

SCV-CAMFT NEWS

Serving San Mateo and Santa Clara Counties

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PRESIDENT'S MESSAGE

By Jacqui Gerritsen, LMFT
President, The Santa Clara Valley Chapter of The California
Association of Marriage and Family Therapists (SCV-CAMFT)



Happy Holidays to you all!

As we come to the end of the year, it's traditional to look back and see what we accomplished both personally and professionally. So, I'd like to review our chapter accomplishments.

But first I'm sorry to say we are losing one of our board members at the end of this month. Elle Scott, LMFT is leaving us to start a new adventure. She is opening a group practice in Morgan Hill January of 2020. It will be called South Bay Therapy Center. It's an exciting project helping an underserved area. We will miss her and wish her much success in her endeavor.

Next I'd like to welcome our two new board members, Rowena Dodson, LMFT as a director at large, and Mary Van Riper, LMFT as president elect. We are thrilled to have them on the board as they bring their ideas, energy and enthusiasm to our chapter.

This year we were able to offer something a little different for our law and ethics workshop. Benjamin Caldwell, PsyD presented on *Tough*

Calls, Moral Dilemmas and Technology. I'm pleased to say it was our highest attendance to date for this type of workshop. We've had positive feedback from our members regarding Ben's presentation style, so we have plans to bring him back in 2020.

Fortunately, we were also able to provide a day-long workshop in June by Roy Huggins, LPC, NCC, the founder of *personcenteredtech.com*, who spoke about our obligation to protect client health information. He provided concrete advice on staying HIPAA compliant in our increasingly tech driven world (#1 encrypt your computer!). He is also a practicing therapist whose mission is to help anxious therapists feel less anxious about technology.

For our 2019 speaker series we had five presentations. In January,

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Suma Singh, MD presented *Update on Opioid Use Disorder, Overdose, and Treatment*. Brandy Vanderheiden, LMFT, SEP, talked to us about *Somatic Experiencing®: A Body-Mind Approach to Healing Trauma and Increasing Resiliency* in February. In April we learned about *Conjoint Therapy with High Conflict Couples* from Steve Darrow, LCSW and Mary Crocker

Cook, LMFT, LAADC, LPCC, CADCII. Treating Older Adults with Depression and Anxiety: A Compassionate and Effective Approach was presented by Edna Wallace, LMFT, LPCC, CGP in May. And in October, Marty Klein gave a presentation on How to Talk to Patients and Couples About Sex

In September we offered a North Region Networking Event: In Practice Together, sponsored by reflect. This took place in San Mateo, and the founder of reflect, Jonathan TranPham, gave a brief presentation on Insights on the Business of Private Practice. Free drinks and hors d'oeuvre were available.

and Why They'll Thank You if You Do.

We were thrilled to have our annual membership celebration last month. For the past two years, instead of the usual Friday night cocktail party and 1 CEU presentation we tried something different. The rationale being we can avoid Google traffic, avoid traffic in general, and change the time of day. We experimented and did a Saturday brunch. The result was wonderful!





We had different people attend and overall a completely different energy. If we do a brunch again next year, I invite you all to attend and meet some new people.

For 2020

In May we have Marty Klein presenting *Couples Therapy: When Old Problems Require New Solutions*. Marty is a long time member and supporter of SCV-CAMFT. His workshops are always well attended and feedback from attendees state that Marty is a thought provoking, practical and entertaining presenter. His workshop will be May 16, 2020. Location TBD.

Currently we don't have confirmed dates for our other 2020

events. Those will be announced when they are confirmed.

I want to thank all of you who have helped make our events and our chapter so successful this year! We can't do it without our wonderful members! The board's goal is always to make our chapter better and serve all our members to the best of our ability. We hope to offer a robust

2020 and to engage more of you, as we work to make our chapter even better. If you have ideas about how to invigorate ourselves as an organization, we'd love to hear from you. We, all of us together, are what make SVC-CAMFT a vibrant, living organization that meets the needs of its members and facilitates our ability to do our best work for our clients.

I invite you to become more involved in SVC-CAMFT this coming year. And we welcome your feedback and action to help us improve and grow together.

Happy Holidays to you and yours! Jacqui

MEMBERSHIP CELEBRATION BETTER THAN EVER!

The Annual Membership Celebration this year seemed to be better then ever! We had more attendees and more positive feedback. We thought it would be best to let members tell the story themselves.



"There was a casual, friendly atmosphere. The soft music was perfect and having mimosas was an awesome touch."

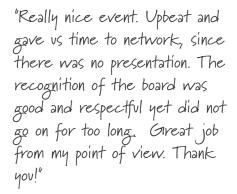
"I like the simplicity, no speech, no frills, just a lot of time to mingle and have fun! Thanks!"





"It was a beautiful event! And live music!"

"Thank you for the lovely event."



"Nice setting allowing for comfortable interactions. Casual enough to move from table to table."

"The music was really nice."





"Board members extremely nice and cordial."

"It was fun, I met new people and talked with several I knew. Thank you."



"Overall it was great! Convenient in both day, time, and place."

"People seemed to be mingling and enjoying each other."

"The ice breaker helped me to feel comfortable reaching out."

"More members should attend!"



What did you like best?

- The conversations
- Very enjoyable mix of networking and celebration
- · The blintzes!
- Quick and efficient program
- · Interacting with colleagues
- · Music was good
- · Ice breakers and socializing
- · Meeting other members
- · Seeing old friends/colleagues
- Meeting people, the place, champagne and the food





INTRODUCING THE 2020 BOARD OF DIRECTORS



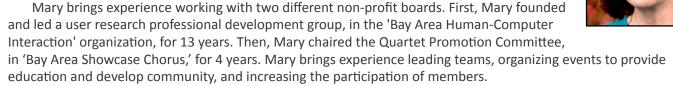
President - Jacqui Gierritsen, LMFT

Jacqui Gerritsen received her masters in counseling psychology from Notre Dame de Namur in 2002 and has been a licensed therapist since 2007. Jacqui has always found great joy and satisfaction thru volunteering. After volunteering at chapter luncheons, workshops, and state CAMFT conferences, Jacqui joined the SCV-CAMFT board in 2015, initially as the communication and technology director. Since then Jacqui has served as the SCV-CAMFT president for two years and is looking forward to her third year in 2020. Her service on the board has given her a deeper connection to the chapter and the members and has given her an appreciation of

our community as a whole. Jacqui has a private practice with offices in both Palo Alto and San Mateo. She is certified in TEAM-CBT level 2 and works with teens and adults. She uses both a family systems model as well as a supportive, humanistic approach. With over 13 years of experience working with teens parents and individuals she helps them improve their communication and have a more peaceful home life.

President Elect - Mary VanRiper, LMFT

Mary is excited to join the SCV-CAMFT board as president-elect. She is looking foward to help grow the organization, and help the organization meet the needs of members and potential members. Mary is excited to hear YOUR ideas about how SCV-CAMFT can better meet YOUR needs.



Mary is a licensed psychotherapist since 2017, after a career in high-tech. Mary has a private practice, working with teenagers, parents, and women and men in technology. Mary also works at El Camino Health & Addiction Services, counseling moms with postpartum depression, and adults with anxiety and depression.



Chief Financial Officer - Debra Rojas, LMFT

Debra D. Rojas, M.A., LMFT, received her masters degree from Trinity College of Graduate Studies in southern CA. She has completed advanced couples training in the developmental model of couples therapy at the Couples Institute in Menlo Park CA. Debra is currently training in contextual and mindfulness-based play family therapy from the Family and Play Therapy Center in Philadelphia. Once complete she will become a registered play therapist.

Prior to becoming licensed as a marriage and family therapist, Debra owned Learning & Career Solutions in Riverside, CA where she assessed for learning differences and customized developmental learning programs for children and teens who struggle with learning.

Debra says that her service on the chapter board has opened doors for her to meet therapists throughout California, and the opportunity to participate with CAMFT lobbying in Washington D.C. for Medicare for LMFTs and enabling therapists to work with the VA.

Secretary - Nancy Andersen, LMFT

Nancy joined the SCV-CAMFT board seven years ago and has valued the chance to build a sense of community among our members. It's a challenge to bridge the distance between the two large counties that we serve, and there's much more to be done. She welcomes and encourages the participation of other members to serve on our board, as a volunteer and as an attendee at our events. After serving two years as director of business development and five as director of ethics, Nancy is moving into a new role as board secretary. In her professional work, Nancy maintains a private practice in Los Altos working serving adults and couples using emotionally focused therapy. Nancy is a former journalist who has been licensed as an MFT since 2012.





Director of Luncheon Programs - Elizabeth Basile, LMFT

Elizabeth joined the board of directors at SCV-CAMFT several years ago, and it continues to be a wonderful experience. Volunteering has great meaning in Elizabeth's life, as she enjoys being involved and lending a helping hand so that our chapter will continue to thrive. She enjoys the camaraderie and collaboration with fellow board members and volunteers through the various projects the board works on, and through this volunteer work, has formed some good relationships with fellow SCV-CAMFT members.

Elizabeth has a private practice in Mountain View, and meets with people struggling with domestic violence and other trauma and PTSD, chronic and acute medical conditions. She

has a certification in treating eating disorders, and sees clients of all ages dealing with various eating disorders. She has recently returned to school, and is studying to become a certified animal-assisted psychotherapist, which means including an animal as part of a treatment plan, utilizing various therapeutic techniques to help clients reach their goals. She and her dog volunteer for Furry Friends Pet Assisted Therapy Services, and visit schools as part of a team to provide stress-relief to students. They also visit local libraries, where her dog is a trained "Reading Buddy," providing a "listening ear" while young children who need help with reading practice their reading skills out loud.

Director of Newly Licensed and Pre-Licensed Support Groups - Rossana Rivellini, LMFT

As a new licensee, Rossana attended the SCV-CAMFT support groups and volunteered for chapter events. This experience benefited her personally and professionally, and she wanted to give back. Rossana will be putting together networking events in the next year and she hopes to have great participation. She is looking forward to connecting with new and pre-licensed members and to supporting the group leaders.



Rossana has a private practice in Los Gatos. Her services include individual therapy, couples counseling, anxiety, depression, and relationship issues. In addition to traditional relationship counseling, she specializes in LGBTQ + individuals and their partners, inclusive of gender variance, sexual fluidity, and non-traditional issues.



Director at Large - Rowena Dodson, LMFT

Rowena is excited to join the SCV-CAMFT chapter board to get more involved with and contribute to our therapy community. She very much looks forward this year to getting to know more of you and to learning the ropes on the board. Rowena would like to focus on the SCV-CAMFT Newsletter. Rowena's therapy practice centers around outpatient behavioral health at El Camino Hospital and her private practice in Mountain View. She sees adult individuals with a focus on depression and anxiety. Rowena is a former lawyer who has been licensed as an MFT for 3 years.



BECOMING MORE COMFORTABLE WITH THE GENDER SPECTRUM AND GENDER NEUTRAL PRONOUNS

by Rowena Dodson, LMFT, SCV-CAMFT Director at Large

You have probably noticed more discussion in the news recently about gender and pronouns. You may have encountered terms you don't recognize, such as "cisgender" or "non-binary." Having a close family member who identifies as transgender (which I'll define below), I have made it my business to educate myself on my family member's experience. As a therapist, I also care deeply about inclusive and compassionate therapy with all

people. I hope that my journey can be helpful to you. While recognizing that I am not an expert, I'll review some basics and share how I am learning to be more aware and more active in creating safe spaces for people who identify as trans, genderqueer and non-binary.*

Most of us have grown up with the belief that there are two genders, called the gender binary, and people are either strictly male or female.

Most of us have grown up with the belief that there are two genders, called the gender binary, and people are either strictly male or female. Under this view of the world, whatever sex you are designated at birth is correct and final. It is important to understand the difference between "sex" and "gender." The term "sex" generally

refers to the genitalia and genetic differences between males and females, whereas "gender" refers to your sense of your gender identity as well as the social construction of the roles of males and females in the society where you live.

If your experience of your gender matches your sex assigned at birth, then your behavior, appearance, dress, and genitals "match" how you feel about yourself and how everyone around you treats you. However,

this sense of "matching" has never been true for everyone and many have suffered with shame and silence for not fitting into the strict binary system. Consider the discrimination and violence transgender people continue to face today.

We call someone whose gender identity matches the sex they

were assigned at birth "cisgender." For example, I was born a girl and feel that the female gender fits for me, expresses who I am inside, so I am cisgender. "Transgender" (or trans) is a term used broadly for people whose gender identity does not match the sex assigned to them at birth.

It is also important to know that "gender" and "sex" are different





than "sexual orientation." If someone identifies as gay, bisexual, lesbian, or heterosexual, this refers to their sexual orientation, or who they are attracted to and who they have sex with.

Transgender or trans people may be "non-binary," meaning they don't identify exclusively as male or female (and there is not a precise definition of non-binary, it can mean different things to different people). Trans can also describe people who do identify on the binary system, but as the opposite gender of the one they were assigned at birth, i.e. a trans man or a trans woman. Whether someone has medically

transitioned is not determinative of their trans identity.

Let's talk about pronouns and gender neutral pronouns. "Pronouns are just a substitute for a noun that you don't know the identity of, or a shorthand when the person/place/thing you're talking about is understood." (A Quick and Easy Guide to They/Them Pronouns, by Archie Bongiovanni and Tristan Jimmerson, p. 11). We've been taught to use

masculine or feminine pronouns when referring to individuals in casual English, but as we are seeing, this guessing may be incorrect. There is increasing support of and usage of pronouns that are not gendered. Generally, when you refer to another person by their pronoun rather than

their name, you typically guess which pronoun to use, masculine or feminine, based on name, hair, clothing, deportment, and then use the corresponding gendered identifier he or she. The trans community argues persuasively that it is oppressive and harmful for anyone to simply assume someone's gender and to "gender" them using he/she pronouns. This constant reinforcement of the binary gender code creates pressure for all of us

(and especially trans people) to express ourselves in certain ways in order to be accepted and safe. Being "misgendered" serves to invalidate and make invisible people who don't fit into the gender binary. It says, "you aren't for real, we know who you really are, we get to say who you are."

One change that we can make to make space for everyone is to ask people what their pronouns are, and to practice consistently

> using people's selfidentified pronouns (whether they/them or another gender neutral pronoun, of which there are a number).** At the beginning of a group meeting is a good time to open up space for people to identify their pronouns. This may be particularly relevant when working with groups of younger people, who are much more aware of a gender

spectrum. A good way to start that conversation is to volunteer our own pronouns when we introduce ourselves to someone or to a group ("Hi, I'm Rowena and I use she/her pronouns"), and then invite people if they are comfortable to share their pronouns when they introduce themselves. We can also routinely use they/them pronouns when we don't know first hand what someone's pronouns are or what their gender identity is. Interestingly,

some companies are already using gender neutral pronouns in their communications.

In my own journey, it has taken me time to get used to using they/them pronouns, which my family member uses to identify themself. For awhile, I would use they/them when I was around my

There is increasing support of and usage of pronouns that are not gendered.

family member, but would revert to their historical pronouns when talking with others, in part because I wanted to respect my family member's privacy and also because it still felt uncomfortable. Eventually, I specifically checked with them and received permission to use they/them pronouns all the time when referring to them. I made a commitment to be consistent. While I continued making lots of mistakes, I became more comfortable over time and they/them started coming easily off my tongue. I also made sure when I made mistakes that my family member knew how important this was to me to get it right.

A significant milestone for me was becoming more comfortable using they/them pronouns with friends and family, when speaking about my family member. I learned to simply say, "they use they/them pronouns," and to leave it at that.





Sometimes people asked more questions and I would answer briefly. I am still finding a balance between respecting my family member's privacy and being open and proud of their journey by using correct pronouns.

Language is powerful, it conveys the values of a culture.
Therefore, I encourage us to take this issue of human dignity and respect very seriously. We have made other language changes in the past that signified the increasing strength and power of marginalized people,

and the growing awareness in the population of important justice issues. We can make changes in our own language and knowledge right now that will speed along these changes in the wider culture. We've discussed becoming more

Being more aware of our language and our assumptions around gender is a power-ful way that we can make the world safer for each other.

aware of our gendered pronouns. We can also become much more aware of how we use gendered language everyday in ways that we might not notice. For example, saying "ladies and gentleman," or "boys and girls" when addressing a group, or calling people "sir" or "ma'am." These assumptions about gender are also harmful in the same way we have discussed, they make people who identify differently feel excluded and invisible. Someday soon, with our efforts, gender neutral pronouns and language will be the norm along with

respect and acceptance of people all along the gender spectrum.

In summary, here are ideas for how to move this revolution along and to be part of positive change. Most importantly, when someone specifically requests that we honor their pronouns, we can make this change immediately and consistently (even while knowing that we will make mistakes). We can use they/ them pronouns as the default until we've more specifically checked with someone about their pronouns. We can use they/them pronouns when

we are speaking of someone in the third person whose gender identity we don't know. We can practice getting more comfortable saying, "I use _____ pronouns, what are your pronouns," when introducing ourselves, and then consistently using the pronouns someone has indicated.

Other ideas that we can try to incorporate over time are to become more aware of and find good neutral alternatives to gendered language that creeps into everyday usage. We can include our own pronouns in the signature portion of our email messages and in our therapy practice documents, where applicable, which signals inclusiveness and invites people to share their pronouns. We can educate ourselves—a website I recommend is *mypronouns.org*. We can encourage organizations that we're involved with to be gender

neutral in their materials.

This is a journey, it takes time and will feel uncomfortable. I encourage you to be kind to yourself as you are learning and experimenting with these ideas. I believe it is fully worth the effort. Being more aware of our language and our assumptions around gender is a powerful way that we can make the world safer for each other.

*This is not an exhaustive list of terms for identities along the gender spectrum.

**For other gender neutral pronouns and lots of other great information, including suggestions for correcting inevitable mistakes with pronouns, please check out the website mypronouns.org.

Resources used in writing this article:

- A Quick and Easy Guide to They/Them Pronouns, by Archie Bongiovanni and Tristan Jimmerson.
- mypronouns.org.
- Transgender identity terms and labels, <u>plannedparenthood.org</u>

Rowena Dodson has been a licensed therapist since 2016. She has a private practice in Mountain View, and works as a per diem therapist at El Camino Hospital adult outpatient behavioral programs. Her emphasis has been on helping adult clients find their voice and their power to shape the lives they want. She can be reached at director-at-large@scv-camft.org

BEN CALDWELL DRAWS RECORD CROWD TO ETHICS PROGRAM

Ben Caldwell, PsyD, in his first appearance before a record 116 SCV-CAMFT chapter audience earned rave reviews last month at Michael's of Shoreline.

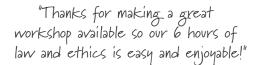
Caldwell, a licensed marriage and family therapist, brought a clinician's perspective to the material. "Ben is one of us," said Nancy Andersen, former director of ethics, in introducing him. He's also the author of five books, an advocate for mental health practitioners, as well a teacher and creator of exam preparation materials.

The November presentation was originally scheduled for September, but pneumonia sidelined Caldwell who was under doctor's order to stay off airplanes and recover. The diagnosis came just three days prior to the event. CAMFT offered a free video presentation as an alternative to all who had registered, but few took this option. In fact, more people registered for the "make up" event than the original.

Andersen was under pressure to find a replacement speaker when CAMFT staff attorney and perennial presenter Dave Jensen resigned in January to join a law firm. Jensen was highly regarded by members and had been the chapter's only ethics speaker for at least a decade.

Andersen was a fan of Caldwell's book, *Saving Psychotherapy*, so when she saw that Caldwell was listed as a law and ethics presenter at a high-profile conference, inspiration struck.

Feedback from the event was overwhelmingly positive. Here are some of the comments.



"I appreciate the new and stimulating content. The questions presented were so interesting and relevant!"

"I really enjoyed the honesty and "real world" aspect of this training."

"Really enjoyed his presentation style and sense of humor. The hours flew by!"

"Presenter was very personable, practical and relatable."

"Excellent interaction with audience, sense of humor, enthusiastic delivery. Fun!"

"Wonderfully entertaining speaker brings life to subject matter."

"The food and service was excellent!"

"Content was easy to understand and presenter spoke in terms that helped us apply to our own situations."

"The presenter was fantastic, very knowledgeable and delivered the content in an entertaining manner that kept me engaged."





"Wonderful setting, comfortable in every way. The food was great, setting high standards."

"It was a refreshing course, more interesting than standard Law and Ethics courses in the past."

"Presenter had a wonderful presentation style with a good mix of humor and authenticity."

"Ben was a fantastic teacher! Bring him back next year!!"



LUNCHEON REVIEW: TREATING OLDER ADULTS WITH DEPRESSION AND ANXIETY: A COMPASSIONATE AND EFFECTIVE APPROACH

by Edna Wallace, LMFT

On May 31st, 2019, I presented on treating older adults suffering from major depression, severe anxiety, or bipolar disorder. We had a full house for this luncheon talk, against the backdrop of beautiful Shoreline Park and delicious food at Michael's Restaurant.

The talk started with an exploration of loss. The "golden years," as some refer to that stage, are often times of great loss. I had the participants talk at their tables about "what I stand to lose (or have lost)." Lots of roundtable discussion was generated; of course, all aspects of loss were expressed—from deaths of people closest

to them through to divorce, loss of independence, loss of capabilities, loss of memory, and loss of purpose. Audience members expressed feelings of fear and grief, thinking of all these losses.

I went on to discuss features of depression, anxiety, and bipolar disorder in older adults. I talked about isolation, mounting mail and bills, hoarding, cognitive and physical impairments, chronic pain, staying in bed all day, anhedonia, and rumination (being stuck in regrets). If the last stage in the Ericksonian Stages of Development is Integrity vs. Despair, the depressed

older adult looks back over their life with huge regrets. Some of the precipitants to depression and severe anxiety include the failure to navigate the transition to retirement; feelings of incompetence (or "being left behind"); pain and illnesses; avoidance of help and



senior resources, and discomfort with psychotherapy (for dealing with childhood abuse or trauma). I talked about the higher suicide completion rate for older adults than their younger counterparts. I discussed how some medical conditions, surgeries, or medications can lead to depression or anxiety in older adults (for example, heart surgery has a link to depression, and Parkinson's comes with high anxiety).

I went on to discuss treatment of these disorders, focusing on the psychiatric programs that El Camino Hospital offers. These are group-based day programs, with a mixture of CBT, DBT, Process, Art, and occupational therapy groups—where the patient comes in for the whole day (in the partial hospitalization level of care) or for half a day (in the intensive outpatient milieu). There is weekly case management/therapy and weekly psychiatrist

visits for patients needing acute care due to their anxiety, depression, or bipolar disorder. For older adults, there is also OATS, a 15-week outpatient, psychiatric program with 2 groups a week (process and psychoeducational) and monthly case management and psychiatrist visits.

I stated that "patients get better just by coming

in." That is, with acute depression or anxiety, the older adult has been isolating for so long and ruminating all day in their private hell, that by coming in and being around other people, learning from the other patients, acquiring skills, and eating lunch together, the patients start rallying and getting out of themselves. They learn the lesson "I am not alone in my pain and distress" in a very visceral way. They start developing hope and focusing on what they can still do. They start making plans; taking "baby steps"; setting SMART goals for the weekend. And, of course, there is the medication management,

as the program psychiatrist sees the patient weekly in the PHP and IOP levels of care and monthly in OATS. There are also nurses, with whom the patient can consult on a daily basis, as necessary. Transportation to these programs is included (and paid for) by El Camino Hospital, enabling the older adult who can no longer drive safely to come in. This counters the oft-heard rationale, "But I can't drive that far for treatment."

I talked about the value of reminiscence therapy in treatment of older adults. I had my captive audience of marriage and family therapists do a second round of roundtable discussion: this time on "one's favorite oldie music" and "one's best or worst job." This discussion was hard to wrap up; people really got into it! I talked about how that's the same case for older adults with depression and anxiety. Not only do they get into it with relish, but they forget (for the moment) their worries and upsets and are totally in the moment, reviewing fond memories, connecting with others.

I talked about the needs of older adults. The audience did my job for me: they came up with a whole slew of needs. I emphasized many of them: need for visibility, purpose, connection, empathy, respect, and compassion. I talked about how these needs are addressed in the intensive programs that El Camino Hospital offers. I talked about how we encourage the depressed, anxious, or bipolar patient to get re-engaged

in their community. I gave out a handout on "choosing after-care activities." I talked about resistance and how the patient often puts up obstacles (withholding feelings, low self-esteem, worry, substance abuse, or denial). I said, "recovery is not a linear process." I talked about how the patient is expected to provide a "discharge plan" before she graduates. This plan includes aspects such as "my primary coping skills; how

Some of the precipitants to depression and severe anxiety include the failure to navigate the transition to retirement.

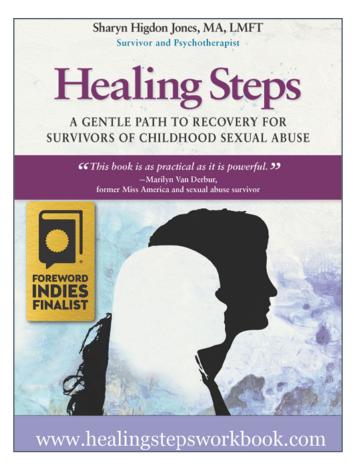
I will stay well; my support people, early signs of relapse; emotions that get me into trouble; positive self-talk; my mantras; my pleasurable activities; why I can't go back to the way I was; and how I will ask for help". I gave some case examples, such as Mike (not his name), who came into OATS from the community and had been extremely isolated. In the beginning of the program, Mike had needed the hospital tables for protection from the other group members; by the end of his 15 weeks in OATS, he said "you couldn't shut me up" and would go out with the other patients for lunch on Thursdays. I provided a list for some geriatric community resources, including the Village concept, senior

centers, and geriatric care managers.

I ended my talk by emphasizing how much we rely on the audience! That is, we need community psychotherapists in conjunction with our Mental Health and Addictions programs at El Camino Hospital. We need the MFTs not only for referrals, but for ongoing treatment as well, because in both the IOP and the OATs levels of care, the depressed or anxious patient must have an outside therapist for weekly or fortnightly therapeutic sessions.

The talk was superbly successful, with positive evaluations, and lots of questions and comments. This is obviously a topic that generates concern, curiosity, fear (because who isn't getting older?) and tons of engagement! Thank you for the privilege of allowing me to share my experience with a dedicated group of marriage and family therapists!

Edna Wallace has been providing psychotherapy for over 15 years. She has worked with the older adult community for the majority of that time. She has a private practice in Los Altos and co-leads a weekly interpersonal process group with Dr. Benjamin Page. Edna can be reached at www.ednawallace.com.



May you have a blessed Thanksgiving and a wonderful holiday period!

Wishing you and yours all the very best!

Always grateful for so many wonderful and caring people that are dedicated to this important work of providing therapy.

Warmly,



Adrian Medina, MA, LMFT

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Advertising Opportunties and Rates

ALL MEMBERS: FREE online classified ads!

SPONSOR MEMBERS: FREE web ad and 1/4 page newsletter ads.

Details, advertising policies, and non-member pricing are found at our website. Member advertising pricing is listed below:

Web Ad 2 Month Ad - \$150 Newsletter Ad

Quarter Page - \$150

Half Page - \$250 Full Page - \$400 **Email Blast**

One Email - \$150

If you have questions you can contact the chapter coordinator at mail@scv-camft.org.

Get Published!

Now is your chance to get published and share your thoughts with your fellow therapists. You all have a unique experience that could become an article, a movie or book review, or a review of an SCV-CAMFT event.

Editorial committee members are available to discuss ideas with you and answer questions. Their contact information is listed on <u>page 16</u>.



CHAPTER EVENTS

For more information and to register for events, please visit our website at <u>www.scv-camft.org</u>.

DEC

- 6 Pre-Licensed Support Group South Region
- 7 Pre-Licensed Support Group North Region
- 13 Newly Licensed Support Group South Region
- 21 Newly Licensed Support Group North Region

JAN

- 3 Pre-Licensed Support Group South Region
- 4 Pre-Licensed Support Group North Region
- 10 Newly Licensed Support Group South Region
- 18 Newly Licensed Support Group North Region

Newly Licensed Support Groups

are designed to meet the needs of those just licensed, and up to three years after licensure. You will find support and great ideas, and develop relationships with your peers. Be sure to take advantage of this valuable group and resource as you begin your journey as a licensed therapist.

FREE NEWLY LICENSED SUPPORT GROUPS

Newly Licensed Support Group - North Region

This group typically meets the third Saturday of the month from 1PM - 3PM

Upcoming dates: Dec. 21, Jan. 18 Facilitator: Della Fernandes, LMFT

Location: 1204 Burlingame Ave., Suite 5, Burlingame, CA 94010

RSVP and contact: <u>dellamft@gmail.com</u>

Newly Licensed Support Group - South Region

This group meets the second Friday of the month from 11AM - 1PM

Upcoming dates: Dec. 13, Jan. 10 Facilitator: Barbara Pannoni, LMFT

Location: 14639 Big Basin Way, Suite B, Saratoga, CA 95070 RSVP and contact: jungmuse@gmail.com or 408-373-8611

Pre-Licensed Support Groups

are designed to support interns.
These groups will help you find encouragement and advice from those who have already walked in your shoes on the road to licensure. Be sure to take advantage of this valuable group and resource as you begin your journey towards becoming a licensed therapist.

FREE PRE-LICENSED SUPPORT GROUPS

Pre-Licensed Support Group - North Region

This group typically meets the first Saturday of the month from 11AM - 1PM

Upcoming Dates: Dec. 7, Jan. 4 Facilitator: Jim Arjani, LMFT

Location: 2680 Bayshore Parkway, Suite 106, Mountain View, CA 94043

RSVP and contact: jimarjani@yahoo.com, 650-540-0102

Pre-Licensed Support Group - South Region

This group typically meets the first Friday of the month from 11AM - 1PM

Upcoming dates: Dec. 6, Jan. 3 Facilitator: Junko Yamauchi, LMFT

Location: 1588 Homestead Rd, Suite I, Santa Clara CA 95050

RSVP and contact: <u>junkoyamauchilmft@gmail.com</u>, voice mail 408-647-6814

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