

Empowering relationships...

MAY 2018



# The Redwood Empire Therapist

## OUR MAY MEETING

### **The Effect of Gender on Male Depression and Suicide: Diagnostic Issues and Integrative Therapeutic Approaches Dr. Bruce Feingold, PhD.**



The course will address contemporary research about the assessment and diagnosis of male depression from a gender perspective, including the newest thinking on male atypical depression. We will discuss whether there are gender differences on depression, diagnosis, help seeking behavior, coping mechanisms, psychosocial risk factors and psychotherapeutic technique. We will address questions such as: do DSM definitions of depression underestimate male depression and what's the role of adherence to traditional masculinity on depression and suicide risk?

During the workshop we will also examine the seminal contemporary contributions of Joiner and Maltberger to understand the affective, cognitive and interpersonal aspects of male suicide and up-to-date assessment and treatment issues.

Finally, I will propose an integrative therapeutic approach, including male specific interventions to reduce men's barriers to therapy and how to use a relational approach combined with traditional treatments for depression to increase therapeutic effectiveness. We will do this through extensive case studies and discussion of contemporary research.

I am a licensed clinical psychologist and have been practicing in Walnut Creek, CA for over thirty five years, specializing in adults, adolescents, couples and families, and have led two men's groups for over twenty-five years. For ten years I worked at Contra Costa County community mental health as a psychologist with low-income children, adolescent and families from diverse backgrounds and founded and directed a training program for masters and doctoral level interns. I worked five years at Walnut Creek Psychiatric Hospital as a clinical consultant on the adult units and founded and directed

### **May 4th, 2018 - RECAMFT Meeting**

**10:30 – 11:00 social & sign in**

**11:00 – 1:00 meeting**

**The Effect of Gender on Male Depression and Suicide:  
Diagnostic Issues and Integrative Therapeutic Approaches  
Dr. Bruce Feingold, PhD.**

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

*IF THE PARKING LOT IS FULL, YOU WILL FIND LOCAL LONG TERM PARKING ON THE STREETS ON THE SOUTH SIDE OF PACIFIC AVENUE.*

**June 1, 2018**

**Psychotherapy for a Changing Planet  
Leslie Davenport, LMFT**

**1.5 CEUs AVAILABLE – RECAMFT CEU PROVIDER IMIS 57173  
MEETINGS ARE OPEN TO ALL ~ NON-MEMBERS FREE (\$15 FOR CEUS)**

both a Young Adult program and training program for doctoral level students. I have specialized in the treatment of men my whole career and have taught and led workshops throughout my career.

Dr. Bruce Feingold can be reached by email, bhFein@aol.com or by phone, 925-945-1315; his office is in Walnut Creek.

**RECAMFT is now accepting proposals for the 2018-2019 season. The proposal form can be found on our website under events. Please email completed proposals to [therapy@recamft.org](mailto:therapy@recamft.org).**

*What Else Is In Here This Month?  
Check It Out*

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**President's Message**  
Erica Thomas, LMFT

***Contributions***

***Big and Small***



This month I am struck with gratitude for all of you and the contributions you all make to RECAMFT. At the meetings and in the newsletter you often have opportunities to see the Board Members and last month I thanked some of our more visible members. However, this month I want to thank some of our less visible members and committees.

When I had an opportunity to talk with leaders of other local chapters I was proud of how vital our RECAMFT Community is and how much participation we have from our members. When I was chair of the Programs Committee I had the Programs Chair from another chapter call me to ask about how we put on such great Programs every month, and draw such great attendance. What I shared with that other chapter is that while the speakers are good, the secret is in the details. I know we

have all heard that if you want to draw people to any event provide food? Well at RECAMFT we've got that covered, and every month people express appreciation for the wonderful food that is provided. I know each month I feel such gratitude that the spread seems to magically appear and then just as magically get cleaned up and put away. Of course it is not magic, it's the hard work of our hospitality committee that makes this happen. The shopping, chopping, serving, and then cleanup, and putting away, is surely a labor of love. Our Hospitality Chair is Linda Collette, and Susan Hartz and Judith Peletz assist her. Thank-you Hospitality Committee!

There are many small tasks, like food prep, that go into making our monthly meetings run smoothly. We have found that many of you are so willing to help when asked, so you may notice the Board finding new ways and more opportunities to ask. For example back in November, included in your ballot was a survey about how you might like to help at RECAMFT. If you indicated a willingness to volunteer you may have already received a call from Reyna. Thank you Reyna for helping connect those who want to help with the right job.

I wanted to highlight Hospitality because it is such an important, but easily overlooked part of our group. However, I cannot let this month go by without also acknowledging a larger and much more visible contribution to our community, Kira Kayler has agreed to be our new CFO. Kira's experience and skills make her a great asset to the RECAMFT Board and the position of CFO. So thank you Kira for taking this position! Finally, I must give a BIG Thank-you to our outgoing CFO, Pat Hromalik. Pat has organized our systems and helped us hire a bookkeeper, making this job much more manageable.

There are many tasks big and small, involved in the smooth running of our community. If you feel called to help in any way contact a Board Member, or email [Therapy@recamft.org](mailto:Therapy@recamft.org). If we don't hear from you we may come to you and ask.

I have shared before that taking on this position, as President was a personal stretch for me, and I am enjoying the growth opportunity. But sometimes we are at a point in life when we just need something manageable, and that is ok to! Wherever you are at, we appreciate your contribution and presence in the community.

*Erica Thomas, LMFT has a Private Practice in Rohnert Park, she can be reached through her website, [www.growingpositivefamilies.com](http://www.growingpositivefamilies.com) or by phone 707-206-8698.*

## **RECAMFT TEAM CIRCLE**

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### **STAFF**

**Video Production & Administrative Consultant:**  
Joe Ward 707-575-0596

## **RECAMFT Mentorship**

### **A no-cost benefit for RECAMFT interns**

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

**Learn more about the RECAMFT Mentorship program on our website at [www.recamft.org](http://www.recamft.org) under Intern Support.**

## **JOIN RECAMFT'S LISTSERV**

*It's easy. Just send your email request to join the RECAMFT listserv to:*

[recamft-subscribe@yahoogroups.com](mailto:recamft-subscribe@yahoogroups.com)

*Myron Walters will confirm your RECAMFT membership and admit you. We are now ~150 strong.*

# Considering a residential treatment or outdoor program?



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Lisa Lund, CRC, MFT (33393) & Bob Navarra, PsyD, MFT (15997)

## Recap of the 2018 Chapter Leadership Conference



If you haven't attended a Leadership Conference yet...wow, are you missing out! CAMFT rolls out the red carpet for us...starting with the Gathering Hour on Friday night, which included a complimentary champagne, wine, beer or other beverage and a sumptuous array of cocktail hour nibbles. A great way to mingle and meet CAMFT staff, and chapter members from all over the state.

The event was hosted in the architectural miracle known as the **Hilton Bayfront SFO**. Just walking into the **immense atrium** made my spirit soar!

Saturday morning, a breakfast buffet was temptingly laid out, along with continued opportunities for networking. At the CAMFT Connects session, Board President Bob Casanova introduced our new CAMFT Executive Director, Nabil El-Ghoroury, PhD. Nabil is particularly well-positioned having attained his LMFT licensure and worked in the trenches, but then serving as Associate

Executive Director of the American Psychological Association of Graduate Students (APAGS). He was with APAGS, a 25,000-member organization, for eight years, providing leadership, management, evaluation and implementation of all programs, projects and activities. His enthusiasm is infectious, and the new energy flowing among the CAMFT staff is palpable.

Cathy Atkins, JD enlightened us on the many Federal, State and BBS initiatives that CAMFT is monitoring and **taking action as needed**. An eye-opening moment occurred for me when Cathy pertinaciously recommended the value of attending a BBS meeting at least once! You will:

1. Have the eye-witness experience seeing how it works.
2. During the Public Comment Period, have opportunity to express an opinion/concern.
3. Know that JUST by showing up, your voice will be taken seriously!

Next, we were provided written materials, along with questions, to promote a discussion about the re-languaging of the “MFT Scope of Practice”. Because it was crafted in the early 80s, this “definition” of our profession needs to be revisited in light of the explosive growth in the depth and breadth of our profession. A standing committee will take the feedback gathered to inform their task, which will take about two years on the fast track.

At the networking lunch, (another scrumptious meal served restaurant-style) two CAMFT Board members described some of the professional and personal growth and rewards that serving is bringing to them. Curt Widhalm, of the SGV Chapter, humorously told how his local chapter board finally had to “kick him off” so that he could stop feeling guilty about moving up to state board service, where his current role is Chief Financial Officer.

A stellar array of chapter members received 2018 Outstanding Chapter Leader Awards, including yours truly. Presentations for Chapter Excellence followed. Again, our chapter was highlighted as one of the best in the state!

Ron Hynum, CAMFT Managing Director, Finance and Operations, was in charge of the first break-out I attended. He provided a quick and dirty overview of Financial Management, and answered a plethora of questions about protecting and promoting financial

health for a non-profit organization. My takeaway is that *our very own* Pat Hromalik has worked **extremely hard** to clean up and streamline our record-keeping and money management, and we are beautifully poised for a healthy financial future

Estelle Fisher (LA Chapter), Laura Strom (RECAMFT Chapter), and (OC Chapter) clearly described the numerous benefits of nurturing a “bank” of sponsor-relationships:

- \* To solidify our network of connection to our community.
- \* To think in terms of which organizations or association we can meaningfully partner.
- \* To gain exposure for LMFTs with as many community associates as possible.
- \* To share our passion about what we do with sponsors.
- \* To improve our ability to refer and resource our clients as richly as possible.

**So...Who would you like to see sponsor one of our events? Did you know, YOU already know someone that would complement our very necessary work?**

**En route to General Session, we passed the coffee, tea, soda and sweet treats station. Those little coconut jobs were one-bite mouthfuls of bliss...**

Marc Gotbaum, PhD recounted his journey into becoming an international disaster mental health and critical incident provider, whose career has taken him to sites of darkest destruction, including 9-11. Highlight - if you are interested in the work, there is a well-thought out path online: [http://www.camft.org/COS/Resources/CRERC/getting\\_s\\_tarted.aspx](http://www.camft.org/COS/Resources/CRERC/getting_started.aspx).

At the Best Practices wrap-up, one final chance to network, and brainstorm ways to add member value in 1 of 7 categories. I eavesdropped on the Pre-licensure discussion, and to no one’s surprise, the chapters successfully cultivating and engaging our newest therapists are embracing and enfolding them! Remember when you were a fledgling - let’s be the wings hovering under the healers of tomorrow!

Now, if all of this wasn’t enough of a good time:

1. I am reliving and relishing a terrific day while telling you about it.
2. I will be reimbursed for my hotel expenses by our chapter (and so will you!).

3. I feel freshly inspired and better equipped to serve RECAMFT.
4. I \*almost\* walked out with a raffle prize...maybe next year! It was a worthy cause though: \$535.00 for scholarship donations were collected!

Thank you for sending me as your ambassador and evolving leader!

Doreen Van Leeuwen, President-Elect  
Chair, Fire Response Task Force

## WHAT YOU MISSED

By Tara D'Orazio

Annie Chen, LMFT opened the presentation of Surrogate Partner Therapy by defining the healing relationship as “a way to be witnessed, seen, felt, and heard by another within an intimate, sensual, and sexual setting.” As an LMFT working with individuals and couples



around sexuality, she has collaborated with surrogate partners to help clients address sexual issues arising from circumstances such as late in life virginity, sexual anxiety, medical or physical disabilities, autism, behavioral and personality defenses that push people away, trauma reactions, and difficulty getting and maintaining an erection or achieving orgasm. SPT is not recommended for clients with sociopathy or active chemical dependency. Also presenting were Cheryl Cohen Green, DHS, and Barbara Ochsner, two surrogate partners who shared their experiences of working with clients and the type of boundaries they maintain in their work. Surrogate Partners are certified and follow the Code of Ethics of the International Professional Surrogates Association (IPSA). Their work involves experiences to develop gradually increasing intimacy and intimate contact with the client. Though intercourse is sometimes part of treatment, it is not guaranteed, and safe sex practices are always used.

### Gottman Professional Training Acqua Hotel • Mill Valley

#### Next Training:

Level 1 - Bridging the Couple Chasm  
May 18th-19th, 2018

#### Upcoming Workshops:

Level 1 - May 18th-19th, 2018

Level 2 - June 21st-23rd, 2018

Level 3 - July 12th-14th, 2018

Co-Presented with Dr. Bob Navarra



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CHERYL, ANNIE & BARBARA ROLE PLAYING A SESSION

The International Professional Surrogates Association (IPSA) defines SPT as a three-person therapeutic team comprised of the client, the therapist, and the surrogate partner. Throughout treatment there will always be three types of sessions occurring: client with therapist,



DIANA GRAYER AND OTHERS GETTING DRINKS PRE-MEETING

client with surrogate, and therapist consultation with the surrogate. The surrogate's role in this modality is to "participate with the client in structured and unstructured experiences that are designed to build client self-awareness and skills in the areas of physical and emotional intimacy. These therapeutic experiences include partner work in relaxation, effective communication, sensual and sexual touching, and social skills training." The role of the therapist after the initial thorough assessment and referral to SPT is to consult with the surrogate partner on what comes up during their intimacy session, assess the client's progress, and use the feedback to inform the direction of future sessions with the client. Sessions between the therapist and client are used to process the emotions, experiences, and any concerns that arise from their work with the surrogate.

Included in treatment from the very beginning is the acknowledgment that the therapy will end and the experience will most likely bring up very real feelings of love and loss. One goal of this therapy is not to avoid these human emotional experiences, but to learn from them and learn to use their newfound confidence and skills toward people with whom they hope to develop personal intimate relationships.



If you missed this month's meeting and are wanting an extended explanation of what is Surrogate Partner Therapy (SPT), I highly recommend viewing the whole session by our presenters, available on the RECAMFT website alongside a power point presentation with further information and links. Diane Gleim, CST, MFT and Remi Newman, MA, also wrote an excellent follow up to some of the questions that arose during the presentation and their response can be found on the RECAMFT listserv from April 8th under the title 'As a follow up to Friday's training on SPT.' Finally, for the most in-depth and up to date information on SPT, I strongly suggest researching the International Professional Surrogates Association (IPSA) website for more details on who is appropriate for SPT, and what you should know as a therapist before referring clients to a surrogate partner. Annie Chen suggested the books *Surrogate Wife: The Story of a Masters & Johnson Sexual Therapist* and *The Nine Cases She Treated* (explicit content), by Valerie X. Scott and, *Changing Bodies, Changing Lives* by Ruth Bell. She also

suggested websites to familiarize yourself with talking about sex so you can speak comfortably to your clients about sex: [o.school](http://o.school), San Francisco Sex Information Training at [sfsi.org](http://sfsi.org), and [omgyes.com](http://omgyes.com).

**Tara D'Orazio, MA, LMFT - Athena Counseling**  
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MEMBERS HAD A LOT OF QUESTIONS, AS YOU MIGHT IMAGINE

## Ads & Announcements

### **No, you're not crazy: A Support Group for Adult Children of Dysfunctional Families.**

This group will explore the effects of growing up in a family that was unable to teach effective coping skills. Denise Safont MFT, [707-664-5168](http://707-664-5168)  
 Coed. 4 participants. [denisesafont.com](http://denisesafont.com)

**Office for rent in the Airport area of Santa Rosa.** Close to train station. Lots of natural light. Large furnished waiting room suitable for children. The office itself is not furnished. Cost per month: \$600: includes all utilities and Wifi. Plenty of parking. Maria Daverede, MFT  
[mariadavered@gmail.com](mailto:mariadavered@gmail.com)

**FULL HEART TREATMENT CENTER, located in Santa Rosa, CA,** is seeking an additional therapist. We offer an intensive outpatient program for the treatment of disordered eating. The position is part time, approximately 5-10 hours per week, facilitating groups, and providing individual and family therapy. William J. Formaker, MFT [will@fullhearttreatment.com](http://will@fullhearttreatment.com)  
 707-544-5717

# Six Phases of a Disaster

## 1 Pre-disaster phase:

- Disasters with no warning can cause feelings of vulnerability and lack of security, fear of the future or fear of predicted tragedies, and a sense of loss of control or inability to protect oneself and family.
- Disasters with warning can cause guilt or self-blame for failure to heed warnings.

## 2 Impact phase:

- Impact reactions can range from shock to overt panic.
- Slow, low-threat disasters and rapid, dangerous disasters have different psychological impacts.
- Great destruction and loss leads to psychosocial effects.
- Initial confusion and disbelief are followed by focus on self-preservation and family protection.
- Family separation during impact causes considerable anxiety.

## 3 Heroic phase:

- Many exhibit adrenaline-induced rescue behavior and have high activity with low productivity.
- Risk assessment may be impaired, and there is a sense of altruism.
- Evacuation and relocation have psychological significance impact of physical hazards and impact of family separation.

## 4 Honeymoon phase:

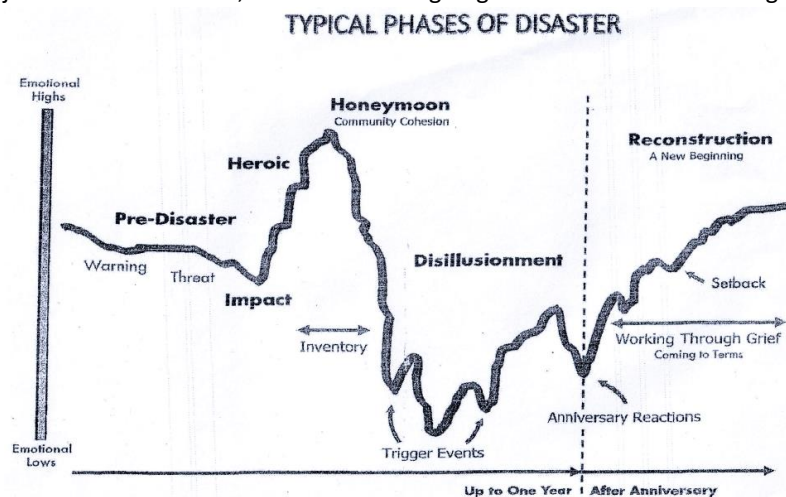
- Disaster assistance is readily available. Community bonding occurs. Optimism exists that everything will return to normal quickly.
- Opportunities are available for a crisis team to gain entrée to impacted people and build relationships.

## 5 Disillusionment phase:

- Physical exhaustion may surface, and optimism turns into discouragement.
- Increased need for substance abuse services may begin to surface.
- Reality of losses set in. Diminishing assistance leads to feeling of abandonment. Stress and fatigue take a toll. The larger community returns to business as usual.
- The crisis team may have increased demand for services, as individuals and communities begin to assume responsibility for rebuilding their lives.
- People adjust to a new “normal,” while continuing to grieve losses. There is recognition of growth and opportunity.

## 6 Reconstruction phase:

- The reconstruction process may continue for years. Individuals and communities begin to assume responsibility for rebuilding their lives.
- People adjust to a new “normal,” while continuing to grieve losses. There is recognition of growth and opportunity.



Source: Evelyn Meyer, as cited in U.S. Department of Health and Human Services. (2005). *Working Through Grief: For mental health and human service workers in major disaster* (DHHS Publication 05-0033). Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.



**We work with referring professionals** to find the best & most appropriate treatment experience for their clients based upon the client's needs. We achieve this by working with facilities and programs around the country with expertise in a broad spectrum of mental health issues rather than a single facility.



## "Improving Lives Through Informed Treatment Guidance"

### Why TPS?

The TPS team takes a patient-first approach to finding the best program that meets the client's needs, taking into consideration single or multiple diagnosis, specialty programming, location, insurance and out of pocket costs.

### Who We Are

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We work closely with our professional clients in order to ensure that we understand the needs of their patients so that we can find them the care that will be of most benefit to them.

## Mission & Philosophy

As Acadia Healthcare's national team of Treatment Placement Specialists (TPS), we are steadfast in our mission to help those in need get the best possible treatment experience that will address their concerns. We do this by asking the right questions so that we can obtain the most appropriate information necessary for finding the most beneficial care for those in need.

As Treatment Placement Specialists, our philosophy begins with an appreciation for the people with whom we work, and our authentic wish to help them heal. We know that people who are seeking treatment undoubtedly feel lost in one way or another, uncertain about what the future holds and confused about where they should be looking for answers. Without having words to accurately describe what is wrong, many individuals feel hopeless in their search for solutions. We are dedicated to taking away this sense of hopelessness and, instead, instilling a sense of confidence in knowing that the care they need is available to them.

When working with professionals, we recognize that they have the knowledge and wherewithal to find appropriate treatment interventions for their clients outside of the care that they offer. However, we also recognize that they have many patients to treat, so we strive to help them easily find access to various care options through a collaborative process. We work closely with our professional clients in order to ensure that we understand the needs of their patients so that we can find them the care that will be of most benefit to them.

Our compassion and diverse collection of healthcare experience allow us to serve as an asset to both our professional clients and those who are in need of care, and we remain dedicated to our mission.

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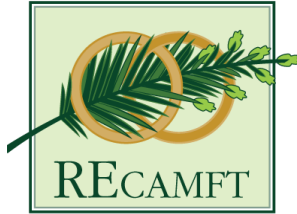
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The opinions and points of view in the articles contained herein do not necessarily reflect that of the Board of Directors of RECAMFT or of CAMFT. Authors' contact information is included. Submitted articles may be edited and are published at our discretion depending on space and relevance to our readers' professional interests.

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Laura Strom	2014
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Cynthia Halliday	2010
Susan Hartz	2009
Kate Maxwell	2008
Gail Van Buuren	2007
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Ange Stephens	2002
Christopher Doyle	2001
F. Michael Montgomery	2000
Julie Green	1999
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Rhaea Maurel	1997
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Grace Harris	1991-1992
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Diana Young	1989
Andrew Leeds	1988
Carleita Schwartz	1987
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