

Empowering relationships...

MAY 2019



The Redwood Empire Therapist

OUR MAY MEETING

Introduction to the Hakomi Method Wally Phillips, LMFT

The Hakomi Method of Mindfulness-Centered Somatic Psychotherapy was first created in the late 1970's by the internationally renowned therapist and author, Ron Kurtz. Integrating scientific, psychological, and spiritual



sources, Hakomi has evolved into a complex and elegant form of psychotherapy that is highly effective with a wide range of populations. The

method draws from general systems theory and modern body-centered therapies including Gestalt, Psychomotor, Feldenkrais, Focusing, Ericksonian Hypnosis, Neurolinguistic Programming, and the work of Wilhelm Reich and Alexander Lowen. Core concepts of gentleness, nonviolence, compassion, and mindfulness evolved from Buddhism and Taoism.

Hakomi is paradoxically powerful: it is gentle and nonviolent, yet yields dramatic results rapidly. In many ways, its subtle power flows from the congruence of its methods and techniques with the underlying principles and assumptions that guide it: Mindfulness, Nonviolence, Unity, Organicity and Mind-Body Integration; these tenets inform every aspect of the work. For more information please visit the [Hakomi Method website](#).

May 3 2019 - RECAMFT Meeting

10:30 – 11:00 social & sign in
11:30 – 1:00 meeting

Come at 10:30 to honor Doreen Van Leeuwen - See page 2 for more info

**Introduction to the Hakomi Method
Wally Phillips, LMFT**

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

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June 7, 2019

**Accessing Resources, Integrating Role Play into Your Work
Silvia Israel, LMFT**

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MEETINGS ARE OPEN TO ALL ~ NON-MEMBERS FREE (\$15 FOR CEUS)

A former engineer, [Wally Phillips](#) is an LMFT, receiving his license in 2008. Prior to entering grad school, he immersed himself into the Hakomi world in 1998 after seeing and experiencing the power of body-oriented therapy. He then became a workshop junkie getting his hands and body into every workshop he could find. In his practice, he pulls from Hakomi, psychodrama, Gestalt, Somatic Experiencing, Integrative Body Psychotherapy, Arnie Mindell's ProcessWork, and his own trauma recovery. His practice is in San Francisco, and Marin County.

*What Else is in Here This Month?
Check It Out*

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RECAMFT asks our members to join us in a reception honoring

Our President, Doreen Van Leeuwen

10:30 – 11:00 am Friday, May 3, 2019

Just prior to the General Monthly Meeting

Doreen was nominated for, and received, CAMFT's coveted highest honor

The Mary Riemersma Distinguished Clinical Member Award

Please help us celebrate this wonderful achievement in style!

President's Message

Doreen Van Leeuwen, LMFT



The Mistake of Getting Involved

By now, most of you have learned that I have a really SWEET award headed my way. Thanks to one of my dear colleagues, Laura Strom, who nominated me for the 2019 Mary Riemersma Distinguished Clinical Member Award! Thank you, Laura :) ! And, thank you to all of you for your affirming and validating congratulations!

But, here's the rest of the story...

You see, all this would not have happened if I hadn't made the mistake of getting involved!

It all started in 1993, I joined CAMFT for the first time. I sent them some money, and they began sending me magazines, ballots and such. I didn't attend the conferences or even become part of a chapter. But that

began to change in 2008 or thereabouts, when I began attending the Inland Empire chapter in southern California to market my practice. After a bit, Garry Raley, LMFT asked me to help out with programs. He was a really nice guy, and that was an interesting enough assignment, so I said yes. Soon I found myself chairwoman of that committee. ("That happens, you know," she said, tongue in cheek.) That went pretty well, but it was an awful lot of work, so after two years I volunteered to be president. That went along really nicely, and people seemed to like what I did. I really liked being past president because I got to mentor incoming board members and didn't have to write any more of these messages.

Then, I decided to move to northern California to be nearer kids and grandkids. By now, I was more aware of the value of being part of an organization like this, so

before I even left SoCal, I'd already joined RECAMFT and signed up for several meetings and even a day-long conference. Gail Van Buuren and I found something in common that day because of our Dutch surnames, and later discovered mutual interest in disaster response.

I never seem to learn that showing up could lead to being asked to do something. In this case, it was Laura Strom, LMFT who found out I had skills in Critical Incident Debriefing. She "suggested" in only the way she can, that I help Gail with the Disaster Response Committee. Well, that certainly was a disaster-in-the-making (pun intended). We decided that it would be a good idea to put together a Strategic Plan, so we did that. But there were lots of delays that first year because I kept getting ill while building a new practice, too

The people on the RECAMFT board were very kind and understanding, and put up with the fits and starts of this new committee. Gail and I talked to Dana Nussbaum, PhD of the Red Cross and Jackie Malin, LMFT of Marin-CAMFT. We met in my little apartment with interested chapter members. Gail and I pursued volunteering with American Red Cross. Our team began to grow some arms and legs.

We had a mission and a vision but no disasters. And then. And then. And then.

You know what happened, and our committee and chapter went into overdrive to meet the needs of our community as the crisis kept getting worse and worse.

And as is my nature, I showed up. People needed what I had to offer and liked what I was doing. I felt a sense of purpose like I had never felt in all of my life! Truly! My heart was broken for the community and I wanted to do whatever I humanly could to minister and heal.

But I would never have known the joy of working side by side with other colleagues in the trenches, the reward of watching ideas I helped seed mushroom into the Wildfire Mental Health Collaborative, and the deep satisfaction of creating safe space for a myriad of fire survivors ***if I had not made the mistake of getting involved.***

Doreen Van Leeuwen, LMFT, RECAMFT President, specializes in Imago Relationship Therapy for couples, critical incident debriefing and disaster mental health, and mind-body medicine. She offers virtual visits at doxy.me or in office at 1330 N Dutton AV, Santa Rosa.

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SAVE THE DATE! 9/27

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- **6 newly required CEs**
- **Friday, Sept 27th**
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What You Missed

By Michael Krikorian

Timothy Stein, MFT and Jeanne Vattuone, LCSW gave us a very informative presentation today on “Current Research and Its Application to Effective Treatment for Sex Addicts and Their Partners.” Both Timothy and



Jeanne have extensive training and certification in the treatment of sex addicts and their partners. They opened Willow Tree Counseling in Santa Rosa in 2012 to provide individual, group and couple's therapy to this population.

In identifying what a sex addict is, Timothy explained that it is “an unhealthy relationship to a sexual behavior, relationship or person that changes the way you feel.” He further clarified that when a person is in their addiction, their relationship with the partner is as an object to be used as an addictive high. He explained that many sexual behaviors can be normal and part of the human expression of sexuality if done within a caring relationship between consenting partners. These same behaviors can be a focus of an addictive process in an individual. At Willow Tree Counseling, they look for the following 10 criteria to identify sex addiction: 1) loss of control, 2) compulsive behavior, 3) failed efforts to stop, 4) loss of time (spent in addictive behavior,) 5) preoccupation, 6) inability to fulfill obligations, 7) continuation despite consequences, 8) escalation, 9) losses (due to addiction,) 10) (emotional) withdrawal. They stated that when they see 3 or more of these criteria met, the behavior falls under the category of addiction.

Timothy went further to explain how sexually addictive behaviors often are a direct or metaphorical expression of underlying trauma. He described how when a person experiences relational trauma in their life, they will attempt to manage the feelings brought on by the trauma and will find behaviors that numb these feelings. If turned to repeatedly, this behavior can become part of an addictive pattern which gradually changes the brain

(plasticity) and that behavior becomes anchored in as a survival tool. The frontal cortex goes offline when something triggers the trauma feelings and the addictive pattern starts up. When this happens, the usual warnings and inhibitions from our frontal cortex are not effective at stopping the behavior. Consequently, you see reckless and hurtful behaviors being engaged in by the sex addict, typically in secret.

Timothy and Jeanne talked about how they see treatment of the addict as a three phase process. They start with helping the sex addict get sober (abstinent) by educating them about the brain and behavioral aspects of the addiction, how it is connected to trauma, how to recognize the red flags or triggers for the addiction and teaching them the tools of sobriety. The next phase is how to stay sober over time. In this phase, they teach the addict how to create a recovery routine, how to create and maintain connections with others and how, when necessary, to “borrow the brain” (frontal cortex) of others to get through situations without relapsing. The third phase of treatment is working on the underlying trauma in the person's background. They caution that sobriety tools and routines need to be in place before opening up the stored feelings from the trauma.

Jeanne told of her research and work with the partners of sex addicts. She explained that different than the “co-dependent model” coming out of AA and Alanon, she sees how the partners of sex addicts have often “discovered” the fact of a secret sex life in their partners and that that discovery itself can be traumatizing. The partners frequently develop PTSD symptoms like hypervigilance, intrusive thoughts, “detective” work, feelings of contamination, and that their own sexuality and self-worth has been damaged. Timothy and Jeanne provide a separate treatment plan for the partners of sex addicts that covers: 1) safety and stabilization, 2) remembrance, and 3) reconnection.



Thank you, Jeanne and Timothy, for your excellent presentation on this important topic. Jeanne and

Timothy offer a brief telephone consultation to our members on these issues if you have questions on how to proceed with your own clients in this area. They can be reached at Willow Tree Counseling (www.willowtreesantarosa.com) at (707) 200-2332.

Michael Krikorian, MFT has practiced for over 40 years working with individuals and couples in Santa Rosa. His specialties include helping men become more relational and recovery from addictions. For more information, go to www.krikorianmft.com



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MAY ISSUE

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