

Empowering relationships...



FEBRUARY 2022

The Redwood Empire Therapist

FEBRUARY ONLINE MEETING



Using the Body to Regulate Emotion: Perspectives from Dialectical Behavioral Therapy (DBT)

Presented by:

Suzette Bray, LMFT

Friday, February 4th, 2022
Zoom Webinar

10:00 AM – 11:30
1.5 CEUs

Clients often experience emotions that are sudden and overwhelming. Being able to use the body to reduce vulnerability to emotion, increase ability to recognize and anticipate emotional responses and regulate emotional response is vital to not being swept away by strong emotions. This workshop will provide therapists with tools to teach their clients to use both in and out of session and be effective in their daily lives.

Suzette will point out two ways the body impacts and influences emotional responses and how we can assist clients in recognizing body sensations as precursors to strong emotions. She will teach three techniques to regulate emotion using the body and how to implement them with our clients in session.

Suzette Bray is the Founder and Executive Director of Village Counseling and Wellness. She has completed extensive training in Dialectical Behavior Therapy (DBT) from thought leaders in the field. With over 20 years of clinical experience, Suzette has led several innovative mental health programs for adults, teens, children and families, giving her unique insight into strategies and solutions for positive change through evidence-based treatments. In addition to running Village Counseling and Wellness, Suzette is also a well-known speaker in the field, often presenting on the topics of parenting, mental health issues of children, adolescents and adults, Borderline Personality Disorder and DBT.

Please Note: Zoom Webinar – Register at recamft.org. Once you have RSVP'd you will receive a link to register for the webinar. You must complete this second step to gain access to the event link.

March 18, 2022 – 9:00am-4:30pm Zoom

An Apprenticeship with Sorrow
Francis Weller, LMFT
6 CEUs

March 19, 2022 10am-12pm
Pre-licensed Collaborative

March 23, 2022 – 12:00-1:30pm
Ethics Roundtable

April 1, 2022 – 10am Zoom

**Found at Sea: Depth Psychotherapy for Unfathomed
Times**
Molly Merson, LMFT

**Register for all these and other offerings you will find
inside this newsletter and also on our website at
www.recamft.org**

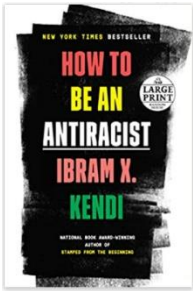
RECAMFT CEU PROVIDER IMIS 57173



“My Journey Towards Embracing Anti-Racism”

2022 President’s Message
Laura Strom

I decided it was high time for me to watch the movie “13th” (free on either YouTube or Netflix) to find out what it was all about. If you haven’t, please do it in honor of February’s Black History Month. Director Ava DuVernay does a brilliant job tracing the roots of our current epidemic of imprisonment back to chattel slavery. RECAMFT has created a page with anti-racism resources on our website, and you can find “13th” on our new page.



Another way in which I am honoring Black History Month is by listening to Ibram X. Kendi’s book, *How to be an Anti-Racist* on Audible. I really enjoy listening to books while I’m driving, or doing some boring chore (like housework). It’s fascinating hearing Dr. Kendi tell about his own experiences with realizing the ways in

which he had been inculcated by the racism which is endemic in our society. Did you just disagree with my last sentence? It’s taken me a while to grasp this concept, but here’s my short version.

1. We live in a society in which everything is built around white people being at the top apex tier of every ladder/pyramid, and the preferential way of being in the world (at least for white people). In fact, it’s white men, if we want to take it further, from a feminist viewpoint.
2. All systems within our societies, education, vocations, healthcare, security (police/military), etc. are built around the idea that being white is best, first, on top, number one, you name it.
3. As a result, I, as a white person, have received a degree of preferential treatment all my life that my darker skinned brothers and sisters don’t receive whether I am aware of it, or not.
4. Therefore, I unfairly benefit from the structural and systemic racism built into every aspect of society. And by not realizing it, or calling it out as unfair, I am racist.

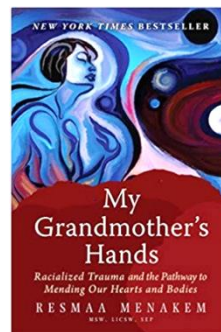
I used to think of myself as a person who was “colorblind” and didn’t consider the color of another’s skin when judging their character. During my undergraduate schooling, I had the good fortune of

seeing Lee Mun Wah’s classic film, “The Color of Fear”, and learned that being “colorblind” is really an extremely racist concept. I was able to be “colorblind” because I am white. This completely ignores the racism that my darker skinned friends experience daily. Therefore, my colorblindness was another sign of my white privilege.

“Not racist” is another term I applied to myself. I have come to realize that actually means “racist”, because a “not racist” person is usually not fighting the systemic and structural racism from which they are benefiting. Lots of very nice people are “not racist” and haven’t even considered how that position hurts people with darker skin, because we aren’t trying to change the racism built into every aspect of our lives.

Dr. Kendi says either you are “racist” or “anti-racist”, the latter meaning you are working to ensure the systemic racism is drummed out of every place where it exists. So now I’m trying to be an anti-racist. It’s new for me to think of myself in this way, but better late than never!

The next book I plan to read is *My Grandmother’s Hands*



by Resmaa Menakem who is a licensed social worker in Minnesota. I listened to an interview with him in which he described his time in Afghanistan in which he had to assess soldiers for fitness after upsetting events, and he said he literally had 17K soldiers for whom he was responsible! There’s a great interview with him

on our new Anti-Racism Resources page (under the News & Events tab).

RECAMFT as an organization has taken steps to recognize and start to work with this systemic and structural racism. We have adopted a pledge. Here it is:

RECAMFT is committed to addressing inequalities including structural racism and systemic injustice. We endeavor to be inclusive and value individuals from all ethnicities, ages, races, sexual orientations,

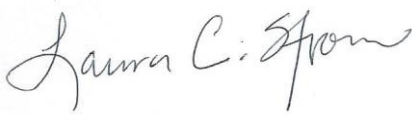
genders, languages, abilities, religions, citizenship statuses, and socioeconomic backgrounds into our chapter and into treatment.

We strive to advocate, educate, collaborate, and strategize for positive racial and social justice change within our membership and our community.

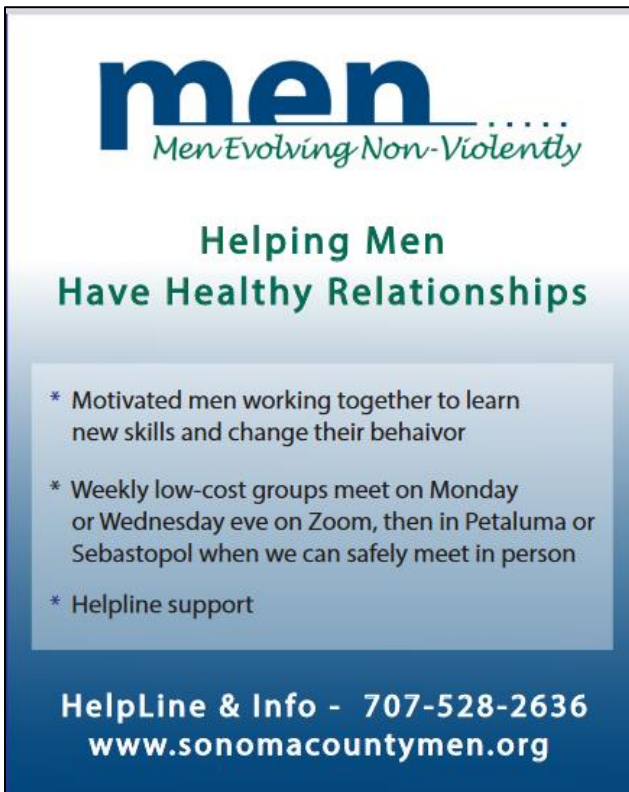
I encourage you to endorse our pledge, and continue your journey towards becoming a better therapist (and human) as you further explore anti-racism. These books and videos mentioned above are just a few of the many interesting links on our new Anti-Racism Resources page. Here's the link:

<https://www.recamft.org/Anti-Racism-Resources>

Respectfully and with humility,



Laura Strom, PsyD, LMFT
RECAMFT President



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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

RECAMFT 2022 Outstanding Chapter Leadership Award: Gina Culver

The Redwood Empire CAMFT Chapter is extremely fortunate to have Regina “Gina” Culver, LMFT, among our ranks. Gina first stepped into board service as an AMFT, and joined our Programs Committee. She eventually became a co-chair of this committee, taking training in how to do Zoom webinars when we needed someone to have additional technical training.

Gina volunteered for the Racial and Social Justice Committee when it started in fall 2020, and has regularly attended board meetings. She was elected to the RECAMFT Board as a Director at Large beginning January 1, 2021 while still an AMFT. In May 2021 she passed her licensing exam, and our Board sent her flowers to honor her accomplishment; we were so proud of her!

During summer 2021 the other co-chair of the Programs Committee had to leave suddenly due to illness. Gina kept our ship afloat becoming the Programs Committee Chair, and running the Zoom webinars for the speakers starting in the fall like a pro.



A 2014 graduate of University of Phoenix, after licensure, Gina became the Clinical Director of both the counseling program, and the school-based counseling program at Lifeworks in Santa Rosa. RECAMFT feels very lucky to have had Gina’s exemplary service, commitment and skills available to our Board during the last two difficult years. CAMFT honors a nominated chapter leader in each chapter every year and this year we nominated Gina. Congratulations to Gina Culver, RECAMFT’s Outstanding Chapter Leader!

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Update from the Racial and Social Justice Committee (RSJC)

The Racial and Social Justice Committee has been working hard for the past several months on creating goals from the survey we sent out last winter. We will share more as we go along, and invite you all on this journey to create a more safe and welcoming professional organization together. We are in good company - both the American Psychiatric Association and the American Psychological Association have been on a deep soul searching mission, both admitting enabling and actively supporting racist practices, and coming up with plans for change. Most notably, the three links that the American Psychology Association sent out with their recent letter of apology are pages and pages of keen observation of omission and new suggestions for change. We highly recommend delving into them. All links on the RECAMFT website and below.

Here is an excerpt from the Historical Addendum by the **When Eastern State Hospital (ESH), the first psychiatric care facility, was founded in 1773, it was not segregated. Seventy years later, however, when the 13 founders of what is now the APA met to discuss improvements in mental health care delivery, the treatment system they created and the organization they founded aligned with that era's racist social/political policies. In this system, Black patients received psychiatric care separately from white patients. A former ESH superintendent also implicated that payment for psychiatric care was accepted in the form of enslaved people at least during the facility's founding. Additionally, prevailing Black stereotypes in psychiatry included fallacies that patients were hostile, unmotivated for treatment, had primitive character structure (i.e. not psychologically minded), and were child-like. These misconceptions were perpetuated by a now-debunked diagnosis, Drapetomania, centered around the idea that Black Americans who did not want to be slaves were mentally ill.**³ During that time, the APA chose to remain silent on these issues.

At critical points in the United States' sociopolitical evolution throughout the 19th and 20th centuries, the APA failed to act in Black Americans' best interest. This inactivity was notably evident while white supremacists lynched Black people during the Reconstruction Era as well as when Jim Crow segregation was in effect which

led to "Separate but Equal" standards of care starting in 1896.⁴ Later, our APA failed to declare support for Brown v. Board of Education of Topeka in 1954, along with further major civil rights legislation designed to improve social/psychological conditions for Black people. . .

Psychiatric misdiagnosis among Black, Indigenous and People of Color (BIPOC) populations throughout the decades that followed was also common. For example, late 20th century psychiatrists commonly attributed their minority patients' frustrations to schizophrenia, while categorizing similar behaviors as "neuroticism" in white patients.⁶ . . . This reveals the basis for embedded discrimination within psychiatry that has contributed to reduced quality of care for BIPOC populations and perpetuation of dangerous stereotypes. The everyday use of microaggressions, which are subtle, verbal and non-verbal "put-downs" directed toward BIPOC, further maintains structural racism today.

We are inspired to be on this path together, recognizing more fully the breadth of our responsibility as MFTs. Linda Block, LMFT & Katharina Kienböck, LMFT Racial and Social Justice Committee Co-Chairs

<https://www.psychiatry.org/newsroom/apa-apology-for-its-support-of-structural-racism-in-psychiatry>
<https://www.psychiatry.org/newsroom/historical-addendum-to-apa-apology>
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Linda Block



Katharina Kienböck

Editor's Note: This article was submitted for publication two months ago, but due to lack of room, could not be printed then. It should have been printed in the January issue. My bad. Gail

WHAT YOU MISSED

by Michael Krikorian

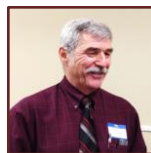
On January 7th we had a very heart-felt and informative presentation on "Al-Anon Family Groups" that included information on Al-Anon and Alateen and how those self-help groups can support and be an adjunct to psychotherapy. A panel of members of those groups took turns educating us on the history of Al-Anon groups, how they operate and what members get out of them.

Christine explained how Al-Anon was founded in 1951 by the wife of one of the founders of AA. She realized that "when an alcoholic drinks, the alcohol splashes everywhere." In other words, the loved ones get very caught up in the up and down life of the alcoholic and develop a whole set of their own stresses and problems as a result. The founders of Al-Anon found that when they came to meetings of others experiencing these same struggles and listened, shared, read the literature and met with a Sponsor to work the 12 Steps of Al-Anon, they usually found great relief from the isolation and hopelessness that they had been feeling. Members cite the warmth and welcoming they found at the meetings as well as the anonymity and lack of judgement that helped them feel safe there. No one is required to share at a meeting and the only requirement for membership is that you have been affected by someone else's drinking or drug use.

Alateen is an offshoot of Al-Anon that is specifically for teens age 13 to 19 years old. An adult Sponsor from Al-Anon guides the meetings and keeps them safe for the teens. In the group, the teens learn that alcoholism is a disease, that "you didn't cause it, you can't control it and you can't cure it." They learn about what is unacceptable behavior and that it is OK to set boundaries. They learn that you can love someone and not be OK with their behavior. Currently there are 2 in-person and 1 Zoom Alateen meetings in Sonoma County.

A very moving part of today's presentation was when several members shared their own personal experiences of going to Al-Anon or Alateen because they were dealing with a loved one with addiction problems.

Bob told his story of raising a son with addiction as well as mental health issues. He told of finding immediate relief from the isolation and hopelessness he had felt for



a long time when he arrived at Al-Anon. He stated that "I've had to learn to not go along with abusive behavior or my compulsive need to fix him."

Haley told of attending Alateen because of growing up with both parents having addiction problems including a mom "who wasn't present" and a dad who got sent to prison. Her grades started to drop in high school and a school counselor suggested she go to Alateen. There "I met people going through exactly what I was going through - I found out I wasn't alone." Gradually she learned "to put some distance...to express my support and love and not be judgmental." Proudly, she stated "now I'm in my 3rd year of college and engaged to be married."

Susan told of living with a spouse who struggled with alcoholism for many years. "I cajoled, begged, threatened and coerced...I wrapped my arms around her and she wrapped her arms around the vodka bottle. I felt shame and embarrassment about not being able to fix her problem." Susan went to Al-Anon and found that "they didn't run away from me...they let me know they had been there...they just told me to keep coming back. I learned how to set healthy boundaries...how to detach with love - that did not mean I didn't care, it meant I cared enough for her to not interfere in her life."

Another member, Cindy, stated that she had both a father and a daughter who had developed alcoholism. "I'm powerless over the alcoholic and the alcoholism but I am never helpless. What matters is how I respond." She stated that "my daughter was desperate but I did not have to be desperate in my response." Cindy said "there is always hope...my father went into treatment and got sober at 80 years old!"

Thank you so much to these courageous presenters who so generously shared with us their personal stories of their lives and experiences in Al-Anon. To find Al-Anon and Alateen meetings in Sonoma County go to <https://sonapal-anon.org>

Michael Krikorian, MFT has been practicing for over 40 years in Sonoma County providing individual and couples therapy. For more information, go to www.krikorianmft.com



Tara D'Orazio, LMFT

For CAMFT President-Elect

Vision

- Increased visibility and respect for the unique expertise of the MFT license
- Expanded accessibility and diversity in our thriving mental health organization
- Respected and successful Associate MFTs
- Elevated MFT stature as experts in post-disaster mental health treatment

Qualifications

- Participated in a board vision that raised over \$1 million dollars for 2017 NorCal Fires mental health recovery efforts
- Real world experience helping communities recover from large-scale disasters
- 6 years of chapter governance, mentored by a former CAMFT President and Board Members
- Trauma-informed individual and family crisis responder since 2009

She has our vote!

"I believe Tara is a uniquely gifted woman who has been proofed by a particularly challenging ordeal, and that she will be a tremendous asset to the CAMFT board."

Doreen Van Leeuwen, 2013 President IE-CAMFT

"She has developed a deep understanding of the intricacies of disaster mental health as it impacts large communities."

Dr. Laura Strom, PsyD 2015-16 CAMFT President

"Her dedication, compassion, and skill set is what CAMFT needs."

Dr. Talal Alsaleem, PsyD, 2018 President SVC-CAMFT

"There is no one who I trust more than Tara to advocate for me and for all California therapists."

Chris Miner, AMFT Santa Barbara CAMFT



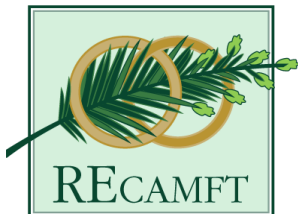
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