



Maria Horwich, LMFT

Domestic Violence: Boundaries

by **Maria Horwich, LMFT**

I have been working with survivors of domestic violence since 2007. A common theme I see from my clients is, "How can I ever have a healthy relationship?"

In my work I have found a commonality amongst these clients: poor boundaries. Many of my clients never had boundaries explained to them and struggle with these questions: What is a boundary? How do I set them and what do I do if someone violates them? It is important to discuss boundaries with any client, but it is particularly vital with this population. For this article, I will explain what boundaries are and provide some tools

and language you can give your clients to set them.

What is a boundary? First, I tell my clients that boundaries are the limits we set in relationships that allow us to protect ourselves from being treated unfairly. I emphasize that it's impossible to have a healthy relationship without boundaries. I explain to them what a boundary is and that there are different types of boundaries. For example, a boundary might be physical, such as a door. Boundaries can also be emotional ones, and it is important for the client to learn how to set and enforce healthy boundaries. I tell my clients to think of an emotional boundary as an invisible wall they put around themselves that protects the body, mind, spirit, and heart.

Unhealthy boundaries are often the result of being

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Review of Annual Workshop Dr. Rick Hanson on Hardwiring Happiness

by **Dominique Yarritu, MFT Trainee**

I was fortunate to hear Rick Hanson present his work on neuroplasticity, and its application to the rewiring of the brain for enhanced overall contentment at the July 18 annual workshop. Dr. Hanson is the internationally acclaimed author of *Hardwiring Happiness*. As a seasoned neuropsychologist, Dr. Hanson knows a few things about the brain. From his fascinating accounts, I learned about the 500 trillion synapses that allow the brain to continuously change through neural activity.

According to Dr. Hanson, no matter your age, if you are willing to and have the tools to use them purposefully, you have the power to change your brain for the better. Dr. Hanson can also tell you about the brain's innate tendency to focus on the negative. Indeed, he states that built on the evolutionary necessity to concentrate on avoiding the stick (threat) instead of harvesting the carrot (reward), our brain has developed into Velcro for the negative and Teflon for the positive. He asks whether this

brain negativity bias means that we are forever condemned to being affected by potentially flooding daily instances of negativity. Certainly not. According to Dr. Hanson, experience-dependent neuroplasticity is the process by which we can rewire our brain to let go of the negativity and create inner strengths. In a nutshell he states, "We can use the mind to change the brain, to change the



One of the winners of Dr. Hanson's book, Kirsten Kell, LMFT (left) with Dr. Rick Hanson at the annual workshop.

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President's Column

by Kate Viret, LMFT, President, SCV-CAMFT



Kate Viret, LMFT

The SCV-CAMFT board of directors recently held a mid-year planning session. A tenet of the chapter that continues to hold true is that we are a member-driven organization. This means that when planning events and activities and conducting strategic planning, we strive to come from the place of being responsive to members'

wants and needs. In this light, we thank you for your participation in our recent member survey. At the time I'm writing this, the survey results are not yet in; I will share highlights from the survey in my next column. In addition to this method of keeping in touch with our members, you are always welcome to email or call any board member to discuss chapter matters.

Themes at our recent planning session focused on recognizing accomplishments so far this year:

- filling empty board positions
- clearing the membership renewal backlog
- revising the membership policy
- surveying members
- conducting a re-branding project (to be rolled out later this year)
- reviewing and updating policies and procedures
- putting on our annual workshop, featuring Rick Hanson
- creating a sponsorship program to help underwrite program costs.

Board member goals for the rest of 2014 include:

- keeping up the energy and momentum we have
- focusing on outreach to prospective members
- reviewing and changing membership fee tiers
- engaging luncheon speakers whose topics fit with our members' wants and needs (e.g. survey results)
- marketing the sponsorship program
- reinvigorating the mentor/mentee program

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- making the annual meeting more compelling in terms of social/networking opportunities as well as the speaker topic.

One bit of consistent feedback we have gotten is that the name "Innovative Programs" does not provide a good description of its programming. "Innovative Programs" were created a few years ago by Elizabeth Basile, our luncheons and innovative programs director, to meet some of the needs that are not provided by our luncheons. For example, many people cannot clear their schedules for the luncheons, which always occur on Fridays. Innovative Programs are always on weekends. In addition, while there is a fee associated with the luncheons, Innovative Programs are free (with a fee for CEUs). Over the next few months, we will be brainstorming to change the name of this programming so that it is more descriptive of what actually happens. This programming has been extremely well received by chapter members.

Finally, I'd like to remind you that board meeting minutes are available on our website and that the board welcomes your input. We take your feedback seriously and will continue to strive to have our programming reflect member priorities. ☞

“You’ve Been Served”

A Personal Story

by Jane Kingston, LMFT, PsyD

A colleague and I have both been subpoenaed at different times in the past few years, and we want to share some helpful information. I am going to describe what happens once you receive a subpoena, and what you can do to prepare for the results. And, because the process of providing notes and appearing at a deposition and perhaps in court will require time and work on your part, I want to give you some information on getting paid for it. First, my disclaimer: please note, this article is my personal account and should not take the place of legal advice by a professional.

A subpoena is a legal document asking for your records regarding one of your clients, or it may ask for your appearance at a deposition in which you read your notes to a group of interested parties, usually attorneys for both sides of a case, and answer any questions they may have for you. I have been subpoenaed many times, but only twice have I had to appear in person. Sometimes furnishing only the notes the attorney asks for is sufficient, and that is the end of it, as you will see further on.

When you receive a subpoena, first of all you should check with your client and see if he/she is aware of it. Next, you should consult the CAMFT attorneys to find out exactly what the subpoena is asking for. They will ask you if your client has signed the release allowing you to do what the subpoena demands, which is very important before you take any action. Sometimes subpoenas are served improperly (like being pushed under your door or without a release signed by your client), and you should note in your records that it was not properly served.

Sometimes the subpoena only asks for records, e.g., copies of your notes. Some subpoena-serving companies send a representative with the subpoena AND a copy machine, and will pay you a small amount for making the copy. Instead of handing over the notes immediately, I often write a short summary of the treatment history, indicating the dates of service, the diagnosis, and possibly the outcome if it is a closed case. If this does not serve the attorney’s needs, you may be asked for more, which is sometimes a complete copy of your records for this client. This is the time for you to call your malpractice insurance company to get an attorney assigned to help you handle what comes next.

The malpractice insurance company assigned the same San Francisco attorney to both of us, albeit some years

apart, and we both had an excellent experience with him. In my case, he handled the transfer of my files, and he attended both the deposition and the court hearing. (Note: If the client who wants your notes turned over to the attorney eventually decides to sue you, it is reassuring to know that your malpractice insurance will cover the entire cost of the suit for you.)

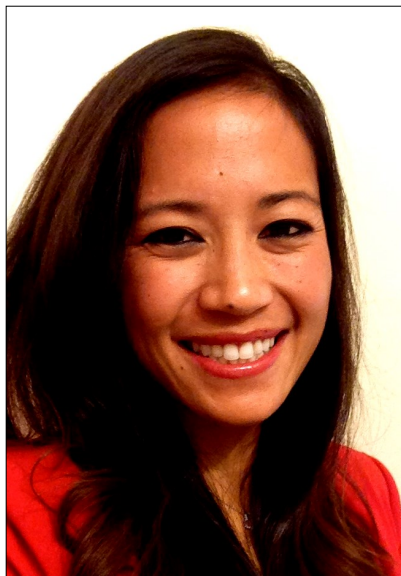
The first deposition I did was straightforward, but I was uninformed. I supplied my notes, and then I was summoned to read them and answer questions. I had no idea I could have received legal help through my malpractice insurance, and so handled the whole thing myself. The deposition lasted two hours, and I never heard from the parties again. The second deposition, several years later, for which I sought legal help, lasted four hours. It was held in a dim conference room at a law firm, with a court reporter transcribing everything. It was a grueling experience to prepare for, because not only did they want written notes, but also records of telephone calls and emails – and they wanted this all on a CD! I don’t know of anyone (except maybe attorneys) who keeps actual recordings of phone messages. We had to find, decipher, and cobble together all this material, which came to several hundred pages. My notes had been machine-copied so many times that they were barely readable (and my handwriting is difficult to read anyway). During the first half of the deposition, I could barely see the material, and someone gave me a flashlight. They found a bright light for the second half. I really don’t know what they were looking for – the case was a domestic-violence-divorce-custody matter, and perhaps the father was trying to prove that the mother was unsuitable. My attorney was very helpful by advising me how (or whether) to answer the questions posed. Following the deposition, the father’s attorney decided to take the case to court, so I had to appear before a judge for another couple of hours. They kept grilling me on some small details of my notes until the judge told them, “Dr. Kingston is not on trial here,” and I was dismissed.

What I want you to understand most about this pro-



Jane Kingston, LMFT, PsyD

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Kim Panelo, LMFT

Community Focus

Interview with Kim Panelo, LMFT Pam Eaken, Interviewer

This month we are featuring Kim Panelo, who has just joined the board of directors as the director of special events. We welcome Kim to the board and wish her a successful term. Kim's clinical focus is working with trauma, specifically helping victims of sexual abuse.

Interviewer: Whom do you admire most as a teacher in the therapy world?

Kim: I am constantly evolving within this profession, starting from my pre-practicum years up to the latest chapter of my life as a newly licensed clinician. However, a teacher who has made a significant impact on me throughout this entire journey is a woman, professor, mentor, therapist by the name of Dr. Teri Quatman. She works at Santa Clara University in the counseling psychology graduate program teaching a series of courses specific to object relations. She taught me about the complexity, beauty, and complication of attachment; how we hurt and heal through our relationships with others. That particular insight into the human experience (all "bells and whistles" of therapy aside) reminds me how being in the mere presence of a safe, compassionate, and supportive other is the foundation of remarkable healing.

Interviewer: What was your most difficult challenge with a client?

Kim: I work with survivors of sexual assault. The person across from me can be as young as 6 or as old as 60. Joining with these strong individuals at various stages of their journey is one of the most humbling experiences I am rewarded with everyday. However, an individual's immense strength and courage is often paired with a story of deep pain and struggle. I worked with a teen girl who was assaulted by a family member and became pregnant. As a result, she had to face the decision of whether to bring a child into the world. My heart bled for this young life having to make an adult decision that even I, at the time, was not ready to consider. But she decided to

bring this young boy into the world and raise him.

Interviewer: What was the hardest decision you've had to make about a client?

Kim: One of the hardest decisions I have to make with clients is to actively and consciously not make *their* battle *my* battle. The spectrum perpetrators I have heard about, especially during my work at the YWCA of Silicon Valley rape crisis department, would make my head spin, my heart drop, and my stomach turn. I was on the fast track to burnout. But with amazing consultation and supportive colleagues I am reminded to make this decision every day. That is the only way I can be an advocate, an ally, a therapist to anyone.

Interviewer: What did you do before you became a therapist?

Kim: Before I decided to enter the world of psychotherapy I was a pre-med student at the University of California, Berkeley. However, my many experiences during those years pointed me in the direction of mental health, especially with those facing trauma and recovery. All my work outside academia was with this population and community of activists; it was only a matter of time for me to realize this was what I was meant to do.

Interviewer: When was the last time you said, "Really?"

Kim: The last time I said a pretty profound "Really?" was during the YWCA Silicon Valley's annual "Walk A Mile in Her Shoes" event in April. That year the rape crisis department was organizing the event and I was the one in charge. This event rallies women, children, and families

together from all areas of the community where men wear high heels and walk a mile in downtown San Jose. The money raised supports sexual assault survivors and significant others through counseling, education, and medical and legal advocacy. It wasn't until I stood at the podium alongside our CEO, rape crisis team, city officials, fire and police chiefs looking out at 300 people did I say, "Really?". It was not in the sense of, "Really this is it?" or "Really what is this about?" But more so along the lines of, "Really, this is what happens when community comes together in hope, strength, and courage to put an end to sexual violence against all human beings." It was breathtaking. It was powerful.

Interviewer: Where is your safe place?

Kim: In all honesty my safe place is with my family and 2-year-old chocolate lab. Having witnessed such horrific trauma on a daily basis with my clients, I have learned to never take for granted a safe home, a safe partner, a safe community.

Interviewer: Why are you a therapist?

Kim: I am a woman, a feminist, a therapist in this movement against sexual violence. And I believe I can make an impact and create significant change while working in partnership with survivors, significant others, and allies in their journeys. I have learned to never underestimate the strength of human resilience. I have learned that human beings have the capacity to endure great pain and great joy. However, it is when we are in safe and consistent relationship, partnership, and community with others do we thrive. For me it is always an honor to be joined with others in that space.

Interviewer: Why did you decide to join SCV-CAMFT?

Kim: Maybe it's because I am an oldest child, a Leo, an EN...or a combination of several different things, but I have always loved working with a team and being part of a community. I decided to join the chapter because a close colleague of mine saw an opportunity to create change in our profession at the board of directors level. I saw this as an amazing chance to represent my community of therapists in whatever way I could. In addition, it is a priceless experience to be able to sit at the table with other board members who hold such diverse experiences in the profession. In this chapter there is room to grow, to learn, to voice on behalf of others.

Interviewer: How has becoming a therapist changed your life?

Kim: Becoming a therapist has opened my heart to a depth

of empathy and compassion I never thought possible. Not only has it built in a capacity to do this work on a long-term basis, but it has brought light to my own personal life in so many ways — the need for balance, for rest and stillness, for reflection. A close friend of mine once said, "Sometimes even the strongest of us need to hang up our superhero cape from time to time."

Interviewer: How do you get most of your clients?

Kim: I have been licensed a little over a year, so I am still new to the game. At the moment my clients come from a wide range of areas: other therapists, Victim Witness, Psychology Today, YWCA, etc. My goal is to build a practice, create a space, and bring together a community for survivors to find their own long-term healing process.



Kimberly Panelo, LMFT, has a private practice in Santa Clara specializing in sexual trauma and recovery. Kim can be contacted at kvpanelo@gmail.com or 408-579-9487.

SCV-CAMFT Annual Meeting

Mark your calendars now so you won't miss our annual meeting. This is a great opportunity to network, see old friends, and make new ones.

Friday, November 7
4:00 p.m. — 8:00 p.m.

The Arrillaga Family
Recreation Center
700 Alma Street
Menlo Park, CA

More details to follow soon!

Mid–Region Luncheon

(1.5 CEU hrs. available, PCE 1134)



Francine Toder, PhD

How to Supercharge the Older Brain and Psyche Through the Fine Arts

Presented by Francine Toder, PhD

Francine Toder, PhD will highlight the optimistic, creative aspects of aging and the neuropsychological mechanisms during the “Vintage Years,” through which positive outcomes take place. The following brain and endocrine system factors will be discussed:

- Bilaterality
- Patterning
- Hormones
- Neuroplasticity

In addition to supporting brain health, Dr. Toder will discuss the numerous psychosocial benefits of taking up any fine arts forms including, for example, memoir writing, playing guitar, or painting landscapes. These many benefits include:

- Greater life satisfaction
- Increased passion
- Enhanced sense of well-being
- Increased ability to focus
- An expanded social community

About the Speaker:

Francine Toder, PhD, is an emeritus faculty member of California State University, Sacramento, and is a clinical psychologist recently retired from private practice. She has written several books, including *The Vintage Years: Finding Your Inner Artist (Writer, Musician, Visual Artist)*; *After Sixty* (2013); *Your Kids Are Grown: Moving On With and Without Them* (1995); and *When Your Child is Gone: Learning to Live Again* (1986). Her extensive writing on diverse topics has appeared in magazines, professional journals, newspapers, book chapters, and blog sites, such as *Huffington Post*.

Date: Friday, September 19
Time: 11:15 a.m.—1:30 p.m.
Place: Michael’s at Shoreline
 2960 Shoreline Blvd, Mountain View
Menu: Buffet Lunch
Register: At www.scv-camft.org, or mail your payment to
 SCV-CAMFT, PO Box 60814, Palo Alto, CA 94306

Fees (pre-registered) :
 Members—\$26
 Non-members—\$33

Fees (walk-in) :
 Members—\$33
 Non-members—\$40

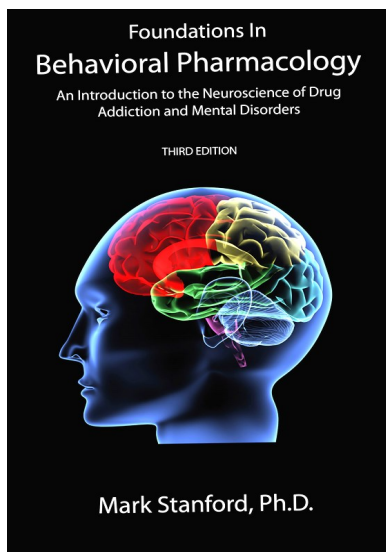
CEUs: Members and non-members — \$7

Register: Please make your payment by Monday, September 15 for the early registration fee, or show up and pay the higher “walk-in” fee. Lunch is not guaranteed for walk-ins, but is available on a first-come, first-served basis. Please visit our website at www.scv-camft.org to review CEU info and our refund policy.

All luncheon programs are held from 11:15 a.m. to 1:30 p.m.. More details can be found on the chapter website, and in email blasts to those members who have email.

South Region Luncheon

(1.5 CEU hrs. available, PCE 1134)



Substance Abuse and Dependence... "New" Information About an "Old" and Evolving Field

Presented by Mark Stanford, PhD

You will learn:

- Substance use disorders and the *DSM-5*: What are the changes? Why should you care?
- Medication update: What are new and current treatment options for substance abusing/dependent patients?
- How does the private practice clinician understand when to refer to a higher level of care for substance abuse?

About the Speaker:

Mark Stanford, PhD, (aka Dr. Neurosci) has been in the addictions treatment profession since 1976 and has direct clinical experience within the modalities of inpatient, day treatment, and outpatient (medication-assisted) treatment programs. He is currently the director of addiction medicine and therapy services for a large county health and hospital system in California.

Dr. Stanford is also a clinical associate professor (affiliated) at Stanford University School of Medicine in Psychiatry, Behavioral, and Addiction Medicine. He taught Integrated Behavioral Pharmacology of Substance Use and Mental Health Disorders for more than 25 years through the UC Berkeley Extension program.

He provides consultations to state and local government and private healthcare agencies throughout California in the areas of system-of-care improvements, organizational infrastructure enhancements, integrated behavioral health, and primary care delivery systems.

Dr. Stanford is the author of more than 30 articles and three books including the text, *Behavioral Pharmacology of Substance Use and Mental Health Disorders*, used by colleges and universities around the nation. He is also the chief editor and contributor of the *Substance Use Disorders Grand Rounds* newsletter.

Date: Friday, October 24
Time: 11:15 a.m.—1:30 p.m.
Place: Los Gatos Lodge
 50 Los Gatos-Saratoga Rd, Los Gatos
Menu: Buffet Lunch
Register: At www.scv-camft.org, or mail your payment to
 SCV-CAMFT, PO Box 60814, Palo Alto, CA 94306

Fees (pre-registered) :
 Members—\$26
 Non-members—\$33

Fees (walk-in) :
 Members—\$33
 Non-members—\$40

CEUs: Members and non-members — \$7

Register: Please make your payment by Monday, October 20 for the early registration fee, or show up and pay the higher "walk-in" fee. Lunch is not guaranteed for walk-ins, but is available on a first-come, first-served basis. Please visit our website at www.scv-camft.org to review CEU info and our refund policy.

All luncheon programs are held from 11:15 a.m. to 1:30 p.m.. More details can be found on the chapter website, and in email blasts to those members who have email.

Law and Ethics Workshop

by Jane Kingston, LMFT, PsyD, Law and Ethics Director



Plan now to attend our chapter's annual Law and Ethics full-day workshop on Friday, October 17 at Michael's at Shoreline. We are again presenting the popular David Jensen, attorney with CAMFT, who will continue his 4-part series with *What Does the Law Expect of Me? Part III*. By next year we will have completed the full cycle!

Jensen will review the ten things that the psychotherapy profession comes down to and the law pertaining to the psychotherapist-patient privilege, including an overview of various privileges, of which the psychotherapist-patient privilege is one; the Basic Rule of the psychotherapist-patient privilege, the fundamental concepts constituting the psychotherapist-patient privilege, including holding, asserting, and waiving the privilege, the types of witnesses psychotherapists could be in legal proceedings; and dealing with and responding to subpoenas.

This is one of the murkier areas of the law that many of us have trouble understanding and applying. Jensen always has an amusing yet illustrative way of leading us through the dark forest and over the many rickety bridges (under

which there may be one or more trolls). I have never seen anyone bored in his presenta-

tions. I myself have been tripped up (and lost income) in the subpoena process (an experience I write about in this issue). We often think we know exactly what we are doing, but we do not always think like lawyers, so this will be one of the best and one of the most useful workshops in the series.

So get this on your calendar now! One of the nicest things about this fall workshop is that Michael's venue affords us relaxing space and lovely weather, where we can sit or stroll outside during breaks and at lunch, among the plants and ponds and ducks along the golf course, imagining what it would be like to be members of the leisure class. It is a lovely break from being at the office or agency, and you don't have to say "How did that make you feel?" all day long. A continental breakfast and buffet lunch are included in the fee, and you will be able to receive 6 CEUs. ☞

You've Been Served, continued from p. 3

cess, aside from being stressful, is that it takes a lot of time and work on your part, and you want to ensure that you will be paid at least for your time. If they call you as a "percipient witness" (as opposed to an "expert witness"), they will reimburse you only for minor expenses, like copying and travel. So my attorney notified the subpoena attorney, before anything was prepared, that I was to be reimbursed at my professional hourly rate, citing the appropriate California law.

It was a mistake to ignore that the father's attorney never acknowledged receipt of that notice. When the deposition and court appearance were over, my attorney sent a notice to the father's attorney, asking for my reimbursement. This was the beginning of the silent treatment. I was never reimbursed for the six hours of my time that I actually appeared – never mind the hours of preparing everything. Since no explanation was given, a year later I wrote a letter of complaint to the San Mateo County Bar Association, which referred me to the State Bar Association. They considered my complaint, responded that, "...although the State Bar does not condone an attorney's failure to pay his or her bills, the State Bar will not proceed...absent a showing that the attorney received funds from or on behalf of

the client to pay your bill," and closed the case.

Both my attorney and a CAMFT attorney were stunned by this response; they had never heard of such an explanation. So I decided to appeal to the State Bar's Audit and Review Unit, which notified me two months later that they were so swamped with cases that they were unable to predict when they would review mine. Nine months later they wrote to me that they had interviewed the attorney, who stated that "she subpoenaed you to testify...as a percipient witness...not as an expert witness, and as such, you are not entitled to your hourly rate."

So, be forewarned! If you get a subpoena, you are not alone. There is legal help available through your malpractice insurance and CAMFT. If you do have to make an appearance, be sure to clarify your reimbursement expectations before you begin, and get acknowledgement from the attorney who issues the subpoena that you will be reimbursed at your professional rate, or better yet, ask for payment up front. This is my personal account. For specific legal advice, call your CAMFT attorneys. I would be glad to go into more detail with anyone who is interested. You can call me at 650-726-6774 or email me at jane@igc.org. ☞

Jane Kingston, LMFT, PsyD, is the SCV-CAMFT Law and Ethics Director. She is certified in brain-wave biofeedback (neurofeedback) and has a private practice in Half Moon Bay.

Domestic Violence, continued from p. 1

raised in dysfunctional families where the child was not respected as an individual. This child learned to give up his or her own protective boundaries in order to take care of the dysfunctioning parent, oftentimes becoming a surrogate co-dependent spouse. Most of my clients are adults so by the time I see them they have a life long pattern of unhealthy or even non-existent boundaries.

How does one set a boundary? The first thing I ask clients to do is to figure out their physical, emotional, mental, and spiritual limits. I explain that it is hard to set good boundaries if you're unsure of where you stand. I advise clients to consider what makes them feel happy and respected as well as what makes them feel uncomfortable or stressed.

Next, I explain to clients that it is important to let themselves feel and notice things. This way they can sense discomfort in an interaction. "When you notice this discomfort," I say, "that is a clue that a boundary is being violated." Since setting boundaries is new, I suggest the client start small by choosing a boundary that isn't threatening. Once they feel comfortable setting this boundary, I advise them to move on to more challenging boundaries.

I explain how to set a boundary. First, state in a calm but assertive voice what your needs are. I role play the conversation with the client, saying things like, "I have been doing some work on my personal boundaries, and I want to share with you what is okay and not okay to happen between us" or "Did you know that you hurt my feelings by doing X?" or "You may not be aware of this, but I really want you to know..." I then advise the client to make a request such as, "When I am with you, would you please not X?" This is the easy part, believe it or not. The hard part comes when someone pushes at that boundary or outright violates it. My clients definitely struggle with how to manage this. I advise them to issue a warning to the boundary violator, such as, "You may not speak to me that way" or "You cannot take things without permission." If that doesn't work, the next step is to tell the other person to stop, and use language such as, "I demand that you stop that right now!" or "You have no right to treat me that way and I will not accept it." If the person continues their behavior, I advise the client to physically leave after making a statement such as, "What you are doing is unacceptable to me. I can't be around you when you are like this. I am leaving now to protect myself."

It is important to role-play this with clients. Many clients will have great difficulty setting boundaries and will immediately cave when met with resistance. I role play different scenarios with my clients, giving them concrete

examples of what to say when the situation escalates, e.g., the other person does not respond to their requests.

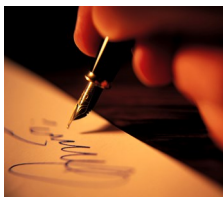
Why do clients struggle? Some people automatically set healthy boundaries. But for many, it takes practice and time to learn how to establish boundaries that protect their personal well-being. The average domestic violence survivor I have had as a client usually:

1. suffered abuse/trauma in their family of origin
2. had no model of healthy boundaries in their family
3. received little to no guidance about boundaries
4. repeatedly had their wants/needs ignored as a child so they learned to not advocate for themselves

Many of my clients do not feel entitled to set and enforce boundaries. Boundaries come from our sense of self-worth. Since many survivors have very low self-esteem, it is especially hard for them to identify healthy boundaries and enforce them. For this type of client it is important to remind them that new behavior can be scary. If they have never set boundaries before, it will feel uncomfortable to do so at first. Like any new skill, communicating your boundaries takes practice. The more you do it, the more comfortable it will feel. When clients struggle with boundaries, I remind them that healthy relationships require boundaries! ✍

Maria Horwich, MA, is a licensed marriage & family therapist with a private practice in San Jose, who specializes in trauma. She can be reached at maria@mariahorwich.com.





Luncheon Review:

“Mindfulness Based Cognitive Therapy for Depression and Anxiety”

by Janet Buchalter, LMFT

Moby Coquillard, LMFT, discussed the use of mindfulness in cognitive therapy, and its effectiveness in working with clients who experience depression and anxiety during a luncheon talk on March 28. Here are some highlights of his talk.

Moby defined mindfulness as paying attention to the present moment with openness, curiosity, and a willingness to be with what is. Mindfulness gives the mind a break from rehashing the past or worrying about the future, he said, and contributes to several emotional and behavioral changes, which benefit depressed and anxious clients: non-judging, patience, trust, non-striving, acceptance, and letting go.

Three mindfulness concepts -- observation, compassion and a new relationship with the self, including the mind -- expand cognitive behavioral therapy and are a fundamental part of this system.

Observation is very important to develop, specifically observation with curiosity and interest, Moby emphasized. If we can teach clients how to *watch* what's happening in their thoughts and lives, they discover that they can think and observe at the same time. The second concept, the growing of self-focused compassion, takes practice and helps a client be compassionate to one's self when he/she sees what's really happening.

The third concept, a new relationship with self, does not, of course, come immediately, and also takes practice, according to Moby. This is not ever a place to arrive! It is a learning to be with the mind, with the self, without changing it, as change can increase the struggle.

Moby summarized that mindfulness comes from over 2500 years of Buddhist Vipassana traditions, which encourage “clear seeing.” In the 1950s and 1960s, meditation practices came to the Western world. Meditation began to be used to reduce stress in people when Jon Kabat-Zinn used meditation in a University of Massachusetts Stress Reduction Program, which was widely reported. This began a focus on the usefulness of meditation by the scientific community. Kabat-Zinn's book, *Full Catastrophe Living* (1990) continued to establish how people can use meditation to make different choices in trying circumstances -- by changing their perspectives on thoughts and choices. Coupled with Segal, Williams and Teasdale's *Mindfulness Based Cognitive Therapy for Depression* (2002), the effectiveness of mindfulness as an intervention for mental health purposes was further enhanced. Studies began to proliferate on its effectiveness with depression and anxiety, and a medical/

secular approach to mindfulness began to evolve. Ways to identify and interrupt automatic thoughts and see what filters we use, based on our upbringing, are key to this work.

Moby led the audience in exercises for our core elements of mindfulness: 1) mindfulness practice, 2) seeing the mind as the mind, 3) practicing observing the mind and identifying choices, and 4) practicing a new relationship with the mind.

In mindfulness practice, it is imperative that we as therapists practices mindfulness if we are going to teach it, said Moby. Our minds and bodies actually have a tendency to heal, if we but let them.

Moby said that to see the mind, we learn to recognize our cognitive patterns, to see where we think automatically (“autopilot”), where we have aversions, attachments and tune out what we don't want to see, and our behavioral and emotional responses to all the above.

Additionally, we can get more astute at observing the mind by noticing judgments and reactions, by returning our attention to the present, and by developing compassion for the new relationship with mind and self. Even noticing a wandering mind is being present, if we see it and are in it without criticism and judgment.

He also urged that it is important to practice this new relationship with the mind through observation, curiosity, interest and kindness.

Moby provided a lovely metaphor about two wolves in a standoff, a domesticated wolf and a rapacious wolf, represented mindfulness. “Which wolf will win the fight? The one that is fed.” As we practice and teach meditation, which thoughts will we feed? Which ones will get our attention and different choices?

It is important to know where we want to direct our attention, using meditation as a key component of mastery to this end, Moby concluded. As such, mindfulness-based cognitive therapy is effective in helping clients develop new relationships and behaviors about their thoughts, and changes in the brain in the process. In addition, mindfulness can prevent a relapse into depression and anxiety, applying the understanding that “neurons that fire together wire together.” ✍

Janet Buchalter, MS, LMFT has a private practice in Half Moon Bay, where she works with adults who have been wounded by trauma.

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Need a little help to get started? Here's list a of possible topics:

- Working with children, teens, or families
- Substance abuse
- Multicultural issues
- Transgender
- Seniors
- Addictions
- Theoretical orientation
- Medications – use of it, pros, cons
- Personality disorders
- Trauma
- Anxiety
- Depression
- Specific diagnoses
- Supervision topics
- Private practice vs. agency work
- Practice building ideas
- Book review
- Movie review
- Case studies
- Your experiences as a therapist, intern, supervisor...
- Area of expertise or special interest

If it would be helpful, newsletter committee members are available to discuss ideas with you and answer questions. Editorial committee member contact information is listed on page 19.

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Workshop Review, continued from p. 1

mind for the better, to benefit ourselves and other beings.”

Taking in the good

Hanson tells us that “hardwiring happiness” is not about positive thinking, or about reaping the potential benefits of thinking “good ideas.” It is not about “fake it until you feel it.” Instead, for genuine positive change to happen within the brain, Hanson teaches us that the mind must learn to be mindful of the multitude of fleeting good emotions we experience throughout the day. Once it has learned to recognize these good emotions, however short they happen to be, it needs to learn to stop, attend to them, and absorb the feeling they create within. Hanson reminds us that as mental activity entails underlying neural activity, by repeatedly encapsulating the good emotions we experience, we are able to rewire our brain for the better. He states that we can also rewire our brain for happiness: hedonia and eudaimonia. In other words, we can create or experience feelings of pleasure, delight, gratitude, and fun -- positive experiences. Hanson mentions that happiness is also about long-term, more deeply seated feelings, such as a sense of purpose, service, meaning, contribution, and fulfillment. Every day, every minute, he tells us, we have the opportunity to build inner strengths by enhancing these emotions, these experiences, and by “taking in the good.”

Hanson points out that the neuropsychology of learning teaches us that learning comes in two stages: from short-term memory to long-term storage. According to Hanson, if we apply this theory to hardwiring happiness, we can extend the concept to changing a state (an emotion) into a trait from activation to installation. He believes that this becomes the genesis of inner strengths. We bring an experience to consciousness, we let it sink in, and with repetition it becomes hardwired. He deeply believes that we can become more compassionate, more mindful or grateful, by repeatedly installing these experiences.

Hanson stresses that in general human beings are very adept at activating emotions. He states that as we experience emotions in passing, we can try to remember them. We can even create them by thinking about specific

emotions. Yet, as Hanson states, we are not very good at installing or internalizing them without making a very conscious effort and applying ourselves.

However, by increasing its duration, Hanson tells us you can enrich an experience. He teaches us that once you become aware of the experience you want to reinforce, take it in for longer than five seconds, protect, nurture, and keep it going. Actively think about how it feels, not only in your mind, but how it affects your body and your sense of wellbeing. Then, increase its intensity by opening it further into your mind and by helping it get bigger and resonate further. Let it sink in. Think about the



multimodality of the experience: the sensation, the perception, and the emotion connected with it. Hanson reminds us that the more senses connected to the experience (smell, auditory, touch), the richer the experience and the easier it becomes to store. He emphasizes the need to use your “don’t know mind,” to think about the freshness and the novelty of the experience. Hanson brings to our attention the fact that you may never have experienced this particular emotion or such happiness in that specific setting. In this case, he advises

that you become aware of this newness, that you attend to the salience of the experience and see how this enriched experience is personally relevant. He unveils for us the mnemonic HEAL he created to remember the sequence. **H**ave a positive experience, **E**nrich the experience, **A**bsorb the experience, **L**ink positive and negative material.

The HEALing process

According to Hanson, hardwiring happiness is not only the process by which one ensures continuous hedonistic contentment, but also he trusts that it can be used to heal, and to replace negative or painful experiences with good and restorative ones. He states that the fourth step of “taking in the good” is linking the positive to the negative. Better yet, he tells us: it is about replacing the negative with a positive, genuinely felt experience. For Hanson, this is the time to bring back to the forefront the enriched experience you were able to store in your long-term memory.

continued on p. 13

Don't Go Without Telling Us

by Jane Kingston, LMFT, PsyD

Over the years, and it's been probably more than 30, I've noticed chapter members fade from sight for one reason or another. Sometimes a member moves away or joins another chapter: sometimes a member retires (although more of us realize we probably can't afford to retire). And we don't know the details! If you are planning on

fading away, please let us know so we can publish your news. Tell us where you are going, what you are planning to do when you retire, and how we can reach you just to keep in touch. Many thanks. Send your news to mail@scv-camft.org or call 408-235-0210.

Workshop Review, continued from p. 12

Hanson suggests that when you have a positive experience, you become aware of it and feel it sink down into your body, your mind, and your extended awareness. Then, when a negative experience comes to your consciousness, he advises that you bring to mind a positive experience that is its antidote. Hanson says that you may be triggered by something you witnessed and remembered from your parents' lack of positive parenting. As you feel that negative emotion take hold of you, Hanson suggests that you create the positive experience of good, nurturing parenting. Let the soothing feeling seep in, take hold of you, and become prominent in the forefront of your consciousness while the negative feeling slowly slips into the background.

Hanson states that it is important to realize that you are not resisting or distracting yourself from negative experiences. According to Hanson, the process of linking the positive to the negative is not about becoming attached to positive experiences. You simply are becoming kind to yourself. You cultivate your carefully and mindfully created resources in your mind. You are attending to your peaceful garden. Hanson likens it to observing, pulling the weeds, and planting flowers.

Hanson tells us that as clinicians, we are in the brain-change business — not only for our clients but also for ourselves. Using his own personal experience, he asks whether we are not at times our greatest critics. Hanson believes that if we understand the capacity and the innate function of the brain for modification, we can help ourselves to help others for the better. He reports that we can start to apply ourselves to let be, let go, and let in. We can teach our patients, from children to parents and families, to stop and "take in the good." He states that we can grow our resource bank by increasing our list of psychological antidotes: avoiding harm, approaching rewards,

and attaching to others. Not all of our clients can benefit from this approach, he cautions. Some may be too affected by depression, for example. For those who have experienced extreme trauma, he says, the first three steps of the HEAL process can be helpful. Unless you are working with a skillful therapist, Hanson believes that bringing back the emotion to replace the negative with the positive should be applied only to the peripheral features and themes of the trauma. However, implicitly and gently planting the seed for potential change — without an agenda — is likely to bring on a flower at some point later in your or your client's life. ✍

References

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Dominique Yarritu is an MFT trainee at Family and Children Services of Silicon Valley in San Jose, scheduled to graduate in November 2014. She is also an active flight instructor at Palo Alto airport. She can be reached at dyarritu@paloalto.edu.



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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.

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Deadline: Sept. 15, 2014

Jan/Feb 2015 Issue
Deadline: Nov. 15, 2014

GROUPS AND WORKSHOPS

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Calendar of Events

SEPTEMBER

- 5 South Region Pre-Licensed Support Group
- 15 *Nov./Dec. Newsletter Submission Deadline*
- 19 **Mid-Region Chapter Luncheon, *How to Supercharge the Older Brain and Psyche Through the Fine Arts*, Mountain View**
- 20 North Region Pre-Licensed Support Group
- 20 South Region Newly Licensed Support Group

OCTOBER

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

OCTOBER

- 11 North Region Pre-Licensed Support Group
- 17 **Law and Ethics Workshop**, Mountain View
- 18 South Region Newly Licensed Support Group
- 24 **South Region Chapter Luncheon, *Substance Abuse and Dependence... "New" Information About an "Old" and Evolving Field?*, Los Gatos**

NOVEMBER

- 7 **SCV-C AMFT Annual Meeting**, 4pm—8pm, The Arrillaga Family Recreation Center, 700 Alma Street, Menlo Park, CA

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Upcoming dates: Oct. 4 (no Sept. mtg.)

Facilitator: Jamie Moran, LCSW

Location: 661 Live Oak Avenue, Suite One, Menlo Park, CA 94025.

RSVP and contact: Jammoran@aol.com or 650-598-8877.

South Region Newly Licensed Support Group

This group meets the last Saturday of the month from 10 a.m. - 12 p.m.

Upcoming dates: Sept. 20 and Oct. 18

Facilitator: Verna Nelson, LMFT

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Facilitator: Kelly Kilcoyne, LMFT

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RSVP and contact: kkilcoynemft@gmail.com or 650-485-1512

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This group meets the first Friday of the month from 10 a.m. to 12 p.m..

Upcoming dates: Sept. 5 and Oct. 3

Facilitator: Janis Seiberlich, LMFT

Location: 4100 Moorpark Ave., Suite 212, San Jose

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**SCV-CAMFT News**

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

Mid-Region Luncheon

Friday, September 19
 11:15 a.m.— 1:30 p.m.

***“How to Supercharge the Older
 Brain and Psyche Through
 the Fine Arts”***

Presented by
Francine Toder, PhD

(1.5 CEU hrs. available, PCE 1134)

Michael’s at Shoreline
 2960 Shoreline Blvd.
 Mountain View, CA

Chapter Events

Law and Ethics Workshop

Friday, October 17

9:00 a.m.—4:00 p.m.

Presented by **David Jensen**

Michael’s at Shoreline
 2960 Shoreline Blvd.
 Mountain View, CA

Annual Meeting

Friday, November 7

4:00 p.m.—8:00 p.m.

The Arrillaga Family Rec. Center
 700 Alma Street
 Menlo Park, CA

South Region Luncheon

Friday, October 24
 11:15 a.m.— 1:30 p.m.

“Substance Abuse and Dependence... “New” Information About an “Old” and Evolving Field”

Presented by
Mark Stanford, PhD

(1.5 CEU hrs. available, PCE 1134)

Los Gatos Lodge
 50 Los Gatos/Saratoga Rd.
 Los Gatos, CA

RESERVATIONS: YOU CAN REGISTER ONLINE USING YOUR MASTERCARD, AMEX, VISA CREDIT CARD or PayPal! Go to our website at www.scv-camft.org, enter the “Calendar of Events” page and click on the event to find the luncheon or workshop registration page. You can also register by sending a check, payable to SCV-CAMFT to SCV-CAMFT, P.O. Box 60814, Palo Alto, CA 94306. Payment must be received by the Monday before the event. Reservations will be held until noon. If seating is available, “standby” persons can pay at the door to attend. **Please note: telephone reservations cannot be accepted. Call the chapter voicemail, 408-235-0210, for reservation information and the chapter’s cancellations policy.**