

Empowering relationships...

JANUARY 2017



The Redwood Empire Therapist

OUR JANUARY MEETING

COME FOR A HOLIDAY PARTY AND AWARDS

&

Exploring Clients' Personal Narratives, Appropriate Use of Self-disclosure and Creating Transformations through Stories

Jan Ogren, LMFT



We tell ourselves stories all the time. But how often do we listen to the messages? This workshop will help you listen deeply to your clients' stories and to your own. Within these stories are the hidden keys to how people stay stuck repeating difficult and painful patterns in their lives. Through transforming the stories clients can create new roles for themselves in their lives. This is especially helpful for couples and families and we will use the techniques of Interventive Interviewing to demonstrate how to guide and encourage change in family stories.

Cultural stories have a tremendous effect on any groups that aren't considered the "norm." We will examine stories from other cultures and how they show us a different window into sexuality and gender. As therapists we have our own stories that can be helpful when used appropriately. Guidelines will be presented and exercises to explore what feels comfortable for the therapist regarding sharing personal stories and how to judge the effects of the stories on clients. As a special treat

January 6th - RECAMFT Meeting

9:30 - 11:00

**Holiday Breakfast and Party with Music and Comradery
COME JOIN US TO CELEBRATE 2016 LEADERSHIP CIRCLE!**

11:00 - 1:00 meeting

Exploring Clients' Personal Narratives

Jan Ogren, LMFT

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

IF THE PARKING LOT IS FULL, PARK AT THE J.C. GARAGE ACROSS MENDOCINO AVE. FOR \$4 OR ASK PERMISSION TO PARK AT THE EGGAN AND LANCE MORTUARY. IF YOU DO NOT ASK THE TOWING COST IS \$225.

January 13, 2017

**Legal & Ethical Issues Workshop
SEE PAGE 5 FOR MORE INFORMATION**

February 3, 2017

**Working in the Transference
with Individuals and Couples
Dr. Peter Hobson**

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

Jan Ögren is a Story Teller and she will present the story, *The Hungry Ghost*, which is helpful for clients dealing with feelings of not good enough. Bring your curiosity and openness, because this is an experiential workshop and we never know what will happen after we hear the magic words: "Once upon a time..."

Jan Ögren, MFT, is a licensed psychotherapist, international author, storyteller and public speaker. She specializes in GLBT, gender exploration, and Psychological Shamanism. Blending her 35-year shamanistic apprenticeship with her 25 years of experience as an MFT she offers workshops in Creating Healthy Relationships with the Spirit World. Jan has worked as SME (subject Matter Expert) for the BBS for twelve years, chaired the Redwood Empire CAMFT ethics committee for ten years.

Visit her website at: www.janogren.net

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

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President's Message **L. Reyna Seminara, LMFT**



Last February, I was privileged to attend the CAMFT Leadership Conference. The conference was a wonderful two day event where I got to know our esteemed past president, Bob Dalzell, better. I also learned about the greater CAMFT community. Did any of you know there are 28 other chapters in California? I didn't. I met people I had only known through seeing their names in emails. People freely shared information about their chapter's experiences, both positive and challenging. One sharing session taught me about the Gallup Character assessment, a great tool to evaluate different character types and suggests best positions for people to hold on the board. We used this as part of our board retreat this summer. I also attended a session about acquiring sponsorships by forming a sponsorship committee.

The leadership conference is just one example of all the training, preparation and support I received through CAMFT and from RECAMFT during my year as president elect, to prepare to be your leader.

And still it is with trepidation that I begin my year as your RECAMFT president. Trepidation because this is the first

time I have been in a leadership position for an organization of this size that is not clinical. I have been a clinical supervisor in many settings, as well as a clinical director in various agencies over the years. However, I have never done all the tasks assigned to RECAMFT presidents all in one job, thus the trepidation.

Balancing this trepidation is excitement because this is a new endeavor and because of the community that RECAMFT embodies. There are many gratifying rewards about working in RECAMFT, primarily the people. It is the most different volunteer organization you will ever be a part of, (when you join the board). Tasks are covered by people who do what they most want to do, and there are plenty of opportunities to learn new skills. Whether is it becoming our Technology Chair, like Laura Strom, who never expected to be the IT person but learned it and is now our expert member. Or Alanna Taormina who has been our CEU committee chair, who learned needed the tasks as she went. Alanna and Cynthia Halliday worked hard together making sure RECAMFT is in compliance with new CEU requirements. Annette Seibel and Kristin Mills have stepped up to fill the rather large conference committee shoes. Erica Thomas, as Programs Chair, worked hard researching, reading proposals and deciding with her committee who

would be our First Friday of the month presenters. David Benoit has, without fail, been our recording secretary at all the board meetings for the past two years. Gail Van Buuren burns the midnight oil to get our newsletter out on time each month. Gail works with Doreen Van Leeuwen on the Crisis Response Team. Judith Peletz graciously hosts the Board meeting at her home each month and works with others to provide the yummy treats for each month's members' meeting. Pat Hromalik, our CFO, keeps our finances beautifully in line like any major company comptroller. I am sure I have left some marvelous people out of this litany. I apologize.

What I have learned over the past two years, first as Director at large, then as president elect is that the structure of RECAMFT is a wonderful training ground. I have spent a year as president elect under the guidance of the current president and the past president. I thought perhaps I would feel thrown in to the deep end of a pool, but not so. With Bob Dalzell and Kris Spangler to guide me with gentle hands, I almost feel ready. Bob has taught me much using his humor, often self-deprecating. His humor helps me find my own humor in conversations with him. Kris, who always gives her all to fulfill her duties and help new members feel welcome, gave me confidence to speak up and take my place in the leadership circle. It does not stop there! Other past presidents and long-time board members continue to offer their experience creating a sense of place, of community.

Recently, the word community was the word of the day in a yoga class I used to attend. As I meditated on the word "community" I saw images of the therapy community I have been a part of since getting licensed in 1985. I saw the faces of my colleagues who have left the area, who have left the field, who have retired and who have died. I saw those who are still therapists but these were the ones who numbered the fewest. My community had shrunk.

When I joined the RECAMFT board, my community increased exponentially. As I begin my year as president, I find myself approached by folks I've known by sight and by name over the years, by people who are new to me or newly licensed. I find myself in a new role in a community I have been an isolated part of for decades. As therapists, we sit in our offices with one or two clients at a time. We meet with our consultation groups once or twice a month. Perhaps we see families or do groups. Mostly we are alone. But not on the first Friday of each

month, when we have the opportunity to meet with others during our social time, to introduce ourselves during those 12 second bursts of information, to sit with each other during a 90 minute training. This is my community. This is our community. RECAMFT. I mostly feel excited. I look forward to being an open accessible and proactive leader for this wonderful community.

L. Reyna Seminara

Reyna has a private practice in Santa Rosa. It is best to reach her by email. LRS-MFT@att.net

RECAMFT TEAM CIRCLE

BOARD OF DIRECTORS

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President Elect: Erica Thomas 206-8698
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Tara D'Orazio 992-5008
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Pre-licensed: Adam Smith 888-1900
& Jackie Mullis 818-300-4217
Crisis Response Team: Doreen Van Leeuwen
951-347-1837
Newsletter Editor: Gail Van Buuren 494-4198

COMMITTEE CHAIRS

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Community Outreach: Kim-Lien Chavez 324-9699
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Annette Seibel 537-3090 & Kristin Mills 527-6168
Ethics: Kris Hall 544-4726
Hospitality: Susan Hartz, Judith Peletz, Linda Collett
Recharge Raffle: Jan Ogren 544-7756
Website: Laura Strom 889-9168
Emeritus: F. Michael Montgomery 578-9385

STAFF

Administrative Consultant: Pam Ward 575-0596

JOIN RECAMFT'S LISTSERV

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

recamft-subscribe@yahoogroups.com

Myron Walters will confirm your RECAMFT membership and admit you. We are now 137 strong.

Seeking Research Participants

For a doctoral study in psychology:
On how playful and imaginative collaboration
Might affect a couple's relationship.

Who should apply? Couples who are:

- ❖ Married/in committed, long-term relationship
- ❖ Curious about how an experience of playful creativity might impact their relationship
- ❖ Interested in making a unique mask with special, personal significance

When: one Saturday (date TBD) in late January,
with a half-day follow-up meeting

Where: in the Santa Rosa area (location TBD)

- ❖ No prior artistic experience is required
- ❖ All gender pairings are welcome to apply
- ❖ There is no cost to you; lunch and refreshments will be provided

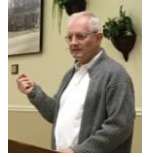
For more information, please contact:
Cliff Stevens, MAT, PhD Candidate
707-823-6925
cliff@kichu.com

What You Missed By Tara D'Orazio

This month's presenter had no difficulty settling everyone in to discuss what is usually an uncomfortable and avoided subject: death and dying. Dr. Dale Borglum has thirty-five years of experience being a guide to the dying through his work as founder of the Hanuman Foundation Dying Center, a residential facility in New

Mexico that supports conscious dying, and in his position as Executive Director of the Living/Dying Project with a branch here in the Bay Area. His presentation aimed to impart on the audience just a sliver of what we could learn of wholeness from those at the edge of life.

Dale began his talk with an introduction to the conceptual framework that guides his compassionate practice. They are: that you are going to die and you don't know when it will happen, that life is precious, the concept of karma, and the Buddhist Noble Truth that suffering occurs when we cling through our thoughts, feelings, and actions. He expanded on this framework by comparing it to the developmental tasks and the 'demons' of not completing each stage.



He explains, from 0-2 years old we are learning to be dependent and exploring the safety of the world. Ultimately we work toward independence by conquering the demons of fear and anxiety. Dale teaches that all fear is a fear of death and that we begin to experience it from our earliest moments of life. In this framework, fear of death is a lack of enlightenment and we are moving toward enlightenment as we move through these stages. At this stage the work is on becoming grounded and grounding exercises can be useful to the terminally ill as they begin their death journey. From age 2-5 the developmental tasks focus on the attainment of autonomy and centeredness. The demons we find here if we fail to become autonomous are shame and guilt. He suggests that connecting to a still point – finding centeredness – helps the dying release from shame and guilt. At ages 5-8 we work to cultivate love and compassion, and the demon of not completing the work is grief. Grief has a particular meaning in Dale's work – it is any negative emotion arising from the experience of feeling separate. The work for the caregiver of the dying at this stage is to help them find connectedness and compassion. Dale's personal insight for us as therapists, caregivers to the dying, is that to give this care is to work on yourself, as this work will bring up your own fears of death.



Compassion seems to be the most powerful tool in a therapists' kit, and where Dale spent most of his talk

while answering audience questions. Since much of a therapist's ability to heal comes from being an authentic person, we must be present for ego states and ask ourselves, "can I be in this space with you?" He advises to help your patients and yourself not get caught in the story of what's happening so much that you miss the experience. Healing comes from exploring the experience of life in all its stages and enlightenment comes from living each moment with the conscious awareness that you do not know when this life will end. When you notice a contraction from the present experience, turn your attention inward without judgment or commentary, let go, and move to compassion and love.

Dale can be reached at dale@livingdying.org or by calling 415-456-3357

Tara D'Orazio, LMFT is the sole practitioner and owner of Athena Counseling in Santa Rosa. She is a Beacon Medi-Cal provider and works with Victims of Crime and the VA Choice program. Athena Counseling helps teens (14+) and adults heal trauma wounds and manage anxiety through Cognitive Behavioral Therapy. For more information go to www.athenacounseling.com or call 707-992-5008



JOE WARD AND HAL FORMAN SETTING UP VIDEO AND SOUND

Disaster Response Team Notes and News



A **big shout out** to those of you who began or completed your applications with the American Red Cross this past quarter!! Thank you, on behalf of RE-CAMFT, and those citizens whose lives you will impact in coming days.

Please schedule some time for our committee meeting on **Thursday, January 19 at 7:00 PM** at my home in 931 Washington ST, Apt A, Santa Rosa (St. Rose District). I will speak on the critical differences between disaster mental health/crisis intervention and counseling/therapy. We

will discuss what volunteering as a Disaster Mental Health professional with the Red Cross could look like. There will be plenty of time for your questions and concerns.

The recent Oakland Fire, with its devastating consequences, is another example of the urgent need to get our response team ready and deployable at a moment's notice. The local Red Cross Disaster Action Team has had just two mental health professionals dividing up every month's on call shifts, day and night, until I came on board. We need more of you...!!! There are many levels of involvement that can work well with your schedule.

I'm off to find a white elephant gift for the local Red Cross chapter Holiday Party tomorrow! It is NOT all "work and no play"! We know how to have fun too! **High Fives and Happy Holiday Frivolity to you all!**

Doreen Van Leeuwen
Crisis Response Chair

Doreen Van Leeuwen has a private practice in Santa Rosa and can be reached at 951-3471837

Gottman Couples Workshop

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2 days filled with practical research-based tools
to confirm & strengthen your relationship!

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See Website for Registration
and Additional Information!



www.aCouplesWorkshop.com

Presented by Senior Gottman Certified Therapists
Lisa Lund, CRC, MFT (33393) & Bob Navarra, PsyD, MFT (15997)

Considering a residential treatment or outdoor program?

Collaborating with referring professionals, Bob Casanova, Psy.D. is a nationally respected educational consultant who specializes in providing recommendations for students with special needs of an emotional, behavioral or psychological nature.

Bob travels extensively throughout the year and has personally toured over two hundred schools and programs. As a Licensed Marriage and Family Therapist, Bob credits his clinical training and experience in deepening his understanding of a student's needs. Bob helps students and families dealing with issues such as:

- Depression
- Anxiety
- Drug or alcohol abuse
- Social concerns
- School failure or refusal
- Self-harm
- Oppositional and defiant
- PTSD / trauma
- Autistic spectrum / NLD
- Low self esteem
- Adoption / attachment issues
- Family conflict
- Loss and grief
- Divorce
- Learning differences

Bob Casanova, Psy.D.
Educational Consultant
Licensed Marriage & Family
Therapist
License Number: LMFT 37137
707-544-7000

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THOUGHTS FOR THERAPISTS BY A CHRONIC LYME DISEASE SURVIVOR

By Sandy Krikorian LCSW

A few days ago as I was sipping my Sunday morning hot coffee and reading our local newspaper, I noticed there was an obituary of a middle aged woman who passed away from Lyme disease. As a therapist who has struggled with Lyme disease for 20 years, I was saddened to see that another Lyme patient lost her battle with this vicious disease. I knew this woman in as much as I had seen and spoken with her in the doctor's office where we both received treatment. This reminded me of all the friends and acquaintances I have lost from my life as a result of Lyme disease. The hardest loss of them all though was the death of my best friend, Deborah, when she succumbed to her Chronic Lyme Disease and died in my arms two and a half years ago. When Deborah passed away, she had one dying request of me and that was to do my best to educate people about Chronic Lyme Disease. At the time, this was an over-whelming request for me as I was too sick to do anything of the kind. However, here it is two and half years later, and I have recovered much of my health and am ready to share my story in hopes of educating people. For me this is not easy to do as there is a huge societal stigma to having Lyme disease and most Lyme patients, myself included, learn that talking about being a Lyme patient is generally not a safe thing to do. Thus, we become closeted Lyme sufferers. However, as a therapist, I feel therapists above all others, should have some basic knowledge about Lyme disease because we are the ones who can support Lyme patients and ease their burden just a bit. Because Chronic Lyme Disease is a very complex multi-system failure disease, it is impossible to impart all the medical information about it in this article. However, I will give you a brief description of the disease and offer some of my thoughts about how therapists can effectively counsel and support Chronic Lyme Disease patients.

According to Dr. James Howenstein, and many other sources, Chronic Lyme Disease is the most rapidly growing infectious disease in the world. In fact, in 2011 the Center for Disease Control announced that 300,000 people per year in the U.S. are diagnosed with this illness. However, most Lyme-literate doctors will tell you that the numbers are probably closer to 500,000 because many people suffer with the disease but a correct diagnosis evades them. Dr. Paul Fink, the past president of the American Psychiatric Association, has acknowledged that Lyme disease can mimic most every psychiatric disorder in the Diagnostic Symptoms Manual IV. This includes, but is not limited to, ADD, antisocial personality disorder, panic attacks, anorexia nervosa, OCD, and autism. It also imitates Parkinson's disease, ALS and MS as well as several other diseases. Chronic Lyme Disease can be a devastating illness as it is known for dysregulating one's immune, endocrine and nervous system, damaging joints, ligaments, and tendons, producing cognitive deficits, memory problems,

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 under Intern Support.

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Next Workshop:
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Gottman Level 2:

Next Workshop:
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Gottman Level 3:

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Co-Led with Dr. Bob Navarra
July 20th - 22nd, 2017

TrainingForCouplesTherapy.com

Presented by Master Certified Gottman Therapists
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hormonal imbalances, gastrointestinal problems as well as strokes, seizures and heart attacks. Because Chronic Lyme Disease can be a lethal disease, when you have it, your mortality is front and center in your world. To date, there is no cure for Chronic Lyme Disease.

First and foremost, I would propose that being a Lyme patient is fertile ground for causing PTSD. When you suffer with a physically and emotionally painful illness every day of your life and each day you wake up feeling a little bit sicker and more debilitated than the day before, you begin to feel very fearful and traumatized. When you realize that the CDC, most insurances, and many doctors do not believe Chronic Lyme Disease is a legitimate disease, you become more traumatized. To add to this, most insurance companies will not pay for any Lyme bills because they do not recognize it as a real disease, so many Lyme patients go broke. These are just some of the traumatizing issues that Lyme disease patients face every day of their lives. My husband, who is a therapist, is the one who points out to me that I have PTSD from having Chronic Lyme Disease. Of course, being the rebel I can be, I point out that he also has PTSD from being married to a person who became sick and dependent upon him.

It is important to acknowledge that like so many chronic health conditions, Lyme disease becomes a family illness. The negative impact on the Lyme patients' loved ones is enormous. It is very important for a therapist to help each member of the

couple process their own loss and to be empathic to each other's losses and pain.

According to Dr. Robert C. Bransfield, depression is the most common psychiatric syndrome associated with Chronic Lyme Disease. Most other medical conditions affect only one part of the body, or only one organ system. However since Lyme is a multi-system disease, the majority of Lyme patients feel overwhelmed by this attack on their body by the Lyme spirochete, which is very similar to the Syphilis spirochete, and this can lead to depression and a feeling of being defeated by the illness. Lyme patients often get caught in a vicious cycle of disappointment, grief, chronic stress and demoralization. In my personal experience this was often brought on by trying multiple treatments that either offered no relief or at best temporary relief from the symptoms. As well, there is little research into this disease so that is very discouraging for people who suffer enormously from it.

Dr. Bransfield notes that the depression for Lyme patients is not only caused by psychological factors but also by physical factors. Endocrine dysfunction disorders such as hypothyroidism, which usually causes depression, are often associated with Lyme disease. He further states that there is a complex link between Lyme disease and central nervous system functioning. Lyme encephalopathy causes the dysfunction of many different mental functions. This can cause problems in cognitive, emotional, vegetative, and/or neurological functions. Other mental symptoms associated with Lyme disease, such as ADD, panic disorder, OCD, etc. can contribute to depression.

Suicidal tendencies are often found in Lyme patients. Dr. Bransfield claims that suicide accounts for about 1/3 of the Lyme related deaths. It is important to note that this is much higher than what is seen in those who suffer with other medical conditions such as cancer, cardiac disease, and diabetes. Assessing a Lyme patient for suicidal tendencies and referring them to a psychiatrist for an evaluation and possibly medication is critically important. Many Lyme patients function better when taking anti-depressants. One of my friends, Bonnie, who had Lyme disease committed suicide. It is very sad for me to see this happening in my own community of friends who have Lyme disease.

Social isolation is a big issue for Lyme patients. Many patients are either too sick to go out into the world or too crippled to leave their houses which can contribute to depression. For myself this was one of the hardest aspects of living with Lyme disease. Helping a Lyme patient to find some kind of connection with other people is important. This may involve social media or someone coming to visit them. Or, there are several support groups in our community but of course for those who are limited in mobility they may not be able to get to a group. When I was sick and crippled and unable to leave my home, I found support in talking on the phone with two friends who also had Lyme disease. Some social connection is

vital for Lyme patients. Sadly, I see great resistance to this with Lyme patients. I attribute this to how horribly sick they feel but also to the stigma of being in a world that continually lets them know that they are viewed as hypochondriacs.

As a therapist you might find that a Lyme patients will ask you to be "scent free." This is because they have multiple chemical sensitivities and one exposure to a chemical can cause them to be very sick for a lengthy period of time. This is one area where I have seen myself and others become paralyzed by fear of being in public and having an exposure. My personal experience showed me that the majority of people do not understand this aspect of living with Lyme disease. Therefore, being empathic and supportive in this area is very important when working with a Lyme patient. I do not suffer with this anymore but I can easily remember the fear and isolation this condition brought to my life.

Marital problems are huge in the Lyme population. A marriage has to be very strong and resilient to accommodate one person being thrown into the role of care-taker while the other is thrown into the role of being dependent. This can make a marriage feel like a parent/child relationship. Most people I know who were married when they became sick with Lyme disease are now divorced. My husband and I are probably an exception to this but we worked exceptionally hard to not let our marriage be destroyed by this illness. Negotiating the Lyme-related changes in the relationship must be addressed in order for the marriage to survive.

Abandonment is associated with Lyme disease. When I became sick, many of my friends and co-workers took themselves out of my life. I also saw my siblings turn away from me. And in fact when I was at my sickest, nobody from my family, except my mother, came to help me or my child who was 3 at the time. However, several years later, my sister got stage one breast cancer and had a lumpectomy and 6 weeks of radiation which quickly put her into remission. At the time, my entire family rallied around her and took care of her teenage children with such devotion that I was stunned at the difference in the emotional responses our loved one's had to each of us. I have had to work hard to not feel bitter and resentful about this. And, I frequently hear Lyme patients talk about this in their own lives, so I believe this is very common in the lives of Lyme patients.

Many Lyme suffers, myself included, feel an enormous amount of guilt for what our illness has done to our loved ones. As a mother of a special needs child who was 3 when I got sick, I worried about the impact my illness would have on him. Fortunately, a very wise woman doctor told me that she became a doctor because she had a chronically ill mother. She advised me to always tell my son the truth on a level he could process, and she believed he would be okay. My husband and I did do that with our now 21 year old son who does not seem to have any ill effects from this. In fact, I believe he has developed compassion for people that he might not have had

otherwise. I also felt terrible guilt about what my husband had to cope with when I got sick. He basically lost his wife for many years. He used to tell me that he felt like we both had an illness because suddenly he could not go out and have fun with me, he had to take care of our son on his own, and he had to take care of me at times. Without emotional support for this dynamic, it is easy for the Lyme patient to feel resentment towards their partner when actually they are feeling guilty about being dependent upon their partner. My husband used to tell me at times when I felt this resentment towards him that he was not the enemy, the illness was. We learned to live by this philosophy and it helped us to not let Lyme destroy our relationship.

As devastating as Chronic Lyme Disease can be, some of us do gain back some of our health. It is a long and difficult journey, to be sure, but well worth the fight. Right now I am healthier than I have been in 20 years. And, as a result, I feel great passion for educating people in general, and therapists in particular, about how they can help a Lyme patient. I also believe that therapists can be the ones to recognize symptoms in an undiagnosed patient and speak with them about pursuing testing. In general, therapists who have some understanding of and compassion for Lyme disease have the opportunity to play a positive role in the lives of those who suffer with this complex illness.

Two hours after I finished writing this, I got a call from my friend, Annie, letting me know her beautiful 30 year old daughter, Jen, committed suicide a few days ago because she could not deal with the on-going pain and debilitation she was living with due to her severe Chronic Lyme Disease. I am deeply saddened by this because Jen was a well-educated and loving young woman who would have had great success in the world had she not contracted Lyme disease. In a case such as this, the focus now has to be on helping Annie to survive this loss. This is another role for therapists. My hope is that therapists who have an understanding of Lyme disease can play a role in preventing tragedies such as this.

I am more than happy to consult with anyone who would like more information about Chronic Lyme Disease. I can be contacted at sandy.krikorian@yahoo.com. ■



VIEWS FROM 2016

A COMMENT FROM THE LATE LEONARD COHEN.

"[America] is really where the experiment is unfolding. This is really where the races confront one another, where the classes, where the genders, where even the sexual orientations confront one another. This is the real laboratory of democracy.



HOLIDAY MUSICIAN THERAPISTS 2016 JANUARY PARTY

Ads and Announcements

OFFICE SPACE

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Lovely psychotherapy office sublet available in prime location (Atrium Building) in the town of Sonoma. The office is available full days Monday and Wednesday and could also be shared on Friday and Saturday and Sunday. Available beginning December 1, 2016.

This two office suite includes a comfortable waiting room, bathroom, break room with mini fridge and microwave, electric water kettle and printer. There is also ample free parking. 1 Year lease agreement: \$350.00 mo. includes utilities (PG & E) and office supplies.

If interested in sharing this suite with a Psychologist and an MFT, please call Paula and leave message or email.

[415.459.3290](tel:4154593290) (VM) [707.529.5498](tel:7075295498) (cell)

Wanted: to rent/share therapy office in town of Sonoma, hourly/partial days. New to area. Jana Morgan LCSW60948 [408 373-9360](tel:4083739360)



OUR PRESIDENT, BOB DALZELL



OUR DEAR A.C., PAM WARD

RECAMFT Meetings 2017

March 3, 2017

Collaborative Couple Therapy: Turning Fights into Conversations and Problems into Opportunities for Intimacy
Dan Wile, Ph.D.

April 7, 2017

Healing Shame in Couples
Bret Lyon, PhD and Sheila Rubin, LMFT, RDT/BCT

May 5, 2017

Flashes, Gut Feelings and Hunches: Listening to the Healer Within
Julie Stass PhD, LCSW

June 2, 2017

When Eros Enters the Room: Erotic Transference and its Healing Nature
Felicia Matto-Shepard, MFT, Jungian Analyst

Prayer Flags for Reconciliation



In these uncertain times of polarization and suffering we want to create an opportunity to put forth clear intentions for reconciliation and healing in the world, our communities, families and within ourselves.

To that end we will gather together in sacred space and create positive powerful words and images onto prayer flags, which we will take to peace rallies and display in public venues.

Sunday January 15, 2017

1-5 pm

St. Stephens Church Social Hall

500 Robinson Road, Sebastopol

\$10 Donation

(no one turned away for lack of funds)

No art experience required

All materials and supplies will be provided

No children under 10 please

Volunteers appreciated



RSVP to mjjoy@gmail.com or [707 823-1131](tel:7078231131)



REDWOOD EMPIRE CAMFT PRESENTS ITS ANNUAL
LEGAL & ETHICAL ISSUES WORKSHOP

**Shh, It's Confidential: Confidentiality of
Mental Health Information Under California
And HIPAA Laws**

David Jensen, JD, CAMFT Staff Attorney

Those who have attended David Jensen's workshops in past years have been unanimous in praise of his thoroughness in exploring our complex legal and ethical considerations, while entertaining us with his humor and anecdotal material.

**January 13, 2017
9 am – 4 pm
Lunch Included!**

**Mary Agatha Furth Center
8400 Old Redwood Highway
Windsor, CA 95492**

Course Description:

If confidentiality is the cornerstone of the therapist-patient relationship, it behooves therapists to have an accurate understanding of the laws that affect the confidentiality of patient information. What information must be kept confidential? What information could be shared without an authorization? How can we limit third-party access to outpatient information? What "things" does a practitioner have to do to secure patient information to keep it confidential? In this six-hour presentation, Dave Jensen, JD will review California and HIPAA laws regarding the confidentiality of patient information.

There will be time for networking during the sign-in and the lunch break. Feel free to bring business cards and information about your therapy practice.

Learning Objectives:

This workshop is designed to help you:

1. Compare the "building blocks" of patient information and confidentiality under California law and HIPAA.
2. Describe the structure of California Civil Code § 56.10 and the importance of written authorizations.
3. Explain the relationship between California Civil Code §§ 56.10 and 56.104 and why this relationship is so important for outpatient psychotherapists.
4. Apply the categories of "T-P-O" to patient information under HIPAA.
5. Assess how HIPAA handles the technical aspects of confidentiality differently than California law does.

REGISTRATION begins 10/24/16 at www.recamft.org

| | | |
|------------------------------|----------------------|--------------|
| Early (before 12/30) | RECAMFT members | \$89 |
| | RECAMFT pre-licensed | \$26 |
| | Non-members | \$139 |
| Regular (after 12/31) | | \$149 |

This workshop satisfies the Law and Ethics course requirement of six (6) continuing education units mandated by the BBS for LMFTs, LPCCs, LCSWs and LEPs for each license renewal cycle. Participants will be updated on changes in the law that affect professional practice. RECAMFT CEU Provider #57173

Disability Accommodation: To request an accommodation for a disability, please email theraw@recamft.org.

CEU Certificate: You must stay for the entire meeting to receive your certificate. Course certificates will be awarded at the end of the workshop, upon receipt of the completed course evaluation. Course meets the qualifications for 6 hrs of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences.

Grievances: direct grievances to theraw@recamft.org, and/or the chapter president at recamftresident@gmail.com.

Empowering relationships...



Redwood Empire Chapter of California Association of Marriage and Family Therapists
is a California BBS CEU provider: License #2322
RECAMFT.org - PO Box 2443 - Sebastopol, CA 95473
E-mail: therapy@recamft.org Web: www.recamft.org

RETURN SERVICE REQUESTED

JANUARY ISSUE

NEWSLETTER COSTS & DEADLINES

Line ads and announcements:

Members - \$5 per line
Non-members - \$12 per line

Display ads: Full page - 9.75" x 7.5" = \$200
Half page - 4.5" x 7.5" = \$110
Quarter page - 4.5" x 3.5" = \$60
Eighth page - 2" x 3.5" = \$35

10% discount for 5 month ad Commitment
20% discount for 10 month ad commitment

Deadlines:

Articles (500 words max) - 15th of the month
Advertisements - 15th of the month

For more information call or email:
707 575-0596 or therapy@recamft.org
Or submit ad to website at www.recamft.org

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