



# THE PROFESSIONAL EXCHANGE IE-CAMFT

IE-CAMFT Newsletter  
April 2010

*California Association of Marriage & Family Therapists—Inland Empire*

## Monthly Meeting: April 23, 2010

Coffee and Networking: 8:00 am  
Program: 8:30 – 10:30 am  
Board Meeting: 10:30 am

**New Location!**  
Argosy University  
636 E. Brier Dr. Ste. 235  
San Bernardino, Ca. 92408  
(909) 915-3800

### Rethinking Trauma

by Dr. Gary Bell

Dr. Bell is a Certified Crisis Counselor and Instructor, Level 2 EMDR Specialist, CAMFT Certified Supervisor and has worked over 500 fatal critical incidents and suicidal situations. He supervises a clinic in Corona called Community Access Network, teaches throughout California and abroad. He practices Marriage and Family Therapy at offices in Corona, Temecula, San Bernardino and Moreno Valley.

This presentation focuses on symptoms (recognition), neurological reactions, and real applicable treatment to acute anxiety (trauma) and how it leads to Post Traumatic Stress Disorder. Generalized anxiety and panic attacks will also be discussed in regards to efficient and effective treatment. An overview of recent development in neurological research will be offered to blend with the treatment strategies. In addition, some information will be shared regarding dual diagnosis (personality disorders, alcohol and drugs). Suicide is a conjoint issue in some cases and a deep dive into the handling of crisis and suicide will be covered from an individual and group perspective. In addition to major treatment strategies that are currently used to treat trauma, a new subjective view on more effective and efficient treatment options will be offered.

Objectives:

- Provide an overview of recent development in neurological research
- Identify key elements in identification and assessment of trauma
- Survey major treatment strategies, including EMDR
- Present likely future areas of need for which MFTs might pursue special training

2 CEU Hours (free for IE-CAMFT members; \$10 for non-members)

### Save the date!

**May 28, 2010:** The Graduate Course You Never Had by Larry Waldman, Ph.D.  
**June 25, 2010:** Special All Day Training in Dialectical Behavior Therapy  
**July 23, 2010:** Board Retreat

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#### QUOTABLE QUOTE

Can you guess who said this?

"Everybody needs beauty as well as bread, places to play in and pray in, where nature may heal and give strength to body and soul".

Answer in next month's newsletter.

Answer for March's Quotable Quote:

Bella Abzug, the first Jewish Congresswoman.

**IE-CAMFT  
BOARD OF DIRECTORS**

President: Ruth Dusenberry  
951.961.4792

Past President: James Billings  
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Bouldin

**PRESIDENT'S MESSAGE**

President's Message April 2010

I'm not sure if I'm saying goodbye or hello! April is the time we elect the 2010-2011 IE-CAMFT Chapter Board, but this year we do not have anyone new to fill the position of Chapter President. I have agreed to stay as President for another year or until a replacement is found. Please consider volunteering for a board or committee position.

Our March meeting was held in our new location at Argosy University in San Bernardino. The staff was very accommodating, and we are fortunate to have access to such a wonderful facility. The room was packed to hear Carol Tanenbaum, PhD, who provided information about The Soldiers Project and inspired us to think about the long term effects of military service.

Be sure to mark your calendars for our April 23, 2010 meeting when our speaker, Dr. Gary Bell, will focus on understanding and treating trauma. This looks to be a great extension to what we learned at the March meeting. We will also hold Board elections at this meeting so don't miss it.

Sincerely,

Ruth Dusenberry, LMFT

IE-CAMFT Chapter President

**NEW MEETING LOCATION for IE-CAMFT**

We are now meeting at Argosy University – Inland Empire Campus. The location is at the corner of Brier Dr. and Carnegie St. For those attendees going East on I-10, you may exit Waterman North; go right on Hospitality Lane; then left on Carnegie. For those going West on I-10 (you Redlandites!); exit on Tippecanoe to the north; then left on Brier Dr. Argosy occupies a large office building. Our meeting will be in a large classroom with projector, etc. We use the 636 E. Brier Dr. address because our meeting location is on the Brier side of the building.

**Welcome New and Renewing Members!**

Mary Sullivan-Tansey  
Nacera Bendelhoun  
Philip Laney  
Katherine Wisemer  
Claudia Beeler-Smith  
Norma Oshita  
Tomoko Misawa

Teresa Arciero  
Catherine Ferrari  
Zanetta van Putten  
Judith Jacobsen  
Lolita Domingue Walker  
Jacquelyn Hernandez



## **RETHINKING TRAUMA** by Gary E. Bell, Ed.D., LMFT

I have treated thousands of clients who experienced various stages of trauma, anxiety, and post-traumatic stress (among other issues). This experience has taught me a very important lesson: very few of the major theories, if practiced in their purest form, are effective with time-limited, insurance-paying clients. As a matter of fact, almost all current theory taught in Master's programs was developed before an international economy, multi-cultural society, common divorce, the Internet, or the extreme limits placed on treatment by the insurance industry. We are all experiential learners borrowing from Cognitive Behavioral, Cognitive, Structural, Rational Emotive Behavioral, Behavior Modification, Object Relations, Gestalt, Psychoanalysis, etc...As a CAMFT Certified Supervisor, I see so many people in our field confused and lost as to what theories match the needs and personalities of our clients.

In regards to trauma, here are some of the facts as I know them: 1) trauma lives in the limbic system of the brain; 2) neurology is as important as psychology in the treatment of Acute Anxiety (prelude to PTSD); 3) Eye Movement Desensitization Reprocessing (EMDR) does not work with control freaks; 4) dual-diagnosis or continuously re-traumatized clients (combat soldiers) have a long delay before dissociation begins to dissolve and become PTSD (Acute Anxiety is simply bypassed); 5) people who can't move through Acute Anxiety usually have more issues than the trauma they experienced; and 6) debriefings with all parties experiencing trauma as a group is critical immediately following the event.

In truth, intuition and reading meta-communication (non-verbal cues) can be a therapist's most effective tools. The insight therapists perceive provides a way to talk to the problem empathetically and make discoveries. An example is my noticing a client experiencing an uncomfortable locomotion in his motor movement when we discuss conflict. I communicate the observation and ask questions around how he deals with conflict. My intuition tells me to dig deeper because of his tone while discussing this, and I find that he has been a victim of long-term physical abuse, about which he has never spoken.

As most of us therapists know, Post Traumatic Stress Disorder from childhood involves discovering the role that old trauma plays in the client's current life, thematically and reactively. An epiphany I have had is that treatment can go towards the future and present instead of the past. It is an option in treatment but not always the right way. Some clients may rethink his or her current life goals and personal philosophy so progressively that the trauma can't be drawn from them. It requires action that may not feel good, but is good for the client. However, a client's resistance to processing the past can be a kind of commitment to not re-experience the pain, fueled by anger towards the power traumatic experiences have had over her or him. Therapy teaches the client that self-love is learning how to say "No" to things that hurt you and this may be an attempt to set healthy boundaries.

The client may begin a new journey that their family never experienced, which does not give him or her much past content to draw from and doesn't fit the new life schema. They become original thinkers and grab from more adaptive knowledge and new experiences. A simple example is a child growing up in a wealthy home void of empathy discovers a purpose in serving the poor relationally and providing opportunities to them. These relational experiences give the person a new confidence and philosophy towards people and the walls around intimacy and trust begin to slowly dissolve. I have seen this become a freedom from the past trauma and happily cathartic. This is not a traditional approach. It is simply a subjective approach which may or may not work for all. It truly depends on how well a client takes to Cognitive Therapy and behavioral directives. Peeling back the past and all the memories that attach to trauma has an absolutely imperative role in the treatment of trauma for many clients.

EMDR, Systematic Desensitization, Psychoanalysis, Gestalt, and many other approaches have much to offer, but we may not reach the treatment goals fully without combining neuroscience with psychology. Neurological integration trauma programs the brain to be on hyper-alert to prevent similar trauma, which results in crippling symptoms that affect learning, sleep, performance, social awareness, and self-esteem. A lack of control draws a person into fight-or-flight continuously, producing adrenaline which inhibits the neurotransmission of the brain, increasing impulsivity and irritability, and which stays in soft organs for weeks, damaging sleep patterns and influencing the use of coping mechanisms like drinking, smoking, drugs, and overeating. Comfort-seeking, isolation, and self-soothing to avoid conflict become the mode. A person might go to the grocery store for a gallon of milk and walk out with \$150 worth of groceries. Stress may also cause a person to clench her or his teeth, making breathing difficult and causing lowered amounts of oxygen to the brain, affecting its performance. Psycho-education on neurology and the brain offers many answers to the "why" questions clients have about the effects of trauma, allowing them to begin to take charge of their behavior and develop a healthier, more peaceful lifestyle. I will speak more of this on April 23<sup>rd</sup> at Argosy University in San Bernardino for the Inland Empire Chapter of CAMFT.

*The foregoing thoughts were prepared by Gary E. Bell, Ed.D., LMFT. He has over ten years experience working with more than 500 critical incidents. He has also taught police, fire, government agencies, and others on behalf of the Counseling Team International.*

***Board and Committee Nominations Are Open!***  
***Elections to be Held April 23, 2010!***

Elections will be held on April 23, 2010. The following nominations are submitted for election on April 23rd to be effective immediately. Nominations will also be accepted from the floor at the regular meeting. Please notify Ruth Dusenberry or any board member if you have a nomination or are willing to serve.

**2010-2011 Officers:**

President	Open
Past President	Ruth Dusenberry, LMFT
President-Elect	Don Miller, LMFT
Financial Officer	Ben Zinke, MS
Membership	Iris Cruz, LMFT
Membership	Pam Hart, LMFT
Secretary	Lena Bradley, LMFT
Board-Member-At-Large	Carolyn Dodd, LMFT
Board-Member-At-Large	Wendy Hallum, LMFT
Board-Member-At-Large	Carol Bouldin, LMFT

**2010-2011 Committee Chairs**

Program Chair	Garry Raley, LMFT
CEU Coordinator	Carolyn Dodd, LMFT
Social Networking	Open
Speakers Bureau	Catherine Wheeler, LMFT John Elder, LMFT
Trauma Response Network	Open
Newsletter Editor	Carol Bouldin, LMFT
Webmaster	Open

*From the Editor:*

***Happy Easter/Costre and Blessed Earth Day!***

SUBMISSIONS FOR ARTICLES, LETTERS TO THE EDITOR ARE VERY WELCOME!!

Email submissions to IE CAMFT Editor at: [therapist@carolabouldinmft.com](mailto:therapist@carolabouldinmft.com)

*Member Editorials and Articles represent the opinions and ideas of the author and do not represent IE-CAMFT or CAMFT. Submissions will be corrected for grammatical errors and may be edited for space utilization and readability.*

## ***Membership Information — Dues Renew in April***

Membership to the Inland Empire Chapter of CAMFT requires a membership in CAMFT —there are multiple benefits to belonging to both. For more information on membership benefits or how to join, see page 12, or contact Iris Cruz, Pam Hart or any board member for assistance. Phone numbers are on the second page of the newsletter. Dues are due by April. Please renew to continue your newsletter.

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### **The Soldiers Project**

Did you miss the March meeting?

Our first meeting at Argosy University was well-attended and Carol Tannenbaum, PhD. led a diverse discussion. She described the experience of a soldier being trained to kill on behalf of our country, and then returning home finding that often the only job s/he can get is at a fast food outlet because s/he has few other skills or training. In addition, the soldier must adjust to low pay and resulting money problems, a younger boss, and a spouse/children that he or she does not know.

Major points included:

Soldiers, and their families, experience a range of challenges. The therapist works to normalize the loneliness upon returning home but must be aware that trauma may need treatment along a broad continuum of symptoms ... not just PTSD.

Coming home means the soldier must adjust to a world that is different from training and experience where her/his “button is always on”. He or she has survived by escalating force, being hyperaware of the environment, and by making attachments that may be life-or-death, resulting in a splitting or shifting of reality. Upon return these adaptations are inappropriate or counterproductive.

Common difficulties include problems with authority, anger, resentment, dissonance, disequilibrium, and feeling the “real world” is back in the combat zone.

Trauma is the normal reaction to abnormal events. It narrows a soldier’s vision and results in stress because s/he doesn’t understand what is happening and cannot find words to express her/his thoughts and emotions. The experience is dehumanizing. Most describe their real experience in Iraq or Afghanistan as different from media reports and movies.

A major consideration for our current military men and women is traumatic brain injury (TBI). Many soldiers have levels of undetected injuries that impair language and comprehension, leading to problems in social skills and communication. This may lead to misdiagnosis and mis-prescription of medication(s), leaving the underlying problem(s) unidentified.

**If you would like to help, you need to attend three brief, free trainings. The Veterans Administration is reported to be providing more services than in the past, but cannot keep up with the numbers and long-term workload our extended military actions generate. Contact THE SOLDIERS PROJECT at (877) 761-7438 or [www.thesoldiersproject.org](http://www.thesoldiersproject.org).**

**SOCIAL NETWORKING COMING TO CAMFT:** CAMFT is currently testing a social networking tool exclusively for members. The tool, called CAMFT Community, will allow CAMFT members to connect and communicate with other members in new, more efficient and more personalized ways. If you are interested in participating in a beta test and exploring CAMFT Community now, please send an e-mail to [community@camft.org](mailto:community@camft.org) and we’ll add you to a future test group. There will be a demonstration booth at the CAMFT Annual Conference hosted by representatives of GoLightly, the technology provider of the CAMFT Community platform. CAMFT is hoping to open up CAMFT Community to all members this summer.

## HOW CAN PSYCHODRAMA HELP A FAMILY THERAPIST?

By Don Miller, LMFT

Though a therapist can utilize psychodrama as a tool in his or her own personal growth, this article will focus on using it professionally with families.

For ease of presentation, please indulge my introducing technical language in bold letters, not for emphasis, but to alert you to our specific usage. For example, I speak of the **protagonist** as the one whose story is unfolding, and of the **director** as the one who facilitates the protagonist's self-presentation. In this respect, directors are more like family therapists than are psychoanalysts and Rogerians, who are not as nondirective as they imagine. Psychodrama is a rich method including both strategy and tactics. The ambitious former topic must wait for a later occasion, but for the moment consider it congruent with Murray Bowen's approach. Here I focus on basic technique, starting with **doubling**. Every therapist doubles within himself as his client speaks. We call it "empathy". Psychodramatists go a step further:

- 1) We do it out loud, speaking of feelings we sense, as if we were the protagonist.
  - 2) The protagonist (client) is free to respond to doubling in two ways:
    - a) by picking up on it, and saying aloud all the stronger what s/he may have been softpeddling (he/she may be constrained by socially-conditioned habits).
- Or:
- b) the protagonist may correct what we've misunderstood.

Perhaps we're premature, or too eager with interpretation. We don't argue; immediately the double shows she accepts 'correction' through dutifully repeating the protagonist's perception. Are we not all final authorities on what we feel, so that, for the moment, it's beyond discussion? You'll note how doubling instantly facilitates the flow of client output.

If you're the only one there who knows the technique, you are the model double, wearing two hats. But be of good cheer, others catch on right away even during the first session, and then you'll delegate. This takes some of the heat off the therapist, and dilutes the transference. If you're psychoanalytic, you may not want to do that, but clients are ever grateful, and therapists find the misperceptions of transference much easier to handle when the evidence is spread around. The big plus is that your client feels supported. Now when an interpretation is called for, he's more likely to hear you. Besides, family therapy is an interpersonal situation, and doubling has the merit of bringing the inner self out of the closet into the full, shared daylight.

Be careful to police one boundary: We declare "No one hears the double but the protagonist. What the double says is not fair game for anyone else," neither family nor therapist, only what the protagonist validates--or contradicts. You may be surprised to read that the disclaimer applies to the therapist too, if there's no one else to double, though usually someone else is doubling. Inner doubling is already going on in everyone else's mind that is paying attention. To avoid confusion, we permit only one person to double at a time. If anyone is sure she or he can do better, with therapist and client permission, the director may excuse the first double and let another try her hand. The director may also bring the other double back! We may ask anyone present in the room to take an **auxiliary** role for an absentee. How can anyone do that? This is hardly a disturbing affront to the protagonist, who benefits from role reversal, nor to any other who realizes the presentation is from the protagonist's point-of-view.

We set two chairs facing each other, as we do in ordinary discussion. When we have two people each person represents herself. This is an encounter, which is what normally happens in family therapy. Let's take that situation a little further, where the protagonist is in one chair, while the chair opposite is empty. The protagonist imagines a significant person in the other chair. Let's call the protagonist "Tom" and the significant other "Ann." Before Tom can 'helpfully' describe Ann, I say, "Reverse roles", that is, "Move from the chair where you are 'yourself' to the chair over there and be the (absent) person Ann. I'll speak to you as if you were Ann. You respond to me just as Ann would". In family therapy everyone knows the absent one Ann, and has quite another view. It's Tom's view we want at this time, not anyone else's. In a few minutes the director interrupts, pointing to the empty chair, saying "We've got to represent the person who deserted the chair over here. Who could you trust to do that for you?"

**Continued next page.**

## HOW CAN PSYCHODRAMA HELP A FAMILY THERAPIST? (con't)

Now if Tom had a good double, we can slip the same double into the empty chair without further ado. The 'protagonist-as-the-significant-other Ann' speaks to the 'auxiliary-as-himself playing Tom' over there in his own chair. When they "role reverse" back, the two persons trade places. The result is that the protagonist is himself again in his own chair, and the absent other sits there before him. This deepens the emotional level and facilitates a climate where therapeutic action happens. The family therapist should attend a few psychodrama sessions to discover the ease with which this may be done.

Here is an example of practical use: One person is relating with another unrealistically. We discover that the other has become like, let us say, the parent he lost (and for whom he failed to grieve). He wasn't there when father died and he must say 'goodbye.' We set up the hospital room scene with minimal props. The properly prepared 'auxiliary' plays the dying father. This is surplus reality, where the protagonist completes the experience life has denied him, tears and all. Among other variations, one may deal with a child, a phantom, or with God, or even with a shadow side of oneself. You have to see it to believe it. It should happen to you.

## CAMFT LEGISLATIVE REPORT by Mary Riemersma, Executive Director

California's budget and looking at ways to curtail spending continues to be at the forefront of discussions in Sacramento. These struggles have impacted the timing of the introduction of bills and the number of bills that have been introduced in 2010. Most of the 2010 bills were introduced in the last two or three days before the deadline for bill introduction.

Earlier this month you received a report featuring key bills that CAMFT sponsored in 2010. The following report includes some of the many other measures we support, oppose, or are watching to see the outcome.

### **Unpaid Taxes Effect on Licensees ABX8 8 (Committee on Budget)**

This bill, among other provisions, would require the Franchise Tax Board, should an individual licensee fail to pay taxes, to send a notice of suspension of license. The bill provides that the licensee who fails to satisfy the unpaid taxes by a specified date shall automatically have his/her license suspended. CAMFT has joined with a coalition to oppose this bill.

### **Child Custody and Visitation AB 612 (Beall)**

This bill, as introduced, would have prohibited a court from considering a nonscientific theory in making a determination regarding child custody or visitation with a child. It would also have prohibited a court from considering or receiving into evidence a report, assessment, evaluation, or investigation if it included a nonscientific theory. CAMFT's position on the bill was "oppose unless amended." The bill was later amended in a way that we no longer opposed, providing that a child's expression of significant hostility toward a parent may be admitted as possible corroborating evidence that the parent has abused the child. The amendment prohibited a court from concluding that an accusation of child physical or sexual abuse against a parent is false based solely on the child's expression of significant hostility toward the parent. But, this amendment was merely a maneuver to get it out of a committee. As soon as the bill progressed, the offensive language was restored and we are once again opposed. This bill is a two-year bill.

### **Medi-Cal Reimbursement for Same-Day Visits AB 1445 (Chesbro)**

This bill, sponsored by the California Primary Care Association, would provide that a MediCal patient could seek treatment on the same day from more than one health care provider and the providers' services would be reimbursed. CAMFT is in support of this legislation. This bill is a two-year bill.

### **MediCal: Alcohol and Drug Screening and Brief Intervention Services AB 1599 (Beall)**

This bill would establish the MediCal Alcohol and Drug Screening and Brief intervention Services Program, which would be administered in consultation with the State Department of Alcohol and Drug Programs. Its purpose would be to increase the state's ability to make alcohol and drug screening and brief intervention services available to MediCal beneficiaries who are pregnant or of childbearing age. This bill would provide that participating in the program would be voluntary for MediCal beneficiaries. The results of any screening under the program would be confidential. CAMFT is watching this bill at this time.

### **Parity for Mental Health Care Services AB 1600 (Beall)**

This bill would expand mental health care coverage for certain health care service plans and health insurance issued, amended, or renewed on or after January 1, 2011, to include mental disorders defined in the DSM IV. There has been similar legislation in the two prior years that has been vetoed by the Governor. This legislation goes hand in hand with the Federal Parity law and expands on the existing California parity law that only covers severe mental and emotional disorders of adults and children. CAMFT is in support of this legislation.

## **Out of State Insurance Carriers**

### **AB 1904 (Villines)**

This bill would allow an insurance carrier from out of state to offer, sell, or renew a health care service plan or a health insurance policy in California without holding a license in the state of California. This bill, if successful, would be problematic for MFTs seeking reimbursement from such plans. Due to legislation that CAMFT sponsored in the 80s, out of state insurance companies are required by law to reimburse MFTs. Because they are required, if doing business in California, to abide by California law, which means that they must be licensed to do business in California. We are opposed to this bill, but we are told that the bill is not likely to move forward. There is a companion bill in the Senate as well.

## **Clinical Social Worker Examinations**

### **AB 2167 (Nava)**

This bill would, on and after January 1, 2014, require the Board of Behavioral Sciences to issue a license to each applicant who successfully passes the Social Work National Exam. In other words, if this legislation passes, aspiring clinical social workers would no longer take state-developed examinations, and they would instead take the examination that is used throughout the rest of the country. This change would allow LCSW licentiates in California to compete for federal loan reimbursements, which they are not currently eligible for because of the state specific examinations. CAMFT is watching this bill.

## **Retired License for Licensees of the BBS**

### **AB 2191 (Emmerson)**

This bill would permit persons who are licensed by the BBS to acquire a “retired” license if they choose to. Such a person would not be permitted to engage in any activity for which a license is required. The retired license fee would be nominal at only \$40 for the remainder of one’s life. It would be permissible to restore the license to active state, if eligible, by paying the required fees, completing the required mandatory continuing education, and taking the required examinations if more than five years have passed since electing the retired status. If fewer than five years have passed, examinations would not be required. (The bill currently says three years, but the BBS has committed to increase this exception to five years.) CAMFT is watching this legislation. We do have concerns about licensees electing the retired status who may at a later time return to practice. If there is such a possibility of returning to practice, we would encourage the licentiate to elect to have an inactive license during the period of inaction because examinations would not be required upon re-activation.

## **Repeal of Antiquated Law Regarding Research on Homosexuality**

### **AB 2199 (Lowenthal)**

CAMFT has taken a position of support on this legislation that would repeal an antiquated section of law that provided for research regarding the causes and cures of homosexuality.

## **Child Abuse and Neglect Reporting Act**

### **AB 2380 (Lowenthal)**

This bill, among other things, adds further clarification in the Child Abuse and Neglect Reporting Act with regard to the meaning of “reasonable suspicion.” Existing law says that “. . . ‘reasonable suspicion’ means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect.” Added to this definition would be the following: “‘Reasonable suspicion’ does not require certain knowledge that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any ‘reasonable suspicion’ is sufficient. ‘Reasonable suspicion’ may be based on any information considered credible by the reporter, including hearsay.” CAMFT is watching this bill at this time.

## **Continuing Education and other Requirements with regard to Elder and Dependent Adult Abuse and Older Adults**

### **(AB 2435) Lowenthal**

CAMFT’s position on this bill is “oppose unless amended.” The bill appears to be intended to affect the professions of marriage and family therapists, clinical social workers, and psychologists, but at this time appears to be solely directed at marriage and family therapists. If such legislation is warranted, we believe it should be equally applied across all of the mental health disciplines. We further object in that there appears to be no intent to affect physicians or other health care professionals and we are curious as to why not. It is also not applicable to professional clinical counselors who will also be regulated by the effective date of the proposed implementation of this legislation.

The bill proposes that elder and dependent adult abuse be added to the seven hour requirement for continuing education in child abuse assessment and reporting. The manner in which the bill proposes to add the requirement to provide for training in elder and dependent adult abuse is confusing and will result in an inability to enforce what is intended. All persons who are already licensed, as well as many who are pursuing licensure, have already fulfilled the requirement to have had training in child abuse assessment and reporting. Placing the new requirement to get training in elder and dependent adult abuse assessment and reporting within this previously existing requirement for training in child abuse and assessment confounds the situation and professionals will not be able to interpret what it is they are supposed to do, i.e., are they to take a new seven hour training that combines the content for both child abuse and elder abuse, or are they to take a three and one-half hour course in elder and dependent adult abuse, which is half of the total requirement?

While we have expressed that we are not necessarily adverse to a requirement for professionals to be knowledgeable about the reporting of elder and dependent adult abuse, as long as equally applied across the professions, this legislation needs to be clear as to what is expected. At this point, it is not. The bill does not address persons who have already taken such courses, or taught such courses, or who have had the content adequately addressed in the content of other courses. This content is typically covered in law and ethics courses and human development courses that cover the lifespan of individuals and families.

The bill proposes changing the name of one (and only one) of the degrees that may qualify for licensure as a marriage and family therapist. Such a change would place a hardship on schools that may have difficulty rapidly changing the title of their degree programs. Adding the term “older adult” without a definition as to what is meant by such a term is also problematic. We would request that this term be removed from the degree title.

The legislation proposes that the 500 required hours of experience for marriage and family therapists in working with couples, families, and children be expanded to include older adults. Again, “older adults” is not defined. Further, while we do not object to required education in working with persons who are aging, we do not want to see the essence and focus of the profession changed. This profession was known as “marriage, family and child counselors” from 1964 until 1999 and then became “marriage and family therapists.”

Working with couples, families, and children is at the core of the discipline and of course includes working with persons who are aging, as they too are a part of family systems. We therefore have requested that the focus of these hours not be changed. Additionally, if there were to be such a change in the marriage and family therapist requirements, it should be equally imposed upon the other disciplines and provide greater specificity as to what is intended by the term “older adults.” Further, persons pursuing the MFT license are currently required to have had ten contact hours of education in working with the elderly and long term care, and those already licensed prior to the effective date of this requirement were required to gain three contact hours in working with the elderly and long term care.

### **Unpaid Taxes Effect on Licensees SBX8 8 (Committee on Budget)**

This bill like its Assembly companion, among other provisions, would require the Franchise Tax Board, should an individual licensee fails to pay taxes, to send a notice of suspension of license. The bill provides that the licensee who fails to satisfy the unpaid taxes by a specified date shall automatically have his/her license suspended. CAMFT has joined with a coalition to oppose this bill.

### **Health Care Coverage and Benefits SB 316 (Alquist)**

This bill would have required full service health care service plans and health insurers to expend on health care benefits no less than 85 percent of the fees/premiums collected for policies issued, amended, or renewed on or after January 1, 2011. CAMFT is in support of this legislation. This bill is a two-year bill.

### **Regulatory Boards (SB 1111) Negrette McLeod**

This is a lengthy and multi-faceted bill that has numerous objectionable provisions. We are generally opposed to the bill and will be working individually and collectively with the other disciplines to modify the objectionable provisions. The purpose of the bill, generally speaking, is to “clean up” enforcement throughout the many Boards, Bureaus, and Committees under the umbrella of the Department of Consumer Affairs. The Department and Administration, rightfully so, are concerned about the excessive amount of time it takes to investigate and prosecute disciplinary actions. These actions, on average, are taking three years to bring to fruition. Of course, both consumers and licensees have an interest in swift resolution of complaints and disciplinary actions. Further, the state’s budget likely exacerbates the delays as a result of cuts within licensing boards, the California Department of Consumer Affairs Division of Investigations (DofI), and the Attorney General’s (AG) office. This bill is seeking to improve efficiency and accountability specifically within the healing arts boards.

One of the changes being sought would require a person who is disciplined to pay to the licensing board the actual costs for the investigation, prosecution, and enforcement of the case. These costs include, but are not limited to, attorneys, expert consultants, witnesses, administrative filing and service fees, and any other fees associated with the prosecution of the case. Currently the licensee, as determined by the administrative law judge, is ordered to pay the “reasonable” costs of the investigation and enforcement of the case. Changing reasonable to actual provides no incentive to the board, the DofI, or the AG’s office to be judicious in how it handles these matters. If they drag cases on for years and years, engage in actions that violate the law or due process rights, and/or needlessly pursue wild goose chases, the licensee should not be held responsible for such costs. These costs are generally payable 30 days after the effective date of the order and there appears to be no opportunity to challenge the costs as determined.

The bill would give additional authority to the executive officer of the licensing board in many cases. For example, the executive officer would, in some situations, be given the authority to adopt a proposed default decision or adopt a proposed settlement agreement, without such action going to the board. The bill would allow the executive officer of a board, where the licensee has failed to comply with a request to inspect or copy records, to petition the director to issue a temporary order that the licensee cease all practice and activities that require a license. In such case, the executive officer would be required, to the extent practicable, to provide telephonic, electronic mail, message, or facsimile written notice to the licensee of a hearing on such a petition at least 24 hours prior to the hearing.

The bill seems to confuse confidentiality and privilege. The bill seems to say that the provisions of privileged communications (should be confidentiality when speaking of communications between licensees and their clients) shall not apply to investigations or proceedings conducted by a healing arts board. The board and its agents are expected to maintain confidentiality, but they would have the authority to examine records in the licensee’s office in certain circumstances, apparently without authorization. The psychotherapist-patient privilege belongs to the patient and only the patient should be able to waive the privilege—not a licensing board. The bill provides, “Any document relevant to the business operations of a licensee, and not involving medical records attributable to identifiable patients, may be inspected and copied where relevant to an investigation of a licensee.”

The bill provides that a licensee shall cooperate with the licensing board and sets forth severe financial penalties for those who are deemed to be uncooperative. In such a circumstance, it may not be in the licensee’s best interest to cooperate in order to defend oneself. Such an expectation is unreasonable.

### **Requirement for Healing Arts Practitioners to Wear Name Tags (SB 1132) Negrete McLeod**

This is a “spot bill” surrounding legislation that has passed in prior years. Existing law requires healing arts practitioners to wear name tags while working that disclose names and license status in at least 18-point type. This requirement is not applicable to health care practitioners working in a practice or an office where a license is prominently displayed. Existing law further provides that if a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic reasons. CAMFT is watching this legislation that could become more expansive requiring practitioners to wear name tags.

### **Restrictions on Advertising and Designations of Licensees (SB 1150) Negrete McLeod**

At this time this bill is not applicable to MFTs, but we are nevertheless watching the bill very closely to see what it will become. The bill, among other things, would require a number of professionals, when advertising, to list the abbreviations for the licenses held immediately after their names. Among other things, the bill would require psychologists to include the designation “Ph.D.” immediately after their names. Of course, the bill is incorrect with regard to psychologists because the supposed required designation is a degree and not a license. The purpose of this legislation may be directed, to some degree, at the potential misleading use of “Dr.” preceding the name of a professional, since such a representation is limited to use by physicians.

### Call for Resources

Donate counseling to veterans—they receive pro bono services and, in exchange, the veteran chooses from a list of community agencies where they may volunteer their time. See [www.giveanhour.org](http://www.giveanhour.org).

If you have experience treating families with military service (with or without PTSD expertise), call or email State CAMFT.

Mental Health Network Government Services is also recruiting professionals as Marriage and Family Life Consultants —

<http://www.camft.org/mhnservices.htm>.

### COMMITTEE POSITIONS

**Hospitality:** Open

**Networking Lunches/Socials:** Wendy Hallum – (909) 239-8051

**Newsletter Editor:** Carol Bouldin (therapist@carolabouldinmft.com)

**Program Chair:** Garry Raley (951) 640-5899

**Trauma Response Network Chapter Coordinator:** Carolyn Dodd (951-212-5003)

**Webmaster:** Garry Raley (951) 640-5899

If you are interested in serving on a committee, please contact Ruth or any board member.

**Get involved! It's fun and your input helps the chapter stay strong.**

**IE-CAMFT Mission Statement: We are professional visionaries dedicated to providing training, networking, and advocacy for Marriage and Family Therapists to promote healthy individual, couple and family relationships.**

**Iris B. Cruz, M.S., LMFT**

10 East Vine St., Suite 209, Redlands CA 92373

909/748-7771 [thecenterforhealthyrelationships.com](http://thecenterforhealthyrelationships.com)

- \* Counseling in Spanish
- \* Low Cost Counseling for Trainees/Interns
- \* Evening & Saturday Appointments Available
- \* Work with Individuals, Children, Families
- \* Pre-Marital and Couple Counseling Available

### NEWSLETTER POLICY

As a reminder, if you have an article you would like to submit to the newsletter, please e-mail it to the newsletter editor by the 21st day of the previous month. The newsletter is e-mailed to all members.

### DISPLAY ADS RATES

BUSINESS CARD SIZE:

MEMBERS: \$10, NON-MEMBERS: \$20

¼ PAGE: MEMBERS: \$20, NON-MEMBERS: \$40

CLASSIFIED AD RATES: Members: free

CLASSIFIED AD RATES: NONMEMBERS:

ONE MONTH: \$20

3 MONTHS: 10% OFF \$54

6 MONTHS: 25% OFF \$90

12 MONTHS: 40% OFF \$144

**Notice Regarding Ads:** Free Member ads will run continuously for three consecutive newsletters unless rescinded earlier. They will automatically be discontinued unless a renewal request is received.

### Redlands Psychodrama Classes

Wednesdays at 7:30 p.m. in the WESLEY LOUNGE. As you enter the church complex at the University United Methodist Church, 940 E. Colton Ave., Redlands at the corner of Division and Colton, it is the first building on your left. Free to attendees. Guests welcome. CEU and psychodrama credits available .

For information, contact Don Miller at (909) 798-2765, or at [4donellmiller@gmail.com](mailto:4donellmiller@gmail.com)

## CLASSIFIED ADS

**Office Space available in Crestline Mt. Area** – medium-size office with large waiting room (can be used for groups) @ Lake Gregory Professional Complex, \$250/month. Call Ginger @ 909/338-6968.

**Behavioral Medical Group** seeking two licensed MFTs for collaborative treatment approach with child-adult psychiatrists, 20-plus hour commitment, child experience helpful, Loma Linda area. FAX CV to 909 335-9634.

**Apple Valley** - part time or full time clinical position in a high desert private practice. Must be licensed a minimum of 2 years and be credentialed with at least one insurance company. Fax resume to 760-946-1215.

### **Office Space Available — Desert Area**

Beautifully decorated, sound-proofed office with window in a professional building occupied by other therapists and psychiatrists. The office has a call-light and privacy exit. Possibility of group room use. Call Janet Rhodes 760-946-2070.

### **Class Now Forming - Trauma and Dissociation Therapy Training**

Effectively and efficiently treat acute and chronic trauma and dissociation. 40 CEU training for MFTs and LCSWs; CEU provider #PCE2329 Contact Patrick Poor, MFT, 951-276-0616, today for more information.

### **New Practice and Groups — Upland**

New private practice accepting referrals, no waiting list. Specializing in therapy for children and adolescents. Sliding scale available, rates offered for low income. Kathryn Vannauker, Licensed Marriage and Family Therapist. (909) 635-8077, 1538Howard Access Rd, Ste. C, Upland, CA, 91786, [acceptance@live.com](mailto:acceptance@live.com), [www.ranchocucamongatherapy.com](http://www.ranchocucamongatherapy.com)  
Therapy Groups available at a low cost: Adult Coping Skills and Stress Relief; Teen Self-Improvement, ages 12– 18; Children's Behavior and Anger Management, ages 5 - 12; Children's Self-Esteem and Social Skills Building, ages 5 – 12; Children with Family Issues Therapy ages 5-12.

### **Office Space Available — Upland**

I am a licensed MFT with office space to rent. I have a large, nicely furnished office (about 300 square feet) in North Upland (just off the 210, near the intersection of Baseline and Benson) with hardwood floors and a view of the mountain. I only use this office a few times a week and would like to find a therapist / social worker / psychologist to share the office with. Unlimited Internet usage, full use of the conference room (a good size for groups up to 10 people) and kitchen and utilities are included in the monthly rent. There is a large, private waiting room just outside the office. The office is close to the 10, 210 and 15 freeways. I am flexible regarding which days the other therapist wants to use the office. Hourly rent would be \$20 (negotiable). Full and part-time rental fees are reasonable and negotiable. In addition, the building has other offices available for rent full time. There is also space available for an agency or suite of offices. Economic times are tough at present, and these office space rental fees are extremely competitive. Perhaps you could save on your current expenses by changing office locations. If you, or a professional that you know, are interested in renting office space, please contact Kathryn at (909) 635 8077.

**Office for rent—Banning:** warm, friendly setting, Christian therapist preferred. Call Janetta @ 951/922-0442.

**Office Space for rent - Victorville/Hesperia.** Fully furnished window office, with copy and fax machine, play therapy games, parking, and a waiting room. Fully disabled/wheelchair accessible. Available on weekdays, evenings, and/or weekends. Pay by the day or evening. Cross streets Bear Valley Road and Heperia Road. Call Pam Hart (760) 900-3852.

**Accepting New Clients-Redlands:** The Center for Healthy Relationships is currently accepting new clients. Providing quality counseling for children, adolescents, and adults. Ruth Dusenberry, LMFT, 909-748-7771. Evening and weekend appointments available. [www.thecenterforhealthyrelationships.com](http://www.thecenterforhealthyrelationships.com)

**Donation Request:** My name is Betty Odak and I am starting a transitional housing program for teenagers who have been abused and neglected called Cross-Cultural Adoption and Foster Parent's Inc. Your contribution of \$5.00 or more will go a long way and would be very appreciated. Thanks in advance for your support. You can contact me at: 562-522-8008 or my website: Every child needs protection: <http://www.ccaafp.org>

## Inland Empire CAMFT MEMBERSHIP APPLICATION

Name and Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Business Name \_\_\_\_\_ Business Telephone Number ( ) \_\_\_\_\_

### MEMBERSHIP CATEGORIES (CHECK ONE)

\_\_\_\_\_ Clinical (Licensed).....\$40

\_\_\_\_\_ Prelicensed (Trainee, Intern, Social Worker Associate.....\$25

\_\_\_\_\_ Associate (Licensed in a related mental health field).....\$40

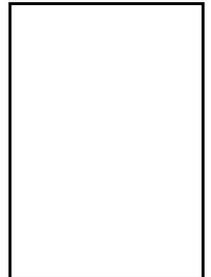
\_\_\_\_\_ Affiliate Practitioner in another field (e.g., RN, Attorney).....\$40

CAMFT Member # \_\_\_\_\_

Must be a member of CAMFT to join the local chapter (unless Affiliate member). **Dues are paid annually in April.**

**MAKE CHECKS PAYABLE TO IEC-CAMFT**

Inland Empire Chapter of CAMFT  
(California Assoc. of Marriage & Family Therapists)  
9708 SVL Box  
Victorville, CA 92392



ADDRESS CORRECTION REQUESTED