dave Jensen, JD, will review fundamental aspects of recordkeeping.

Friday, January 29, 2016

Sign In: 8:30 am; Workshop 9:00–4:00 pm

Agatha Furth Center, 8400 Old Redwood , Windsor, CA 95472

Early Registration December 1, 2015-January 10, 2016

\$25. *RECAMFT Pre-licensed Member

\$79. *RECAMFT Licensed Member

\$99. *Non- RECAMFT Members: Pre-licensed and Licensed CAMFT Chapter Affiliate Member

\$129. *Non-RECAMFT Members who do not belong to another chapter of CAMFT

Regular Registration is January 11-January 29, 2016

\$139. ALL Registration Types



David Jensen, J.D. of CAMFT

Those who have attended David Jensen’s workshops in the past years have been unanimous in praise of his thoroughness in exploring our complex legal and ethical considerations while entertaining us as well with his humor and anecdotal material.

This workshop satisfies the Law and Ethics course requirement of 6 continuing education units mandated by the BBS for MFTs and LCSWs for each license renewal cycle. Participants will be updated on changes in laws that affect professional practice.

Dave Jensen has been a Staff Attorney with CAMFT since April 2002. Dave graduated from Brigham Young University with a Bachelor’s Degree in History, and he received his law degree from the Thomas Jefferson School of Law in San Diego, California. He is also currently working on a master’s degree in English from Fort Hays State University.

Reserve your Spot- Space Limited to 36 Attendees

Dyadic Developmental Psychotherapy (DDP)

With

Dan Hughes, PhD

Clinical Treatment of Children & Youth with Attachment & Trauma Issues



March 8-11, 2016 (Tues-Fri)

1202 Apollo Way Santa Rosa CA

8:30am-4:30pm

Dan's treatment model, Dyadic Developmental Psychotherapy, is family-based and focused on facilitating the child's ability to establish a secure attachment with his/her caregivers. Developmental attachment theory and research is the primary model used for relationship development and trauma resolution. Dan blends various approaches into his treatment modality. These include family therapy, Ericksonian hypnotherapy, psychodynamic principles, psychodrama, and interventions congruent with Theraplay and narrative work. He actively communicates PACE in order to co-regulate the affect associate with past experiences and to co-construct new meanings of these experiences.

Beginning Level 1 4-day workshop open to clinicians who are providing services to children and youth with attachment and trauma issues. Training includes live cases, role playing in small groups, videotapes, discussions and handouts.

Cost: \$475.00 for Early Registration, November 1, 2015-Feb19, 2016

\$525.00 for Registration after February 19, 2016

28 CEUs available for MFTs, LCSWs

[REGISTER NOW at http://www.recamft.org](http://www.recamft.org)

RECAMFT is the CEU Provider Provider for this event IMIS 57173

Event Sponsors:

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DECEMBER 2015 ISSUE

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

10% discount for 5 month ad Commitment
20% discount for 10 month ad commitment

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For more information call or email:
707 575-0596 or therapy@recamft.org

Or submit ad to website at www.recamft.org

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