

SPECIAL POINTS OF INTEREST

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President's Column—Life, Death, and Transition

I'm passing the President's torch in January and this is my last opportunity to write this article, so I've decided to write about my experience related to grief. This final column looks at life, loss, and the ways we shift after death. My life has shifted in significant ways after the loss of both of my parents. For some of us, we might feel a heaviness and sense of dread when we think about death; some relate primarily to sadness. These feelings were familiar in my experience as well, as I experienced a great resistance to allowing my sadness to just flow. Surprisingly, there has also been an unexpected aliveness to explore since this process began.

Within the last five years, both my father and my



LaDonna Silva, LMFT
President, SCV-CAMFT

mother have died. Both of them died at eighty five years of age, and this transition has been very painful, challenging, and a curious one. My sisters are fifteen to twenty-two years my senior, and since my parents had me so late in life, I never really calculated that I'd be without my parents for a majority of my adult life. At times, shortly

after my mother's death, I can remember comparing experiences and thinking to myself that my sisters got several more years than I did with them and that didn't feel fair! I felt about two years old when I had these tender moments of tantrum, while pouting and feeling disbelief. While I realized that comparing experiences causes pain, I felt stuck for some time in that child-like response. This initial phase of confusion and shock lasted for several months after each parent died. Every now and then, I still think that I will just stop by my mother's house and say hello, or pick up the phone and check in, or tell her about something that she'd like to know, and then I

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SCV-CAMFT Updates and Announcements

AN UPDATE ON CEUs

Yes! According to the BBS, CE Providers can give CEUs to all license types, including the LPCC license, as long as the course is within the licensee's scope of practice.

NEW LUNCHEON AUDIT AND CEU PRICES

Audits are \$10 for members, \$15 for non-members, plus \$7 each for CEU's. Luncheon prices remain the same.

IS YOUR INFORMATION UP TO DATE?

It's that time again! The directory is being pulled together in mid-December for its annual updating and printing. The information is always pulled from your online, SCV-CAMFT membership profile. This is your friendly reminder to update your profile to ensure that all information is correct (i.e., insurance

panels, specialties, certificates, education, and your personal statement). You can update your profile at any time. Simply log into your account at www.scv-camft.org. On the My Account screen, click on the link to edit your profile. Make your changes and be sure to click through ALL pages to SAVE them at the end.

SCV-CAMFT Calendar

Santa Clara Valley Chapter of California Association of Marriage and Family Therapists Board of Directors

NOVEMBER	
9	Annual Meeting Michael's at Shoreline Mountain View
30	Chapter Luncheon Mid Region; Mtn. View
DECEMBER	
Happy Holidays!	
JANUARY	
25	Chapter Luncheon South Region; Los Gatos
FEBRUARY	
22	Chapter Luncheon North Region; Burlingame
MARCH	
22	Chapter Luncheon Mid Region; Mtn. View

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Unsolicited articles are welcome, but the Editorial Committee accepts no responsibility for their return. We reserve the right to edit all articles. Opinions expressed are those of the authors and do not necessarily represent views of SCV-CAMFT.

A New Column Title: In Practice with Howard Scott Warshaw

Giving Thanks for Gratitude



Howard Scott Warshaw received his Master of Arts degree from JFK University and his Master of Engineering degree from Tulane University. After decades as a software designer/programmer, award winning film maker, celebrated video game developer, author, teacher and engineering manager, Howard integrates his eclectic skill set in the service of others as a psychotherapist. He is currently in private practice under the supervision of Maria Klein, LMFT where he focuses on the unique needs of Silicon Valley's Hi-Tech community. Howard can be found at www.hswarshaw.com.

New beginnings happen all the time. I'm having several right now. I'm launching in so many new directions that I was going to write about transitions, but I was blocked. I was stuck in my head and I couldn't make it work. Then I remembered it's Thanksgiving, time to honor a lesson for which I am most thankful: speak authentically from your heart. Right now, my heart is full of gratitude. It occurs to me gratitude is a great way to begin anything. So let's begin with a big one:

I didn't write a column last issue because we had issues. After four years of torturous treatments and roller coaster relapses, Sherri (my wife) had major surgery attempting to cure her cancer. After months of slow painful progress, all indications now point to success, and Sherri may well be cancer free. A 50-to-1 shot! I cannot begin to describe how incredibly grateful I am for this blessing on so many levels.

I am thankful for the wisdom of my teachers, mentors, supervisors and colleagues. When I speak in the room, I frequently hear their voices in my head, guiding me (just to be clear, those voices are definitely *inside* my head... and they're gently guiding, *not* critiquing or commanding). I sincerely hope to honor them by channeling this wisdom in the service of my clients.

I'm grateful for the internal work I have done during this journey. People say this path changes you and they are so right. I truly believe the process of striving to be a competent therapist has made me a healthier person. And on the topic of being a healthier person...

I have an amazing therapist. For years she has mirrored, modeled, managed, contained and supported me. She showed me how a therapeutic relationship can grow and evolve and flourish. She helped me realize great gifts, and inspires me to inspire others. I am eternally

grateful for her counsel and caring. I owe so much to her. I am, however, current in my fees.

And I am grateful for clients. They invite us to be brilliant for them, and sometimes we rise to the occasion and create magical moments of healing. Here is one that comes to mind for me: I was seeing an elementary school boy who had recently lost his mother to cancer. I asked him if he felt his mother inside him and he said no, there was just a big empty space. An idea struck me and I asked him to get some Play-Doh and a sand tray figure to represent his mom (he chose Olive Oyl, Popeye's girlfriend). I had him press Olive face-down into the Play-Doh and I asked him: "Is this how you and your mom used to be together?" and he shook his head yes. Then I pulled out the Olive figure and showed him the Play-Doh, indicating the empty space. "Is this how you feel now?" He said yes. Then I held it up so he could look directly into the impression in the Play-Doh. "Can you see Olive Oyl's face and clothes in the Play-Doh?" and he said yes. Then I said, "You know that empty space inside you? I'll bet your mom is in there just like Olive Oyl is in here." I don't know where that came from, but it was one of those remarkable moments in the room. I can't remember another job where moments like this could happen any day.

After literally thousands of hours in the room, I still find this work intensely compelling. The intimacy, the growth, and the potential for discovery are amazing aspects of my workplace. I'm also grateful you are reading this. After all, writing exclusively for myself is just journaling, and that only goes so far.

Last but not least, I'm grateful for PsyMart, the therapist's ultimate shopping experience. Next issue is New Year's, which is always PsyMart shopping time. I can hardly wait to see what's on sale!



Dina Haddad, Esq., LL.M., is the founder of Families First Mediation, a family law mediation boutique in San Jose. She is a panel neutral for the Agency for Dispute Resolution, headquartered in Beverly Hills, and sits as judge pro tempore for the Santa Clara County personal property arbitration program. She may be reached through her website — www.ffmediation.com.

Broken Love: The Intersection of Divorce and Therapy

A Legal Perspective by Dina Haddad, Esq., LL.M



Here, at Families First Mediation, we want to wish you all a prosperous holiday season. In our last column, we took a look at the difficulties couples may encounter when in the divorce process, particularly litigation, and what you can do to help them. With the holidays upon us, I would like to explain how a detailed parenting plan is crucial in helping parents navigate unique custody scenarios to give their children the best opportunities to succeed, and provide you specific examples you can use right away!

What is a parenting plan? A parenting plan is synonymous with a custody agreement. This can be either an agreement by the parties, or an order by the court regarding the parents' custody and visitation responsibilities for their minor children. Generally, the parenting plan will detail the time-share (physical custody), and whether the parents will share in decision-

making regarding their children's medical, health and education (legal custody). You probably hear parenting time in percentages, such as "We have a 60/40 time-share," or "I want 50% custody." A parenting plan also includes details regarding holiday schedules, transportation and exchanges, and the amount of contact the parents might have with one another. Parenting plans, however, can be far more detailed.

The more detailed a parenting plan, the more helpful the plan is to the parents who are now navigating new roles as co-parents. When there are limited details, custody disputes are more likely to arise, and land the parents in court leaving a judicial officer to make decisions about the parents and their children's lives. Instead, a detailed parenting plan reduces the likelihood of future custody conflicts because the plan's guidelines set the rules that the parents are required to follow by court order.

I need some examples of a detailed parenting plan! Suppose you are seeing mom for individual counseling. She comes in very upset. This Thanksgiving, dad has custodial time of their 7 and 9-year old boys, but Dad needs to go to Detroit for a fam-

ily emergency — his mother is very ill and is not expected to make it through the weekend. Dad has already planned an elaborate Thanksgiving weekend for his sons with his now-wife, and wants them to participate in the festivities while he is away. Unfortunately, he cannot afford to take them with him, and believes the weekend might be too traumatizing for them as well. Mom wants the Thanksgiving time. What can mom do? She might be thinking that she should request an emergency hearing to be awarded the Thanksgiving time. This is unlikely to work for several reasons: only one being that the children are not in any harm at dad's home, even in his absence.

Instead, mom would have been best served if her parenting plan had details to cover this situation. For example, if her parenting plan had a "right of first refusal," she would have likely been able to receive the Thanksgiving time. A right of first refusal would require the custodial parent to offer the non-custodial parent his or her time if he or she was going to be away for a certain number of overnights, before using other child care options. If this were in play, dad

would have been required to ask mom if she wanted the Thanksgiving time.

Another provision in her parenting plan might have been carving out an exception for holiday time. In this situation, the parenting plan might have required that the custodial parent be present during the holiday time awarded to him or her. If the custodial parent cannot be present for more than X percentage of holiday time (i.e. 50% of the time), then the custodial parent forfeits the holiday time to the non-custodial parent. This provision would make sense since children should be with their parents for the holidays. If the custodial parent will not take advantage of that time, the other parent should have that precious time.

The parenting plan might also have a provision requiring the parties to attend a mediation session, counseling session, or work with a parenting coach to work through custody issues like these as they arise.

These are just a few examples of a countless number of provisions, which can be included in a detailed parenting plan.

Will It Hold Up In Court? This is a great question. It depends on what provision is being enforced. For most parenting issues, the court

will have jurisdiction (the authority to enforce the order). For some issues, such as adult children (over the age of 18), the court does not have jurisdiction. For example, if there is an agreement regarding the adult children's college expenses or custodial time, the expenses might be en-



forceable as a contract, but the custodial time has no enforceability.

Often parenting plans include that the parents shall not use any derogatory terms regarding the other parent in front of the children, or allow any third party to do so. However, a judge would not be able to enforce this agreement against any third-party, or hold the parent responsible for the actions of a third party. Nevertheless, having this rule in the parenting plan is a great one. Even though it is unenforceable, because it is written and the parents agreed to abide by this rule, it is more likely to be followed than if it were not in the agreement.

As a rule of thumb, more details are better. Keep in mind - when the parents agree to a detailed custody plan, the court will enter it as an order, and only when a provision is disputed will the issue of enforceability come into question, if at all.

How Can I Help My Clients? You can help your clients by encouraging them to work towards a detailed parenting plan. Some might argue that they are getting along fine and do not need an extensive plan. Encourage them that the plan is not for today, but for the future when questions and unplanned circumstances arise. You might also suggest to your client that he or she should discuss this with his or her attorney or mediator.

If you have a topic you'd like to see addressed, or comments and questions about this column, feel free to reach me at (408) 357-3486 or dina@ffmediation.com.

“As a rule of thumb, more details are better. Keep in mind - when the parents agree to a detailed custody plan, the court will enter it as an order, and only when a provision is disputed will the issue of enforceability come into question, if at all.”

SCV-CAMFT 2012/2013 Calendar of Events

November 9, 2012; Friday

SCV-CAMFT Annual Meeting

November 15, 2012; Thursday

January / February Newsletter Deadline

November 30, 2012; Friday

SCV-CAMFT Mid Region Luncheon & Board Meeting

January 15, 2013; Tuesday

March / April Newsletter Deadline

January 25, 2013; Friday

SCV-CAMFT South Region Luncheon & Board Meeting

February 22, 2013; Friday

SCV-CAMFT North Region Luncheon & Board Meeting

January 15, 2013; Tuesday

March / April Newsletter Deadline

March 22, 2013; Friday

SCV-CAMFT Mid Region Luncheon & Board Meeting

For more information and to register for upcoming SCV-CAMFT events, please visit our website at www.scv-camft.org.

Please Note Newsletter Deadlines:

THE DEADLINE FOR NEWSLETTER SUBMISSIONS IS SIX WEEKS PRIOR TO PUBLICATION. (THE DEADLINE FOR THE JANUARY / FEBRUARY ISSUE IS NOVEMBER 15TH.) IN ORDER TO GET THE NEWSLETTER TO YOU ON TIME, WE MUST STRICTLY ADHERE TO THIS TIME FRAME. SUBMISSIONS RECEIVED LATE WILL BE HELD OVER FOR ANOTHER ISSUE.

**JANUARY / FEBRUARY 2013 ISSUE
DEADLINE NOVEMBER 15, 2012**

**MARCH / APRIL 2013 ISSUE
DEADLINE JANUARY 15, 2013**

Change of Status

SCV-CAMFT would like to acknowledge those members who recently negotiated the difficult task of completing the MFT licensing process.

Congratulations to Elizabeth Batson and Grace Tang — Newly Licensed MFT

If you have received your notice of licensure, it is important to remember to inform your local chapter as well as the state organization of CAMFT. Please inform our chapter coordinator of any status change as soon as possible by telephone, 408/235-0210, or by e-mail, mail@scv-camft.org.

SCV-CAMFT November Mid Region Luncheon

(1.5 CEU hrs. available, PCE 1134)

ON PSYCHOSOMATICS

Presented by Carol Harrus, M.D.

Date: Friday, November 30
Place: Michael's at Shoreline, 2960 North Shoreline Blvd., Mountain View
Register: At www.scv-camft.org, or mail your payment to
 SCV-CAMFT, PO Box 60814, Palo Alto, CA 94306

Time: 11:15 am—1:15pm
Menu: Buffet Lunch
Fee: Members—\$26 + \$7 for CEUs
 Non-members—\$30 + \$7 for CEUs

Register: Please make your payment by Monday, November 26 for the early registration fee, or just show up and pay the higher "Walk-in" fee.

A buffet lunch will be served from **11:15 - noon !!** Help yourself at the **BUFFET** table featuring a variety of choices.

Carol Harrus, M.D. will present from 11:45 am - 1:15 pm Please note TIME CHANGE

If you would like to write the summary, please volunteer during the announcements before the speaker begins when Wendy Wegeforth asks for a volunteer.

In this presentation of On Psychosomatics, Carol Harrus, M.D. will explore the questions:

- ◆ What is the relationship between primitive trauma and psychosomatic disorders?
- ◆ What are psychosomatic disorders and how can our understanding of the relationship between trauma and psychosomatic disorders inform our clinical work?
- ◆ How do we treat an illness when the patient uses the body rather than the mind, to reveal psychic pain?

Looking to these questions, we will distinguish between three categories of psychic pain, which are communicated through the body: hypochondria, pain that becomes chronic, and psychosomatic illness. Clinical examples will be used to show how pain expressed in the body creates a particularly difficult transference/countertransference in which the analyst, as stated by Bion, must work without memory, desire, and understanding, in order to use the body to listen to the patient.

Bion, WR (1979) *The dawn of oblivion. In: A memoir of the future*, 429-527. London: Karnac, 1991.

More about the presenter:

Carol Harrus, M.D.'s practice focuses on comprehensive medical, psychiatric, and psychological evaluation for consultation and treatment of patients. Unlike specialists who focus only on therapy or only on medications, Carol is an M.D. qualified to recognize organic disease as well as a psychoanalytically trained psychotherapist specializing in intensive treatment. She has over twenty years experience treating children, adolescents and adults in a private practice setting. She also provides consultation and referral services for medical and mental health professional colleagues.

As a graduate of the Division of Child, Adolescent, and Adult Psychiatry at Stanford University School of Medicine, she also provides consultation to the division of child and adolescent psychiatry fellows at Stanford. www.CarolHarrusMD.com

Note: While there are sometimes a few seats left for walk-ins (\$33 / \$40), pre-registration is required. We give the food counts a few days before the luncheon and cannot be accurate without pre-registration. If you find you must cancel, please call the chapter voicemail (408/235-0210). **Refunds are not always available and are never available without this notification.** It *may* be possible to transfer your payment to the following month *if* you call at least 24 hours in advance. The contact persons are available to answer questions about the speaker and the topic. If you have questions about the procedure for registering, call the chapter voicemail. Guests are welcome to attend with you—please provide their names along with your payment. See the back cover for more information on registration. **Please remember that telephone reservations cannot be accepted.**

The Insurance Version of “Don’t Ask, Don’t Tell”:

The Potential Dangers of Private-Pay Clients—by Barbara Griswold

Barbara Griswold, LMFT is the author of *Navigating the Insurance Maze: The Therapist's Complete Guide to Working with Insurance – And Whether You Should* (www.theinsurancemaze.com). In private practice in San Jose, CA, she provides phone consultations to therapists nationwide with insurance questions and problems. She also publishes a free monthly e-newsletter with insurance tips, and travels around California teaching therapists to work with insurance. Barbara is a proud 27-year member of CAMFT. She invites members to contact her at barbgris@aol.com.

After paying full fee out-of-pocket for three months, a client surprises you by mentioning that she has insurance, and asks you to bill the plan for past sessions. You are a provider for her plan. Are you obligated to refund the client for all monies paid for those three months (other than the client's copayments and deductibles)?

This question seems to be coming up more frequently in my recent consultations with therapists, who call in a panic, anxious to find out if they have to refund hundreds (or thousands) of dollars to clients who didn't tell them about their coverage.

It's a kind of “don't ask, don't tell.”

When a client doesn't mention insurance, you may understandably leap to the assumption that she isn't covered. But there are many reasons she may not tell you about insurance. She may be so distressed she forgets to mention it. She may have planned to come only for a few sessions, but as treatment costs mount she may look for other ways to finance therapy. Or she may not have realized that her medical insurance covers therapy and offers network discounts. And maybe you don't ask because you really don't want to hear the answer. If she doesn't bring it up, you think, why should you?

Is it really our responsibility to find out if clients have insurance? “We can't grab their wallets out of their hands and look for an insurance card, and you'd like to think that they would let us know about coverage, but we need to ask,” says Susan Frager, owner of PsychAdministrative Services, a mental health billing service. “The bottom line is that it can blow up in your face if you don't ask up front.”

And blow up it does. It breaks my heart how many panicked providers I have to tell the bad news: Yes, if you are a plan provider, you agreed in your con-

tract to charge all plan members only their copayment and any deductibles, and to bill the plan directly on the client's behalf. The only time you are relieved of this obligation is when a client has specifically asked you not to bill her insurance. “From the standpoint of the insurance company, if a client wants to use her insurance, contracted providers need to accept it,” says Frager. Jeffrey Olson, a Network Manager at UBH/OptumHealth of California, agrees. “Any agreement entered into with a member, that is in conflict with the provider agreement (as in this case), is considered not valid, and a member would need to be reimbursed if they later stated they have coverage,” he says. “This is one of our member protection provisions.”

So what do you need to do now? If you had never signed an insurance plan contract, and never agreed to abide by their policies, you could just give your client an invoice/super-bill for past sessions. But since you are a plan provider, get out your calculator. Figure out what the client should have paid according to their coverage, refund the client the difference, and bill the plan for the sessions. You can't negotiate some kind of settlement -- you are limited to the terms of their coverage and your contract.

What if your claims are denied, due to lack of preauthorization, or because you missed the claims filing deadline? Many plans may require preauthorization, or have claim filing deadlines, so it is possible that the plan may deny your claim due to “lack of authorization” or “late filing.” If this happens, it is recommended that you appeal, explaining the situation, and ask the plan to reconsider their denial.

If the plan doesn't pay, can you bill the client? No. You may have to write this off as a loss, as your contract forbids balance-billing the client if the plan doesn't pay.

The good news? This situation can be avoided with a few steps:

1. **No more “don’t ask, don’t tell.”** At first contact, ask ALL clients – even self-pay clients -- if they have ANY medical insurance.
2. **Get a copy of the front and back of the insurance card, and contact the plan to check coverage.** Don’t trust the card. Network affiliations can be complicated, so you may be a plan provider when you think you are not.
3. **Have all self-pay clients sign a Self-Pay Agreement**, in which the client attests that s/he:
 - ◆ does not have insurance coverage,
 - ◆ has insurance coverage but chooses not to use it, and understands that in doing so s/he is waiving any right to reimbursement, or
 - ◆ has insurance coverage, but understands that the services you are providing are not covered by the plan.

The agreement should be signed by both client and provider, and should indicate the actual fee being paid by the member.

What if she actually told you initially she didn’t want to bill insurance, and then changed her mind?

The Self-Pay Agreement (or similar documentation) protects you from the need to retroactively bill in this case. Otherwise, “it’s your word against hers, and if she complains to the insurance plan, the plan will take the client’s side, because the client is their customer, and the therapist isn’t,” says Frager.

And here’s a twist that surprises most providers: Even though members may choose to waive their insurance, “providers can’t charge more than their contracted rate,” says Kevin Petersen, California Network Consultant at Anthem Blue Cross. “They’re still covered members. Some providers feel they can bill their out of network fee. This isn’t permitted.”

What if you told the client up front you only had private-pay slots available? Plan contracts do not allow you to say, “I’m not taking insurance clients right now,” unless you have notified the plan to hold referrals. Even if you have notified the plan, it is a breach of contract to tell a member that you only can see her as a private-pay client. You are only free to do this if the client has

told you she does not want to use her coverage.

“There is a lot of functional disenrollment going on,” says Frager. “This is when a provider stays on a panel but doesn’t accept new clients from the plan. Providers are hedging their bets: They want cash-paying clients but they are afraid to quit panels because these are tough times, and they know that clients want to use their insurance.” But you can’t try to turn insurance members into private pay clients in this way – no matter how they were referred to you.

Make sure you get competent consultation. In situations like these you’ll want the CAMFT attorneys on speed-dial. When serving on the CAMFT Ethics Committee, I noticed many complaints were filed after some kind of fee dispute, which then became a lightning rod for the client’s other dissatisfaction with the therapist. Besides ethics or BBS complaints, there can also be serious consequences from the plan when you don’t stick to your contract. “All it takes is one pissed off client complaining about you to the plan, and the plan will come down on you like a ton of bricks,” says Frager.



“Any agreement entered into with a member, that is in conflict with the provider agreement (as in this case), is considered not valid, and a member would need to be reimbursed if they later stated they have coverage.”

CASE CONSULTATION AND STUDY GROUP

FOCUSED ON

DEEPENING THE PSYCHOTHERAPY

Led by Alan Kessler, Ph.D.

In my experience, deeper treatment in terms of addressing fundamental psychological conflicts is much more beneficial to the individuals we treat and gratifying to us as therapists. At the same time, it is much more difficult for the patient and therapist, as intense transference and counter-transference, inseparable and essential components, threaten to bury the gaining of insight. Mining the interaction between patient and therapist as it progresses so that good occurs, and harm does not, requires the ability to formulate what is going on, and the technical skills to turn it into words that will emotionally and cognitively move the patient in a beneficial direction. It is in a spirit of acknowledging both the potential rewards of deep work and how complex, and emotionally difficult it is, that this consultation group proceeds.

Group Framework:

Members will rotate in the presentation of process notes with a particular individual they are treating. Ideally, these presentations will last for at least a month, so as to allow for the development of a deeper sense of the individual being presented and the consolidation of a sense of having learned something by the presenter and the group. In-between each case presentation will be a meeting devoted to discussion of readings. The topics for reading will be chosen by the group as particular interests develop out of the case presentations.

It is my experience that being a member of a group of therapists, especially when presenting, can be a very vulnerable experience. For this reason, a premium will be placed on mutual respect for each other's clinical work and opinions. Members of the group will have been interviewed beforehand so as to maximize the cohesiveness of the group.

My Background:

I am a certified psychoanalyst, licensed clinical psychologist and licensed marriage and family therapist. In addition, I am a supervising and training analyst, as well as faculty member at the San Francisco Center for Psychoanalysis. Over the past twenty-five years, I have worked in a diversity of settings (e.g., in-patient, HMO) with a psychologically and ethnically diverse group of individuals. For the past fifteen years, I have been exclusively in private practice. The perspective I predominantly work from emphasizes the influence of relationships, particularly early relationships on an individual's psychological functioning. Similarly I highly value the therapeutic relationship as a tool for psychological change.

The proposed time of the group is Wednesdays from 2 to 3:30 P.M; depending on the schedules of the group. The fee for the group will be \$50.

For further information please call me at (408) 358-5777.

This is a paid advertisement

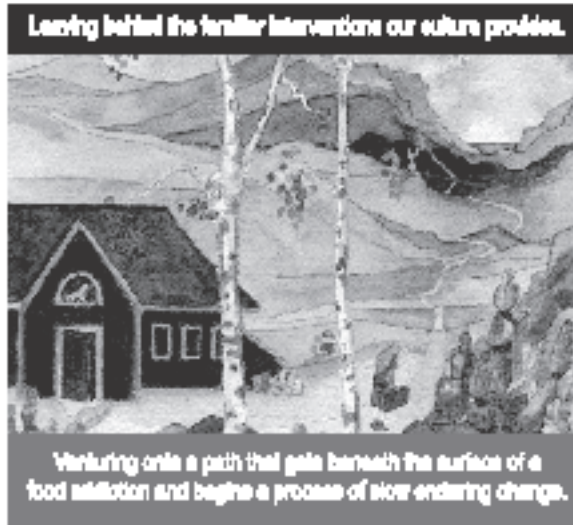
GettingReal

a center for freedom from food addiction

At our center we address the roots of the most common eating disorder of our time. Addiction to food as a source of emotional comfort is the common thread among those who choose our comprehensive out-patient program.

WE BELIEVE:

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Gadi Zohar, Esq., MFT

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The 4 Levels of Trauma Defenses Part 2— by Steven Kessler, MFT, EFT Expert & Trainer



Steven has been a licensed therapist for 25 years, incorporating many different modalities, including Character Structure, the Enneagram, NLP, energy work, Thought Field Therapy, and EFT into his work. He is certified as an Expert and Trainer in Emotional Freedom Techniques.

In the last newsletter, we discussed the fact that in order to ensure complete psychological healing, we must heal not only the original core wounds, but also all the defense mechanisms that the person has created to protect themselves from feeling those core wounds. Those defense mechanisms can be quite complicated. They are often organized in layers, with each layer imperfectly solving the problems created by the layer just beneath it, and leaving problems to be solved by the layer above it, or not solved at all.

I presented a simple map for understanding the various layers of defense mechanisms. Starting with the simplest and proceeding to the most complex, it looks like this:

a single, isolated hurt -->	defense is ego dystonic -->
	phobia
big or repeated hurts -->	defense is ego syntonic -->
	trauma
trauma + numbing habit -->	addiction
trauma + self-negation -->	self-defeating behavior

I hasten to point out that in real life the different levels and layers are not so distinct and separate, and one level may blur into another. Keeping that in mind, let's go through the layers one at a time and unpack each one.

In the last newsletter, we discussed in detail the first and second levels of trauma defenses, the levels of phobia and trauma. Now let's explore the third and fourth levels.

The 3rd Level -- Addiction

At the third level, where we find addictions, we have all the trauma and defenses of the second level, but they are now buried under an additional layer of defense, an habitual behavior

that serves to numb the person to the pain and anxiety of the core trauma. Here, the person's solution to the underlying problem has itself become a problem. Usually, people come for help with stopping the addictive behavior, completely unaware that it is their medicine for a deeper wound, and that we must heal that deeper wound to really cure the addiction.

The numbing agent may be anything. Some of the favorites are alcohol, drugs, food, sex, work, money, success, fame and popularity. But any substance or activity can be used, as long as it works well enough to dull the feelings from the trauma. What makes the behavior addictive, is that it is being used to dull the person's feelings. And what makes all addictive behaviors ultimately unsuccessful is the fact that "You can never get enough of what you don't really want." If what you really want is to feel loved, there is no amount of food or drugs or money that will give you that feeling. If what you really want is healing for the original hurt, there is no amount of anesthesia that will work. Sooner or later, the numbness wears off and the hurt returns.

The extra layer of defenses makes the whole process of healing that much more complicated. In addition to healing the original core wound, and the feelings, beliefs, and identity arising from it, the addictive behavior itself must be addressed. Typically, the addictive behavior has several components, including the craving for the drug of choice, the situations that trigger the craving, the habit of self-medication for the craving, and chronic psychological reversal, which supports the belief that this behavior is a good choice. All of these parts of the addiction are interwoven and mutually re-enforcing, which makes them very hard to untangle and dissolve.

The 4th Level -- Self-Defeating Behaviors

The 4th level is the deepest and most

difficult to change, because here a deeper and more effective numbing process has been added to the usual layers of trauma defenses, and there may be active addiction as well. This additional layer of defense is an unconscious, automatic habit of self-negation.

Self-negation is a much deeper and more damaging habit than addiction, because while addiction tries to bury the pain, self-negation tries to bury the self. It does this by stifling all the expressions of the self, such as initiating actions, having preferences and desires -- basically all assertions of personal will.

Why would anyone adopt a habit of negating their own impulses, or of preventing their own self-expression? Like all defense mechanisms, it was the best solution the child could find for the problems they faced. In this case, the problem was a parent who could not tolerate the child's developing sense of will, separateness, and autonomy. To prevent this development, the parent set out to break the child's will by actively punishing the child's expressions of his own will and autonomy.

Today, such actions may seem bizarre or unusual, but during the 1800's and early 1900's, this practice was the norm. Most books on child-rearing from that era state that it is the parents' duty to break the child's will in order to civilize it. Although the instructions in child-rearing manuals have changed, there are still many parents who were brought up this way, and therefore cannot tolerate the development of a separate will in their child.

The core wounding usually goes something like this: around the age of two, the child naturally becomes aware of its separateness, and begins to express its will as different from the parents'. Instead of supporting the child's budding autonomy, the parent opposes it, using guilt, shame, manipulation, over-control, and often outright violence. At first, the child fights back, asserting its own will in opposition to the parents' will. But the parent is big-

ger and stronger, and willing to escalate their reaction as far as it takes to force the child's compliance. Time after time, the child loses the fight. Eventually, the child concludes that "I can never win and any assertion of my own will only bring more punishment."



So, the child does the only thing that will stop the pain -- it turns its own will against itself, and stops itself from feeling or expressing its own impulses, desires, and autonomy. It learns to automatically defeat itself before the parent can defeat it. This is the habit of self-negation. This habit then organizes the child's psyche and identity so deeply that the behavior persists long after the child has grown up and left home. Even as an adult, impulses and desires are derailed before they reach the surface and find expression. Projects are begun, but somehow never completed. Situations that would draw attention or praise are avoided, since those were the moments that also brought humiliation. Little is desired or accomplished.

These are the clients who have a reputation for defeating their therapists by somehow not changing, even when they want to change. They have painted themselves into a very tight corner. Under the self-negation there is an ocean of pain and rage at the way they were treated. But the self-negation is what protects them from all those overwhelming feelings. It is their medicine; their drug of choice. Self-assertion re-awakens the old fear of punishment, and being seen as successful can be terrifying. And besides, they have never gotten what they wanted before, so why would they think that they will get it now? For them, the only way to avoid losing big is to continue losing small.

How, then, do we help someone who is stuck at this level? First, we need to recognize early on that self-negation is

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"The extra layer of defenses makes the whole process of healing that much more complicated. In addition to healing the original core wound, and the feelings, beliefs, and identity arising from it, the addictive behavior itself must be addressed."

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Kent is currently studying through the two-year Palo Alto Psychoanalytic Training Program as well as the San Francisco Center for Psychoanalysis' year-long Friday program focusing on how to effectively work with trauma in psychotherapy.

Kent also volunteers his time with **Amigos de las Américas (AMIGOS)**. He asks you consider making a donation or purchasing a case of grapefruit to support high school students looking to learn more about themselves and the world. He spent summers in Mexico, Ecuador and the Dominican Republic as a volunteer and program leader.



AMIGOS promotes youth leadership development through summer home-stays of six to eight weeks in one of 16 Latin American countries, where high school students work on local community health projects. Read more and watch a short video at www.AmigosLink.org.

FUNDRAISER: Student volunteers are selling cases of **Ruby Red Texas grapefruit**. Super sweet and juicy, better than what you can find in the supermarket. Buy a case of grapefruit to help support these high school students earning money to pay for their airfare. \$25 for one case of about 15 grapefruit. Orders accepted in November and delivered in December. Call Kent Campbell to order or donate to the scholarship fund.

This experience changes a young person's view of the world, and it shows what one motivated young person can contribute and accomplish in it.

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Support Group Calendar

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North Region Newly Licensed—November 3 and December 1

South Region Newly Licensed— November 10 and December—no mtg

North Region / Peninsula Pre-Licensed— November 9 and December— no mtg

South Region Pre-Licensed— No meetings until further notice.

Free Newly Licensed (within 3 years) Support Groups

North Region—The purpose of this group, which meets monthly, is to provide support to members who have recently become licensed, within the last three years. This support group meets the first Saturday of each month from 10:00 AM to 12:00 PM.

Jamie Moran, LCSW, is the current group facilitator. The location is 661 Live Oak Avenue, Suite One, Menlo Park, CA 94025. To RSVP, and for further information

about upcoming meeting dates and times, please contact Jamie Moran at Jammoran@aol.com or 650/598-8877.

Be sure to take advantage of this valuable group and resource as you begin your journey as a licensed therapist.

South Region—This support group meets monthly from 10:00 AM to 12:00 PM. The purpose of this group is to provide support to mem-

bers who have recently become licensed, within the last three years.

Verna Nelson, MFT, is the current group facilitator and meetings are held on the border of Campbell and Los Gatos, close to the intersection of 85 and 880. To RSVP, and for further information, please contact Verna Nelson at 408/379-774 or email her

vernaNELSON@gmail.com



Free Pre-licensed Support Groups

North Region— Debra Rojas, LMFT, facilitates our pre-licensed support group for the north bay and peninsula. This group meets the needs of our pre-licensed members in the north region. Debra is a graduate of Trinity College of Graduate Studies, has been licensed for three years, and has a private practice in Menlo Park.

Debra's group will meet the second Friday of each month from 10:00am to 12

Noon, at Debra's home in Menlo Park.

For more information or add your name to the email list for this group, please email Debra at debra@debrarojasmft.com.



SPECIAL NOTICE:

South Region—The South Region pre-licensed meeting run by **Karen Taylor, LMFT** will not be meeting until further notice. Please check the SCV-CAMFT Calendar for the most recent information.

Ask a Mentor—a New Series

Brought to you by Yvonne Blockie and Vinutha Mohan

What advice or words of wisdom would you share with someone who is pre-licensed or recently licensed?

"I would suggest that you explore the goals that you have for your profession/license. Consider the population you want to work with, and where you want to work. These concepts will probably evolve over time as you get into your professional life. Seek out a mentor, and join support and consultation groups. Observe what other therapists have learned over the years and ask a lot of questions!" – *Yvonne Blockie*

"I would encourage you to be patient and try to enjoy the process of becoming a therapist, and to be careful with how you choose to spend your time if you are volunteering for any organizations." – *Lara Windett*

What "mistakes" did you make in your career, and what lessons did you learn that surprised you?

My challenges in the beginning were about setting boundaries and establishing fees for my services. There were times when I realized that I had not asked enough for the value I provided. When a client asks for a sliding scale rate, know the lowest you are willing to go, and be able to say "no" if it is not adequate for you. When you become licensed, there is a new belief system about who you

are and what you want to accomplish. You have to learn to get to know it and wear it well. – *Yvonne Blockie*

I made several "whoppers" over the past four to five years that I wouldn't have anticipated, all of which were great learning experiences (AFGOs). The first that comes to mind, is not holding a time-frame firmly when a client was playing with it. I had a young woman who wanted to change the day and time around... all the time. I must have made four day and time changes for her (for such pretentious reasons as she wanting to be there for her new boyfriend's pickup soccer game); not really compelling. It was when I found myself driving from Mountain View to San Jose in rush-hour traffic only to see her--anxiously and resentfully inching along on the freeway--on an evening I had been deliberately holding free for myself, when I finally stepped back, looked at myself, and said, "Edna, what are you doing?" When I then tried to process the constant time changes with the client, she decided it was all too much work and left. Guess what? I was relieved. No more blowing about in the wind. Now I tend to hold a client fairly firmly to the established date and time. Another memorable AFGO was calling back a new client and then letting this client go on for about 40 minutes as she totally broke down--shrieking and weeping on the phone about her agonizing life situa-

tion. She never came in for a first session. If they want to do that kind of processing, get them into the office and get paid for it. But the biggest whopper of all was going ahead with a session with a new client (a couple), when I was feeling really unwell. I think I got food poisoning from my chicken lunch. At any rate, I could feel my stomach churning and protesting, and a splitting headache coming on for a few hours before the nighttime appointment. It only seemed to get worse. I was so stubborn (German ancestry) that I refused to cancel the session and re-schedule. I thought I could do it. I thought two Advils would do the trick. So I headed in, thinking to myself, it's only 90 minutes. I just have to survive, then I'll be out of there. Wrong decision. I won't go into the details, but I was sick in the office. My advice is to never ever proceed with a session when you are feeling really ill. Besides all the other consequences, it's pretty clear that you'll lose the client!

So, those are a few of my whoppers... and I've taken their valuable lessons to heart. – *Edna Wallace*

I look at my career as a therapist as one where I continue to have the opportunity to learn and grow. I have learned, and continue to learn from my patients. Change can be slow and each person has the ability to move towards health. – *Lara Windett*

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President's Column—
cont'd from page 1

realize she's gone, and I drift back to reality. This seems to happen less now, but there's an occasional moment when I still face this new reality, this new normal.

I don't think the inner child in me ever really believed they'd be gone. From that lens, I struggled with feelings of abandonment, huge loss, and a questioning sense of security. These feelings didn't always make sense because my relationship with my parents wasn't always emotionally supportive, however I felt as though they'd always be there for me. On some level I knew I could always rely on them. Once again I was reminded that our experience, feelings, and processes don't always line up with what makes sense. This is where so many of us get lost and confused. We imagine our process needs to make sense or follow stages. In Elisabeth Kubler-Ross' last published book, she regretted ever really naming the grieving stages. Kubler-Ross felt as though we took her definition and stages literally, as though healing is a linear process, one stage at a time, in a particular order. Kubler-Ross truly believed we will each follow our grieving journey, which is truly a unique and very individual process.

In my opinion, this unique process is like riding a wave, and I'm often surprised at the deep emotions that rise and continue to pass through me. I occasionally notice my resistance to feeling sadness, but it seems as though when I just allow myself to experience the tears, the internal pain, they seem to come and go just as simple as that. My attachment to the grief seems related to my holding on to something, an incomplete process related to some hurt that I'm still carrying, or just my own fear of feeling the pain. Certainly this is often the unfinished business that shows up in our offices.

One main focus of my own unfinished business was the strong influ-

ence my mother still had in my life. Without her, I've noticed a lightness and letting go of an internal stress. Some part of me still wanted to please her, make her proud of me; yet another part always wrestled and wanted to be independent, not needing her approval, while doing what I needed and wanted. This newer shift and awareness has felt like a new experienced freedom. I knew my mother well and cared for her throughout my life. Of course I knew her beliefs and judgments that I've interjected along the way, but now there's a different level of power it plays inside of me. Without her physical presence, I can clearly take ownership of my struggle and battle within myself. She's not here judging me or suggesting what I "should" do, representing the conservative perspective, one that silences me and holds me back in fear. I thought when she was alive that I had completed a great deal of individuation, and yet there was a subtle tug that I clearly realized and explored once she was gone.

These new discoveries represent the uncertainties that come along with the aftermath of death. When clients come into the office, especially while processing a sudden loss like a suicide, there's often a disbelief and element of shock. Most often in therapy I'm following the process of disbelief as if the unconscious is taking time to catch up to the reality of what's happened. Sometimes we stay in this seemingly safer place of denial until we are ready to connect to the experience we're having. Each one of us will either face "what is" at some point, or just stay in confusion, stuck in disbelief for just as long as we need to.

As my family faced this major loss of the central part of our family system, we slowly had to make difficult decisions about our family homes. My parents and grandparents built homes in Santa Clara when the area was full of orchards. The home my parents lived in was the meeting spot for most holiday gatherings, the central visiting spot for out-of-town relatives, and the home that represented connection. For many years, my grandparents housed immigrants from the Azores Islands. They would invite relatives to

stay in their home while families would figure out how to settle into the area. I definitely felt a strong attachment to these homes and wrestled with my own process of letting them go when my sisters decided that selling them was the best solution to meet their needs.

It makes sense that families struggle after a parent's death. I never imagined my own family would struggle in this internal way, but in some ways a part of me says, "of course" our system is changing now and there is no status quo. There are no parents that seemingly hold us in a particular structure, it's now time for each one of us to stand up and speak up for ourselves as to what's important in our own lives, and to explore it in our own way. So I've struggled with not only the death of my parents, but the tender process of grieving the loss of these homes that I've clearly been attached to. The process of letting go while I'm resistant has been one of the most difficult transitions. It's created such a significant finale to the memory of my family as it was.

I recall sitting with a client completely convinced and struggling with the idea that she could never let go of the sadness of losing her child. I invited her to push away the sadness that she wanted to get rid of and that she felt so stuck in. She tried putting the sadness (represented by a red pillow) in the corner, out of the room, covering it with blankets, pretending it wasn't there, etc. She never really felt free of the sadness even though she tried various ways, both in and outside of my office. So I invited her to hold onto the sadness, which amplified her process in a different way. Then I invited her to become "friends" with the sadness. She initially resisted and pushed it away as she'd been doing for years prior to therapy. It really illuminated her process and amplified what she was trying to work through. She looked at the sadness and said, "I don't really want to be friends and accept you. If I accept you, then I accept that my son is gone." It seemed like a powerful moment for her as she faced that internal struggle of acceptance. We often believe that if we

accept the loss, that somehow we'll forget them or move on, even at some point be okay. For me, acceptance feels like surrender when we're not fighting with ourselves or pushing up against what is. I think we can individually work through this process, and for each one of us, it's truly unique.

My acceptance of the process of loss, and the fact that death is real and that eventually even I will die, continues to be my greater spiritual practice. How can I stay truly attached to anything? How do I hold trust and a sense of allowance, so I can move through any experience knowing that I will be okay? I work on holding a loving space for my clients, which is the same kindness I must hold for myself. Allowing all of my reactions to be okay is key. Accepting my anger, rage, sadness, and grief in any way it shows up. Many of my clients want or seek answers to their endless curiosity and wondering: Why did this happen? When will the pain soften? How can I ever move on? There really aren't easy answers to these complex questions; it's a process we all must experience individually.

In my own experience as a client, rather than seeking answers, I've chosen to trust that I'll shift when I shift, and that I'm okay in the meantime, even while I'm hurting. I've appreciated the loving space provided by my own therapist, family, and close friends, who just allowed me to be right where I needed to be. This loving space truly has been a gift in my own grief work. I am shifting my relationship to my parents in the process. I've been through many different experiences with both of them through the healing journey, and continue exploring how I'm relating to them now. When I want to connect to them, I simply bring them alive in me.

With love, LaDonna

4 Levels of Trauma Defenses

cont'd from page 10

present so that we don't play into the try-and-fail pattern, and end up reinforcing it. Instead, we need to recognize the need to refuse to change, and give it a voice. Carol Look has beautifully laid out one way to do this in her *Refusal Technique**. I find this technique very effective, both to break the logjam, and to confirm that self-negation is the issue. If it is, doing the *Refusal Technique* will cause the client to become more animated. In fact, they often break into peals of laughter at this permission to finally say out loud what they have felt in silence for so long. This release may continue for a long time as they vent the pressure they've been carrying inside for years. And you may need to return to the *Refusal Technique* repeatedly, whenever the logjam reappears.

Since they are profoundly psychologically reversed*, I suggest also applying the *un-reversal technique* early and often. Their system is accustomed to being reversed, and you must help it gradually re-orient itself to being in alignment.

As you work down through the layer of self-negation (even temporarily), you can begin to address the underlying traumas, and the specific incidents that led them to employ self-negation in the first place. If addictions are present, you will also have to address them at some point, although this will be much easier if you can collapse the underlying traumas first. The person's identification with being "the loser" will also need to be addressed.

It will likely be a long and twisting road, but if you understand the function of self-negation in their psychic economy, you will make real progress.

Looking back over these four levels of trauma defenses, we can see how they are laid down, each one on top of the one below, each layer trying to solve the problems left by the previous layer. With this map in mind, I hope you will find it much easier to understand and heal the various traumas

you and your clients encounter.

* Psychological reversal and the Refusal Technique are explained and taught as part of EFT, but explaining them here is beyond the scope of this article.

Mentor Column

cont'd from page 17

How have you evolved since you started this career?

I have learned to trust that if I refer someone out because it is not a good match, then the work will come back to me in some way. I take the approach that this is a business, and I must treat it kindly and trust that the universe will send me positive experiences.

I have been open to continuous learning, and that is the wonderful part of this work.

Also, I have learned the value of networking, and tried various ways to connect more with colleagues. – Yvonne Blockie, LMFT and Career Counselor Private Practice – San Jose SV-CAMFT Mentoring Coordinator

Edna Wallace, LMFT, LPCC (Part-time Therapist at El Camino Hospital, in an IOP program for severely depressed, anxious, or bipolar geriatric patients. Also part-time private practice, with offices in Los Altos and San Jose,

-
Lara Windett, M.A., MFT Licensed Marriage and Family Therapist
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Friendships, feelings, communication, self-esteem and stress using art and drama. WOMEN- relationships, depression, stress, transitions, parenting, balance and grief starting January 24th (8 weeks) Lori Levitt, MFT #43329. 650/794-4828 www.lorilevittmft.com

Is Anger Hurting Your Relationship?

It doesn't have to! Learn Keys skills to break the anger habit. Ongoing groups for women and men. San Mateo/San Francisco. Call Michael G. Quirke M.F.T. 415 820-3943 or www.michaelquirke.com

L.I.V.E.

Life-Interventions-Visions-Empowerment. Ongoing support/process group for women moving beyond their mental illness. Now forming in Redwood City. Call Deborah Dowse Runyeon, MFT at 650-363-0249 x111.

Women's Therapy Group

Ongoing, weekly group to help improve relationships and communications skills. Issues addressed include assertiveness, self-esteem, grief/loss, transitions, anxiety, depression, among other concerns. Wednesday evenings, San Jose. Contact Claire Wright, MFT at 408/998-7098.

Object Relations Consultation Group

Object relations consultation group has openings. Meets Tuesdays 11:30-1:00. \$55/week includes simple lunch. Please call Carol Campbell, MFT: (650) 325-2576

Women Who Love Too Much

Do your clients crave approval of the men in their lives? Do they put their own needs on hold? Do they wait for

GROUPS AND WORKSHOPS

their men to call, to pay the least amount of attention to them? If so, this group can help them reclaim their lives. Mondays from 6:30-8:00 at 165 Arch St. in Redwood City. Contact Lori Gortner 650-248-3122 or lgortner@gmail.com for more information.

Knowing Me, Loving Me

Join a supportive circle of women and learn to create more of what you want in your life, through therapeutic dialog and supportive relationship. Marialena Malejan-Roussere www.relationshipharmony.com 408-702-7429

New Skills and Choices Program

Peace-It-Together is pleased to announce the resumption of The New Skills and Choices Program (NSC) for Separating and Divorcing parents. The Center for Healthy Development provided this award winning program served over 1,800 parents in high conflict divorces in Santa Clara County over the past 6 years. This program helps parents to understand their participation in perpetuating the chronic conflict, enabling them to return to a self-focused life that protects their children. The class material is highly engaging and allows parents to recognize behaviors that are responses to the pain of betrayal and loss of dreams. Please contact Judy Hanf, MFT 408.689.8104 ext. 9 for further details.

FOR CLINICIANS

TherapyWorks Support Groups

TherapyWorks Support Groups begin this week! Register now for our Restore to Wellness, Social Skills Tune-Up, & Parental Control for Teens & Tweens Groups. For more information please visit www.therapyworksoflosgatos.com

Deepening the Psychotherapy

Case Consultation Group Focused on Deepening the Psychotherapy Wednesdays, 2 to 3:30 P.M. in Los Gatos Led by Alan Kessler, Ph.D. For further information, please call me at (408) 358-5777.

FOR CLINICIANS

Resource for Clients Dealing with Divorce and Custody

Divorcing Peacefully: Why It's Essential and How To Do It", by Larry Stone, MFT. For anyone dealing with, considering, or recovering from divorce. www.DivorcingPeacefully.com. 831-600-7665.

Psychotherapy Groups

Openings in ongoing Adult and Young Adult psychotherapy groups meeting in Los Altos. Both groups deal with interpersonal issues, depression and anxiety. They support individual therapy goals. Call Alice Sklar, MFT, Certified Group Psychotherapist. 650-493-1239

Practice Management

No time for the business of being a therapist? Get help now! Having a Practice Manager means having someone looking out for you and your business. It also means having someone to help you set goals, assess progress and solve problems as they arise. Call now to discuss how working together can add dollars to your bottom line. LaVergne Poe, 650-529-1489.

Divorce Mediation

Have a couple who can't reconcile? Mediator Dina Haddad, divorce attorney, provides couples a confidential and safe space to finalize divorce without going to court. (408) 357-3486. Visit www.ffmediation.com

Consultation Group with Kathryn Ford, M.D., CEUs offered

CEUs offered. Meets twice a month. \$60/session. Case-based consultation, couples and individuals. Therapists in Dr. Ford's consultation groups find that her focus on optimizing openness between clients and therapists and in couples helps therapists to maximize the power of their unique skills and styles of therapy. For more information: 650-321-1225.

FOR INTERNS

MFT Internship at CBT Center

Cognitive Behavior Therapy Center of Silicon Valley is hiring a Registered Intern. Supervision provided. Up to 12 hours per week evenings and weekends. Email cover letter and resume to laura@cbtstv.com.

FOR INTERNS

Personal Therapy Group

Through Process Therapy Institute I co-facilitate a personal therapy group for interns and trainees. We ask for a six week commitment and the price is \$30 a week. Please email me at carmackbeth@gmail.com or go to: <http://processes.org/client-classes/personal-psychotherapy-group-for-interns-and-trainees-2/>

OFFICE SPACE

Quiet Therapist's Office

Atherton/Redwood City --Quiet building with other professionals (mostly therapists). Ground floor, 246 sq. ft. \$760. Available 10/1. Includes carpet, heating/AC, off-street parking, janitorial service & utilities. Remodeled bathrooms. Waiting room. Requires 12 mo. lease minimum. Also offices to share. Call Tom, 650-208-8624.

Burlingame Office

Office sublet available in downtown Burlingame. Large, bright corner office in a suite of four therapy offices. Waiting room, bathroom and storage area included. (650) 737-1818

CAMPBELL/SARATOGA

Waiting room, furnished, first floor, windows, great location, professional building, Westgate area, full service, great parking. \$150 a month for full day and night available Monday/Thursday/Friday/Saturday. Lydia: 408-757-6336

Great Cupertino Office Available

Beautiful furnished office in great Cupertino location off 85/280. Suite includes shared waiting w/ call lights, tea alcove and parking. Available Mon, Tues, Thur and Fri. \$175./month for full day/evening. 408-777-8804

LARGE LOVELY OFFICE FOR RENT IN FREMONT

A large office in a three office suite with waiting room copy center, utilities and janitorial service included. Near Hwy 880 Contact Julia at 510-790-1428 or email thetapathways@yahoo.com

OFFICE SPACE

Los Gatos Office

Los Gatos Blvd office available in small, all therapist bldg. Landscaped gardens, parking, and private patio backyard. 675.00/month, includes utilities, Wi-fi and supplies. Contact Pat Moretti, (831) 818-7915.

Alameda and Hedding

A furnished office with waiting room is available on Fridays, Saturdays and Sundays. \$100 per day; shorter times negotiable. The office is on The Alameda by Hedding in San Jose. chwaldron@sbcglobal.net

Psychotherapy Office: Saratoga Ave SJ 95129

Second floor, bright, peaceful, large corner office. Waiting room with refreshment area. Parking. Avail 2 or 3 days/per week, negotiable. No elevator. Cost \$150 per day/per month. Lvmsg 408-562-4878.

For rent

Office in Victorian house with a lot of light and back door. Share house with 2 therapists. Available Mondays, Fridays, weekends. Roberta Gelt 650-558-9605/regmft@gmail.com

Advertising Sizes and Prices

Size	Dimensions	Members	Non-Members
Full page	7 1/2" x 9 3/4" vert	\$200	\$400
Half page horiz.	7 1/2" x 5"	\$125	\$250
Half page vert.	3 3/4" x 9 3/4"	\$125	\$250
1/4 page	3 3/4" x 5" vert.	\$75	\$150
1/6 page	2 3/8" x 5" (or less) vert.	\$50	\$100

Advertising Policy

Adopted by SCV-CAMFT, April 3, 1992; last revised August 2004

ALL ADVERTISING MATERIAL MUST BE SUBMITTED TYPED, BY DEADLINE, AND VIA E-MAIL OR THE CHAPTER'S WEBSITE NO LATER THAN THE FIFTEENTH OF ODD-NUMBERED MONTHS PRECEDING PUBLICATION.

e-mail: mail@scv-camft.org

Website: <http://www.scv-camft.org>

NEWSLETTER CLASSIFIED ADS:

- SCV-CAMFT members in good standing will be allowed one 35-word free ad per issue.
- Members running additional ads, beyond their free one-per issue will pay \$25 for each additional ad of 35 words or less.
- Non-members will pay \$50 per 35-word ad. This surcharge should be an incentive for current non-members to join the chapter
- **Members and non-members alike will pay \$1.00 per word for each word over 35.** The following units of information count as one word. Phone number, zip code, each degree or licensure abbreviation (e.g. "Tom Jones, MFT, Ph.D." = four words).

NEWSLETTER DISPLAY ADS:

- Display ads must be typeset, with a border, and not merely typewritten. See samples from this issue. Ads must be sized exactly and camera-ready (i.e. ready to be pasted into layout with no further copy or graphic manipulation necessary). Discounts are available for purchasing multiple "flights" for the same ad.

ADDITIONAL ADVERTISING POLICY

- **Advertisements appearing in this newsletter do not imply SCV-CAMFT endorsement either of their content or of the persons placing them.**
- **Copy for classified ads should be typed and double-spaced.** Count words before e-mailing. You may pay for any words over the 35 allotted by using PayPal or credit card. Ads will be run for one issue only. If you wish to repeat ads., you must resubmit them by deadline each issue.
- **Members may only use free or member-rate display advertisements to promote only their own office space or services.**



SCV-CAMFT News
Attention: Editor
P.O.Box 60814
Palo Alto, CA 94306

Serving San Mateo and Santa Clara Counties
Creating a Community and Culture of Connection



SCV-CAMFT ANNUAL MEETING

**“FORGIVE FOR GOOD”
DR. FREDERIC LUSKIN, PH.D.**

FRIDAY, NOVEMBER 9

4:00 PM—6:30 PM

MICHAEL’S AT SHORELINE

FREE

**HORS D’OEUVRES AND
DRINKS WILL BE SERVED
EARN 1 CEU (PCE 1138)**

**MINGLE
NETWORK
CELEBRATE
LEARN**