

Empowering relationships...



OCTOBER 2020

# The Redwood Empire Therapist



## "Couples Therapy in the Age of COVID"

Presented by:

**Dr. Marty Klein, PhD**

**FREE TO MEMBERS**

***Two Days: Must attend both days to receive CEs  
Friday and Saturday, Oct 2 & 3rd, 2020***

***10:00 am - 1:15 pm***

***Zoom Webinar 6 CEs for LMFTs, LPCCs, LCSWs & LEPs***

### **Course Description**

In this fast-paced program presented on two half-days, Dr. Klein will discuss some of the most common and tenacious challenges in couples therapy: partners who don't cooperate; who rigidly label each other ("passive-aggressive," "emotionally abusive"); who nag or withhold; who can't agree on basic facts ("you said we'd buy a new car if you got that job"; "no I didn't"); and who claim they want more intimacy, but refuse to do much to create it—while regularly doing things that prevent it.

Marty will show how to reframe these frustrating situations; how to take control of sessions that keep sliding into pointless blaming and rants of disappointment; how to show couples what their communication really looks like; how to dismantle the advantages of someone having a "bad temper;" and how to change the powerlessness in the "I get triggered" model into a skills deficit model that encourages growth.

Given our current reliance on remote sessions, Marty will also talk about recognizing and addressing the special challenges today's video sessions present.

### **Learning Objectives**

1. Name three unrealistic ideas clients have about intimacy.
2. List three reasons that cases involving infidelity require self-discipline from each partner.
3. Name two ways that narratives of powerless can undermine a long-term relationship.
4. Identify the elements of the "policy discussion vs. feelings discussion" model, and how it can quickly reduce couples' conflict.
5. Describe a way to get couples to engage in conflict as partners rather than adversaries.
6. Name two ways to help couples change the negative impacts of smartphones and mobile devices on their closeness.

### **Cost**

In an effort to make up for CE credit opportunities RECAMFT was unable to provide our members earlier in the year, this presentation is being provided free of charge to RECAMFT members.

Early registration:

- Free - All RECAMFT Members
- \$19 Pre-Licensed CAMFT members (Non-RECAMFT)
- \$39 All Others

Standard registration:

- Free - All RECAMFT Members
- \$39 Pre-Licensed CAMFT members (Non-RECAMFT)
- \$59 All Others

**About Marty Klein**

Dr. Marty Klein has been an MFT and Certified Sex Therapist in Palo Alto, CA for 35 years. The award-winning author of 7 books, he has trained therapists, physicians, and policymakers in 35 countries, and has been an invited Master Presenter at ten state CAMFT conferences. Audiences across the U.S., Europe, and Asia call his talks practical, thought-provoking, and entertaining. Marty appears frequently in the national media, including The New York Times, National Public Radio, and The Daily Show. He is a qualified forensic expert providing testimony in sexuality in state, federal, and international courts. Marty recently gave two Congressional briefings on evidence-based sex education. Marty’s popular blog is [www.SexEd.org](http://www.SexEd.org).

**Location**

Zoom Webinar



*Redwood Empire Chapter CAMFT is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs, and/or LEPs. Redwood Empire Chapter CAMFT maintains responsibility for this program/course and its content.*

- **Disability Accommodation:** To request an accommodation for a disability, please email [therapy@recamft.org](mailto:therapy@recamft.org).
- **Refunds:** \$10 cancellation fee for refunds requested up to 30 days before the event. No refunds are given beginning 29 days prior to the event.
- **CE Certificate:** You must attend both days, stay for the entire workshop each day, complete a test at the end of each day and an evaluation to receive your CE credit certificate. At the conclusion of this educational event, an email with a link to the test and evaluation form will be sent to all attendees who attended the online event. Once you complete and submit your evaluation, you will have immediate access and be able to print or save your CE Certificate. Course meets the qualifications for 6.0 hrs of continuing education (CE) credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences.
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**October 6<sup>th</sup> - 11am – 1pm**  
**Community Chat Monthly Meeting**

**You will receive an invitation to join the chat.**

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**November 7<sup>th</sup> – 10am – 1pm**  
**Insurance Expert, Barbara Griswold**  
**Members Free – Non CEU Event**



*What You Missed*

The September Town Hall meeting was an opportunity for members to come together and get community support and consultation. Twenty participants joined the conversation and helped each other with questions about changes with insurance panels, giving up offices, stress relief techniques, and supported each other through personal and shared grief. All in attendance reflected gratitude for the community space and chance to see each other. We will be looking at scheduling more monthly community events as webinars do not provide our usual time for networking and socializing.

Our Programs Chair, Patrick Armstrong, discussed the future of virtual programming and announced our two upcoming events: October 2<sup>nd</sup> and 3<sup>rd</sup> event with Marty Klein, PhD and November 7<sup>th</sup> with Barbara Griswold. Details and registration are on the Events Page at [www.recamft.org](http://www.recamft.org).

## President's Message

Tara D'Orazio, LMFT



### Surrendering to the In-Between

The blue sky above me was a welcome relief I didn't know I was waiting for. Prior to the August fires I'd built in a habit of going for a 5 mile daily walk with a book. It was great for many reasons: I was getting exercise, the bi-lateral stimulation was calming, it cleared my head, and I was getting so much reading done I finished off 3 books in two weeks. Then the skies filled with smoke. My phone was going off every hour with new evacuation warnings. I was checking in on friends who were evacuated and I couldn't go outside without feeling ill and smelling like a campfire. The blue sky was a signal that I could venture outside again, but it was more than that, too. It led to a visceral sense in my body that I had crossed a threshold, exited a place of waiting, and come out the other side whole.

Liminal spaces are the places in-between where you are leaving and where you are going. It's the hovering foot that hasn't yet touched the ground. It's the pause between the exhale and the inhale. For me, it was the strange orange day-glo haze while the evacuations had downgraded to warnings and the notifications had stopped but there was still ambiguity between safe and unsafe. When I was out walking with that blue sky above me I realized my metaphorical foot had finally hit the ground and I hadn't even been aware that I'd been stuck in the in-between, holding my breath.

I started to think about how many liminal spaces we are traversing, where we have left behind the familiar and haven't quite landed at the something new. Covid has upended our world, forcing us out of our former ways of life and we don't yet know what it will look like on the other side. Fire season has us alternating between states of safety and life threat.

November 3<sup>rd</sup> approaches and we wonder what the next four years will hold for our future as a nation and our pursuit for racial and social equality. Telehealth blurs the line between personal and professional and acts as a placeholder while waiting to return to our offices. We are in such a chronic and pervasive state of suspension, it's no wonder that things feel so bad.

I find liminal spaces inherently stressful. They are a phase of questioning and re-examining core beliefs. Formerly solid feeling identities soften or crack while habits and familiar practices are forced to shift. The illusion of control, usually so comfortably held, dissolves and it becomes so easy to get overwhelmed by the uncertainty of it all. But I recall, too, that liminal spaces are the birthplace of creativity, where something magic springs forth between the empty canvas and the finished portrait. We visit the in-between in times of introspection and processes of integration.

I strive to be more like the caterpillar who knows he must surrender his former self and trust in the process of transformation to become the butterfly. I navigate the stress by listening and sensing into myself before responding to the requests of the world. Can I take on another client? Sense into myself. Should I go back to my office? Listen inside. Can I keep going without a break? Attend to my body.

And on the tender side, I hold grief for the liminal spaces I miss. The commute home from my office where I released the workday and unfolded into my personal life. My weekly walks through the redwoods where I entered at the pace of my life and exited at the pace of the forest. While I will get my commute back someday, those trees will never be the same in my lifetime.

It's true we have left behind where we came from and haven't yet arrived at the something new. But I look out at all the people in this space of waiting

beside me, also wondering when it will end and what it will be, wanting it to be better than what we left behind, and I have hope. I hope you take breaks when you need them. That you claim more vacation time than you feel any right to. That you say no when it's healthy for you. That you don't try to be everything to everyone. I hope you listen to your body. I hope you ask for help when you need it. I hope kindness finds you every day.

Be good to yourself. Be Kind to others.  
Tara D'Orazio

[Tara@AthenaCounseling.com](mailto:Tara@AthenaCounseling.com) 707-992-5008

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## **JOIN RECAMFTS LISTSERV**

*It's easy. Just send your email request to  
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*Once your RECAMFT membership is  
confirmed address emails to the group to  
[recamft@groups.io](mailto:recamft@groups.io)*

## **Introducing RECAMFT's Racial & Social Justice Committee**

Erin Wiper, co-chair  
Wowlvenn Katzman-Sewad, co-chair  
JoAnn Consiglieri                      Reyna Seminara  
Gail Van Buuren                      Karen Weil  
Nidza Clarke                              Gina Culver  
Emily Larkin                              Jessica Malmberg

On September 4<sup>th</sup> the *previously* named RECAMFT Diversity Committee met via Zoom and discussed group goals. Together we crafted a mission statement:



***We stand for racial and social justice in RECAMFT and seek to discover and remedy injustices that arise within our events, programs, and practices. We are committed to doing this through engaging in ongoing education and self-inquiry, and integration of member feedback. We hold ourselves accountable to RECAMFT and our community.***

Accordingly, we changed our name to the RECAMFT Racial & Social Justice Committee.

We discussed how some committee members experienced the words 'diversity' and 'multicultural' as finite, inactive, or potentially complicit approaches to addressing traumatic ongoing historical injustices affecting our members, clients, local community and greater world.

We've held three meetings so far in which we've practiced accountability, kindness and self-regulation

while directly engaging in uncomfortable re-examinations of our own and each other's social lenses, language and behavior. Through open dialogue we've created a survey that will be coming your way soon. Please do the survey; it will help us target our efforts.

So far, committee demographics don't reflect surrounding communities. We have LGBTQ and Jewish members, all of European/Caucasian descent. We have no BIPOC (Black, Indigenous, People of Color) members, though most RECAMFT members live on unceded Pomo, Miwok, or Wappo indigenous land (<https://settlercolonialcityproject.org/Unceded-Land>).

Per [census.gov](https://www.census.gov), Sonoma County is 27% Hispanic/Latinx. Our committee demographics reflect the ongoing impact of systemic racism. We've discussed the complexity of understanding that anti-racism work must be undertaken by those who benefit from systemic racism whether they know it or not. We're committed to keeping ourselves accountable for our own education and not burdening BIPOC RECAMFT members with having to 'represent' or educate others. With the above understandings, we welcome BIPOC members who want to join our committee and create change in RECAMFT toward racial and social justice for historically and systemically oppressed people. Co-chairs Erin Wiper and Wowlvenn Seward-Katzmiller welcome questions, feedback and requests at [erinwiper@gmail.com](mailto:erinwiper@gmail.com) or [wskmft@gmail.com](mailto:wskmft@gmail.com).

Wowlvenn Seward-Katzmiller, co-chair

**SRJC EDUCATIONAL RESOURCE**  
**RECOMMENDATIONS**

*13<sup>th</sup>*, free on YouTube courtesy of Netflix. A must see to grasp how slavery exists today.

**"Systemic Racism Explained"** a four minute video by Act.Tv on [https://www.youtube.com/watch?v=YrHIQIO\\_bdQ](https://www.youtube.com/watch?v=YrHIQIO_bdQ)

***My Grandmother's Hands*** by Resmaa Menakem

***White Fragility*** by Robin DiAngelo

***How to Be an Anti-Racist*** by Ibram X. Kendi

***White Supremacy & Me*** by Layla Saad

**"Racism is Real"**

<https://www.youtube.com/watch?v=fTcSVQJ2h8g>



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## TALES FROM THE AMFT THERAPIST'S CHAIR: CLINICAL WORK ON AN INPATIENT PSYCHIATRIC UNIT

**Gina Culver, AMFT**

For just shy of two years, I worked at an inpatient psychiatric hospital. I worked closely with other clinicians, psychiatrists, nurses and mental health workers. That experience was sometimes stressful or negative, but there were a lot of good days. I utilized and built various skills, which I will discuss in future articles.



I worked mainly on the adolescent units, though I worked on all units during my time there. I love working with adolescents and prefer their population. They are amazing and sometimes forgotten as having their own voice. Working on an inpatient unit is like no experience I have ever had. The majority of the doors are locked, there are certain personal items we were discouraged from wearing or bringing onto the unit due to safety issues. The energy of the unit can change with each shift. It felt like working at a prison or jail due to all of the restrictions. I still see everything as "will a client use this to hurt myself or themselves?"

Day shift (7am to 3:30pm) is always busy, even on weekends and holidays. PM shift (3pm to 11:30pm) is quieter and I found I could get a lot more work done. Noc shift (11pm to 7:30am) I did not work. Noc employees are definitely their own group of people. Very nice, but function differently.

It is an extremely fast-paced environment and expectations are unrealistic. We typically had at least one discharge and/or admit every day in addition to our daily duties. Then there was responding to codes. "Code green" is a psychiatric emergency. There were days and weeks where we would have multiple codes a day. For my patient or unit, I was required to respond. My role as a clinician was to help verbally de-escalate patients and work with the medical staff for a plan of action. Did everything work out the way we wanted or planned? No. Did we have some successes without having to put a patient in isolation? Yes.

In an inpatient environment, you learn to build rapport within a few hours or days. This can be challenging but can be done. The goal of inpatient hospitalization is to stabilize to go to a lower level of care – rehabilitation or other longer-term inpatient program (group home, residential treatment program), intensive outpatient, partial hospitalization program, return or start individual therapy, etc.

I was injured by patients twice. I was threatened multiple times. I also made a lot of friends with various staff members. We definitely felt like we were "in the trenches" together. It is a difficult and demanding job. It is also a rewarding job.

My family worked for the state hospitals. I never wanted to work in a hospital prior to accepting that position. I had heard the horror stories of injuries from patients. I learned so much and I feel that working on the units helped shape who I am, honed my skills, taught me better boundaries, and so much more that I cannot accurately articulate.

If you are thinking of taking a position at an inpatient facility, be prepared for the fast pace. There are a lot of documentation

requirements and they can feel overwhelming. Making connections with clients is phenomenal. I would not change that. There were heartbreaking times. Times I had to make a CPS report and send a child back home to an abusive environment. Times where the patient could not get aftercare they deserved because of insurance or availability of services. Patients being discharged and relapsing only to be readmitted again in a short period of time. There are patients that still stick with me, both good and bad, but not in an I-can't-move-forward way. Just an I-can't-change-this way. That's hard. I had to learn to let go and work through the grieving process with every discharge.

The best skill and lesson I learned was how to hear the client's message through their behaviors. I get blank looks when I talk about this, however it is a very effective skill. It doesn't matter if a patient or client is swearing at you; what is the need not being met? Ask them, what do you need right now? Or, what do you need from me right now? Also, not meet them at their energy level – keep your voice and your energy calm. Offer choices. Would you like to go to your room? Do you want to go to the quiet room and yell it out? The whole team needs to be on the same page about how to handle an escalating patient or one in crisis in order to manage the unit. Does it work every time? Encourage them to use their coping skills. Empower them to control what they can: how they react, what they think/say/do/feel. Can they be in another physical place than right there in the unit? That does work more often than not.

If you are thinking of doing inpatient work, have questions, or would like to learn more, please email me. I can write another article based on the responses received.

*Gina Culver, AMFT #99539 is a registered associate MFT that works at Lifeworks of Sonoma County. Gina is a member of the RECAMFT programs committee and diversity committee. [Gina.culverms@yahoo.com](mailto:Gina.culverms@yahoo.com)*

### Fall Schedule At-A-Glance

\*Subject to change: details will appear on our events page as they are finalized\*

**October 2<sup>nd</sup>** 10am – 1:15pm Couples  
Therapy in the Age of Covid with Marty Klein Part 1

**October 3<sup>rd</sup>** 10am – 1:15pm Couples  
Therapy in the Age of Covid with Marty Klein Part 2  
**6 CEUS - FREE TO RECAMFT MEMBERS**

**November 6<sup>th</sup>** 11am – 1pm Community Chat  
Monthly meeting

**November 7<sup>th</sup>** 10am – 1:15pm Insurance Expert  
Barbara Griswold – non-CE  
**FREE TO RECAMFT MEMBERS**

**December 4<sup>th</sup>** 11am – 1pm Monthly  
meeting – topic TBA



Lois Friedlander, MFT, CGP #27235

Currently meeting on Telehealth Video Platform

T : 415-383-3337 F : 415-381-4445

E : [lois@loismft.com](mailto:lois@loismft.com)

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### INTERPERSONAL PROCESS GROUP FOR WOMEN

**When:** Wednesday Evening, 5:45-7:15pm

**Where:** Telehealth Care Zoom Platform

#### **Why A Process Group?**

Process groups focus attention on what's happening between people.

They examine the process of forming + maintaining relationships + foster becoming your authentic Self.

- Do you struggle with building satisfying relationships?
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- Do you avoid conflict at work, home, with friends ?
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- Do you keep selecting unsatisfactory partners?
- Do you 'people please' or accommodate to your own disservice?
- Has trauma impacted your relationships?

#### **Members learn how to:**

- \*Repair ruptured relationships
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- \*Improve communication skills
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Dr. Irvin Yalom, nationally noted author, *The Theory and Practice of Group Psychotherapy, ed. 2005* consulted to my group psychotherapy practice over many years

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OCTOBER ISSUE

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