



THE PROFESSIONAL EXCHANGE IE-CAMFT

IE-CAMFT Newsletter
August 2010

California Association of Marriage & Family Therapists—Inland Empire

Monthly Meeting: August 27, 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

Mitigating High Conflict Divorce

by Brook Olsen

Certified Parenting Educator with the International Network for Children and Families,
a Certified Divorce Mediator, and Life Coach

Working with clients in a high conflict divorce or custody case can be extremely tricky and many of the traditional ways of working with this population are not effective and in fact can make things worse.

Brook helps develop high conflict parenting programs for the San Diego Family Courts and has trained instructors for the High Conflict Diversion Program in California, Florida, and Puerto Rico. One of the goals is to educate therapists and attorneys in high conflict divorce and custody disputes. The program takes a fresh look at the problem of high conflict divorce. After looking at the current research regarding the subject, the program has developed a new perspective to deal with the unique problems encountered when working with this population.

Brook's training includes six years of study with Dr. Michael Mamas in the field of transpersonal counseling, trauma counseling, and meditation. See page 5 for more details.

OBJECTIVES

Understanding high conflict dissolutions and effects on children

Psycho-Educational intervention strategies with families

Special considerations to incorporate when working with Family Court cases

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QUOTABLE QUOTE

Who said this?

“By far the best proof is experience”

Answer for June's Quotable Quote: .

Demosthenes

Save the date!

September 24, 2010: Mixed Orientation Marriage: Assessment and Interventions

by Barbara Hernandez, PhD and Naomi Schwenke, PhD Student, Family Studies

IE-CAMFT BOARD OF DIRECTORS

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PRESIDENT'S MESSAGE

President's Message August 2010

What a great board retreat we had this year, once again meeting at Marie Callender's in Redlands where they took wonderful care of us. Best of all were the new faces in attendance. I want to thank Betty, Doreen, Judy, and Randy for attending and volunteering to help with various projects this year. Thanks also to all the board and committee members who attended; it takes a team to have a great chapter and we have a great team.

Some of the items we discussed at the meeting included our annual Law and Ethics workshop in February 2011, not requiring a pre-set length for the newsletter, improving membership tracking, member follow-up, and upcoming program topics.

This looks to be a great year with many new helping hands and bright minds to move us forward. I look forward to seeing everyone at our August 27th meeting.

Warmly,

Ruth Dusenberry, LMFT

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.

From the Editor:

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

Email submissions to IE CAMFT Editor at:

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.

Welcome New and Renewing Members!

Doreen VanLeeuwen
Susan Little
Sonya White
Michael Adamo
Ramah Fitzgerald
Victoria Marie Pappas





The Central Valley Chapter of the California Association for Play Therapy

Presents

The Use of Play Therapy in Treating ADHD

With Distinguished Presenter

Lisa Galeazzi, MA in Clinical Psychology, MFT

Date: Friday, August 20, 2010

Time: 8:30 am - 4:30 pm

Location: Sierra Vista Child and Family Services

1400 K Street, Suite A

Modesto, CA 95350

Workshop description:

This workshop will offer a clear framework for utilizing Play Therapy from a Client Centered approach to treat children with ADHD. Members will learn how to clarify a child's level of functioning as a means of choosing helpful interventions and minimizing the risk of limiting their effectiveness. The interventions discussed will focus on strengthening skills, building self awareness, and increasing self motivation. People attending the workshop will have the opportunity to try the interventions discussed and to develop treatment plans using play therapy.

Lisa is a Licensed Marriage and Family Therapist at Sierra Vista Child and Family Services' ADHD Clinic. She is also a co-founder of the Integrative Wellness Center where she specializes in a Holistic approach for Mood Disorders, Childhood Disorders, Relationship Problems, and LGBT issues. She created and facilitated the Alternative Healthcare Providers Network in 2009 and is currently a Board Member for Valley Sierra CAMFT.

Please register online at www.acteva.com/go/playtraining Be sure to enter event code: CV2010

What Do You Want From IE-CAMFT?

At the annual board meeting on July 23rd we noted that our membership is always in transition. The following link is to a survey to help your board proceed in accordance with our mission. Please take a few minutes to respond using the following link: <http://www.surveymonkey.com/s/QHRTJRC>

MITIGATING HIGH CONFLICT DIVORCE

End the Cycle of Conflict - Focus On the Children

By Brook Olsen

High levels of parental conflict have consistently been shown to be among the most destructive factors in both intact and divorced families. Currently, we have an epidemic of children caught up in the chaos and turmoil of parental conflict. Studies show that in the United States, on average, 50% of all marriages will fail, and that out of those that fail, 30% will become high conflict divorces. Unfortunately, the conflict doesn't end when the divorce is final, and this leaves the children of these high conflict relationships at risk in many areas of their life: emotionally, physically, educationally and financially.

Children involved in high conflict divorce are trapped between two parents who have lost their perspective on the most important piece of the divorce equation: their children. The children feel stressed out, confused, guilty, and have no sense of safety. They are asked to choose between parents, and are frequently given way too much information to assimilate. It is not the child's role to be involved on any level during the divorce. Children need at least one parent who is able to create an environment that allows them to feel safe and nurtured no matter what is going on in the parent's life. If divorces at risk for high conflict are identified at an early stage, parents can be referred to programs that will teach them how to reduce conflict, increasing the chances for a positive outcome.

Conflict consists of five basic aspects: fear, money, control, revenge and substance abuse or some other form of psychopathology. These five aspects rarely stand alone, and are often intertwined with one another. Before moving towards resolution of the high conflict cycle, the cause of the conflict must be identified. Once we understand what the conflict is about, we can then implement strategies to remove it. Disengagement is the first step. Finding ways to disengage is often one of the hardest – and the most critical - things to do. If marital conflict is carried into the post-separation world, the parent never moves on. Basic rules for disengagement need to be established early. A small sampling of disengagement guidelines consists of:

- Avoid face-to-face exchanges. Reactivity during face-to-face meetings is high, and should be avoided whenever possible. With some effort, face-to-face contact can be almost completely eliminated. Exchanges can be made at school, preschool or at the babysitter, and with the help of third party-drop offs or pick-ups. Parenting plans

can be adjusted to reflect fewer exchanges. These methods can help greatly in the reduction of contact, and thus the opportunity for conflict.

- Avoid verbal contact. Just as in face-to-face contact, reactivity is high in any form of direct, verbal communication. Communicating through non-verbal means is preferred. Contact through email, fax or text messaging serve as good alternatives for communicating with the ex. They allow for communicating only the facts regarding the children, and avoid the opportunity for impulsive exchanges of words.

Many people find that they may need some help with parenting due to new challenges that arise from the divorce. Parenting classes may be of great help at this time. One of the best is Redirecting Children's Behavior. These classes are available throughout the country and the model used has been taught for over thirty years. It is critical that parents take time to educate themselves in parenting skills and the discovery of deeper ways of connecting with the children.

After Disengagement, Parallel Parenting is the next step to removing parents from conflict (*please see sidebar, "Parallel Parenting Involves..."*). This means, for example, that each parent takes care of their house with their own sets of rules and traditions. When the children are with Mom, she may have one set of rules. With Dad, there may be a different set of rules. Children are very capable of dealing with two sets of rules.

People often remain in conflict because they are, in some way, attached to it - either because it has become a habit, or because the fear of life without the distraction of the conflict is scary. That is to say, it's easier to stay with something we know simply because of its familiarity, as opposed to transitioning to something we're unfamiliar with. Giving up the conflict frequently means that the marriage is really over. The phrase, "It takes two to tango" is apt, here. BUT...If one parent simply changes their way of thinking and acting, the conflict almost always ends. There may also be the desire to move on, even if this desire rests with only one parent. Again - all it takes is just one parent to change the cycle of conflict. Once this parent begins to set boundaries, the dynamics of the relationship change, and the conflict begins to cease. A new way of thinking must be engaged for a life free of those issues that caused the divorce in the first place.

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Sidebar

Parallel Parenting Involves:

"Mom's House" and "Dad's House" - Different Rules!

- Children will adapt to each house.
- If there are safety concerns about the other parent's home, children should be educated in these areas – the children will react accordingly.
- Parents need to keep their own house “clean”, as opposed to attempting to influence the other house. This is a vital component of successful parallel parenting. The only place that parents can affect change is in their own home.
- Let the children work out their own relationship with the other parent. It is unlikely that one parent will be able to change the way the other parent acts. Instead, the parent should focus on his or her own relationship with the children.

Create A Safe Haven

- Get a counselor for the children
Divorce is a hard time for children. Their world has been torn apart, and their sense of safety along with it. They need a neutral place to talk about what is going on for them, away from the conflicted parents. Having this opportunity can help them settle and begin to move forward in their lives.

- Review Custody and Visitation Orders

Know exactly what is in the court orders. This alleviates mistakes when asking for something around visitations. Confusion, lack of clarity, and misinterpretation of these orders often initiates high conflict cycles between parents. If the orders are unclear or not understood, obtain clarification from the appropriate legal representative as soon as possible. Forward thinking can save much distress, as well as a lot of time and money in the future.

- Direct attention towards the children

Children need parental attention more than any one thing in their world. They need to know that their parents are front and center when it comes to taking care of them, creating structure and a safe and nurturing environment within which to flourish.

- Establish a new relationship with the children

When divorce occurs, the structure and interaction between family members changes, and new ways of relating need to be created. It is important to establish new ways to listen and be with one's children so they know that their parent is available for them. Equally important is a clear definition of the new family structure - this will also help them cope with changes, settle, and feel safe.

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ABOUT BROOK OLSEN

Brook Olsen founded the High Conflict Diversion Program in 2006 and continues to direct its evolution. Currently Brook is training new teachers throughout the USA to teach the High Conflict Diversion Program™ in their local communities. Brook is a Certified Parenting Educator with the International Network For Children and Families, a Certified Divorce Mediator, and Life Coach. Brook helps develop high conflict parenting programs for the San Diego Family Courts, and helps educate therapists and attorneys in high conflict divorce. Brook's training includes six years of study with Dr. Michael Mamas in the field of transpersonal counseling, trauma counseling and meditation. Brook completed three years of training in trauma resolution through the Foundation for Human Enrichment with Peter Levine and is a certified Somatic Experiencing Practitioner. Brook co-taught the High Conflict Intervention Program for two years for the San Diego County Family Court System. Brook is a licensed Holistic Health Practitioner and Certified Clinical Nutritionist. He is also trained in Interpersonal Communication and High Conflict Resolution.

Brook Olsen has a private practice in Encinitas and San Diego, California. He can be contacted for personal consultation at (760) 402-6082, and brook@highconflict.net.

Antidepressant Use in Pregnant and Breastfeeding Women

Kathleen Kendall-Tackett, Ph.D., IBCLC

There has recently been a lot of discussion in the news about the potential hazards of taking antidepressants while pregnant. Some researchers are concerned that they increase the risk of birth defects. Proponents of antidepressants point out—correctly—that depression during pregnancy is also risky and can lead to premature delivery and other complications.

Health care providers often make treatment decisions by balancing the risks and benefits of a medication. There are several antidepressants that can be used during pregnancy and lactation, but with some risks of side effects. However, the risk of medication use must be weighed against the risk of ongoing, untreated depression for both mother and child, and the risks associated with not breastfeeding. (Alternatives treatments for depression are described in an article entitled, Non-Drug Treatments for Depression in Pregnant and Breastfeeding Women.) Below is a brief summary of research regarding how medication transfers to infants during pregnancy and lactation, and its impact on infants.

Transfer of Medications to the Infant in Pregnant and Breastfeeding Women

Medications mothers take are transferred to their infants differently depending on whether mothers take them while pregnant or while breastfeeding. This is a summary of a much-larger literature on selective serotonin reuptake inhibitors (SSRIs) use in pregnancy and postpartum. But it provides a starting place for understanding what we know about medication use in pregnant and postpartum women.

In Utero Exposure. During pregnancy, medications transfer to babies via the placenta and amniotic fluid. The amount transferred via the placenta is significant and can equal the mother's dose. But medications differ in terms of how much they transfer, and using a medication that transfers in smaller amounts is one strategy for selecting a medication to use during pregnancy. For example, in a study of 38 pregnant women who were taking SSRIs, antidepressant and metabolite concentrations were found in 87% of umbilical cord samples. The mean serum ratios ranged from 0.29 to 0.89. The lowest ratios were for sertraline (Zoloft) and paroxetine (Paxil), and the highest for citalopram (Celexa) and fluoxetine (Prozac) (Hendrick, 2003).

With regards to SSRIs causing birth defects if administered during pregnancy, the Sloane Epidemiology Center Birth Defects Study recently confirmed that the overall risk of having a child affected by SSRI use was only 0.2% (Louik et al., 2007). They did note increased risk of three birth defects with SSRI use in the first trimester: omphalocele and septal defects with sertraline, and the heart defect right ventricular outflow tract obstruction with paroxetine. But only 2% to 5% of infants with these defects were exposed to SSRIs.

In neonates, third-trimester exposure can lead to “discontinuation” syndrome due to SSRI withdrawal. Discontinuation syndrome includes acrocyanosis, tachypnea, temperature instability, irritability, and elevated drug levels (Oberlander et al., 2004). Fortunately, these symptoms are generally mild and self-limiting, and can be managed with supportive care. Severe symptoms are rare, and no reported neonatal deaths have occurred that are attributable to in utero SSRI exposure. Discontinuation syndrome can be distressing to both mothers and babies, but the symptoms are self-limiting, last for 24 to 48 hours, and do not require further treatment.

Exposure via Breast Milk. Infants can also be exposed to maternal medications via breast milk, but the amount of exposure is substantially less than in utero exposure. Some medications are better than others in terms of amount of exposure the infant receives. A recent meta-analysis of 67 studies of antidepressant levels in breastfeeding infants pooled data from 337 research cases, including 238 infants (Weissman et al., 2004). The researchers had access to data on 15 different antidepressants and their major metabolites. They found that antidepressants were detectable in the breast milk for all the antidepressants they studied. Fluoxetine produced the highest proportion of elevated infant levels and the highest mean infant level (Weissman et al., 2004). Citalopram was also relatively high. Only one infant across studies had an elevated paroxetine level, and that infant had also been exposed prenatally. All other infant paroxetine levels were zero, and this included three infants with prenatal exposure. Maternal dose was highly correlated with infant plasma level for citalopram. The correlation was weak for sertraline. And maternal dose did not predict infant level for fluoxetine, nortriptyline, or paroxetine. Compared with other antidepressants, fluoxetine was more likely to accumulate in breastfeeding infants.



With regard to long-term effects, the authors noted that low or undetectable infant plasma concentrations alone cannot reassure us that the antidepressant will have no effect on the rapidly developing brain, and whether chronic, low-dose exposure poses a risk. However, they noted that the studies with asymptomatic infants are reassuring. Moreover, they noted that although antenatal exposure differs from exposure via breastfeeding, the antenatal data suggests little or no long-term effects on developmental outcomes. They noted that we must factor in whether there was prenatal exposure as that provides a “loading dose” that far exceeds any exposure from breast milk and can thus distort findings regarding exposure via breast milk. (Weissman et al., 2004).

In summary, they noted that breastfeeding infants’ exposure to paroxetine, sertraline and nortriptyline are unlikely to have detectable or elevated plasma drug levels. In contrast, infants exposed to fluoxetine had higher medication levels, especially if they had also been exposed prenatally. Citalopram may lead to elevated levels in some infants, but more data are needed. Although these appear safe for the majority of babies, some adverse effects have been identified through case studies. Therefore, breastfeeding mothers should be advised to watch for any possible signs of adverse reactions including irritability, poor feeding, or uneasy sleep. Premature babies or other with impaired metabolite efficiency should especially be monitored for adverse effects (Weissman et al., 2004).

Summary

Antidepressant medications are not the only option for treating depression. But for individual mothers, they may be the best or most-realistic choice. Although there is some risk associated with antidepressant use, the risk of untreated depression may be even greater. And all risks and benefits must be carefully weighed for each mother.

References

- Hendrick, V. (2003). Treatment of postnatal depression. *British Medical Journal*, 327, 1003-1004.
- Louik, C., Lin, A.E., Werler, M.M., Hernandez-Diaz, S., & Mitchell, A.A. (2007). First-trimester use of selective-serotonin reuptake inhibitors and the risk of birth defects. *New England Journal of Medicine*, 356, 2675-2683.
- Oberlander, T.F., Misri, S., Fitzgerald, C.E., Kostaras, X., Rurak, D., & Riggs, W. (2004). Pharmacologic factors associated with transient neonatal symptoms following prenatal. Psychotropic medication exposure. *Journal of Clinical Psychiatry*, 65, 230-237.
- Weissman, A.M., Levy, B.T., Hartz, A.J., Bentler, S., Donohue, M., Elingrod, V.L., et al. (2004). Pooled analysis of antidepressant levels in lactating mothers, breast milk, and nursing infants. *American Journal of Psychiatry*, 161, 1066-1078.

Kathleen Kendall-Tackett, Ph.D., IBCLC is a health psychologist, board-certified lactation consultant, and La Leche League Leader. She is clinical associate professor of pediatrics at Texas Tech University School of Medicine in Amarillo, Texas. For more information, visit her Web sites: UppityScienceChick.com and BreastfeedingMadeSimple.com.



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.

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/mhnsevices.htm>.

COMMITTEE POSITIONS

Hospitality: Open

Networking Lunches/Socials: open

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

* Counseling in Spanish

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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

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

1/4 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.

CLASSIFIED ADS

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, 1538 Howard Access Rd, Ste. C, Upland, CA, 91786, acceptance@live.com, 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 \$10-\$15 (negotiable). Full and part-time rental fees are reasonable and negotiable. If you, or a professional that you know, are interested in renting office space, please contact Kathryn at [\(909\) 635 8077](tel:(909)6358077).

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.

Office Available. Fully furnished private practice in downtown Redlands. Take over the lease in October; \$482 a month. Price for furniture is negotiable. If interested contact Iris Cruz, LMFT or Ruth Dusenberry, LMFT at (909)748-7771.

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>

\$200 - CORONA OFFICE SPACE-START YOUR OWN PRIVATE PRACTICE! Office space to share (although the other woman is rarely there). It's inside a larger therapist's office in Corona, very Zen quiet atmosphere. Evenings and weekends are fine. Plenty of parking and fwy close, restaurant close. Call Catherine 951-687-6066

Inland Empire CAMFT MEMBERSHIP APPLICATION

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

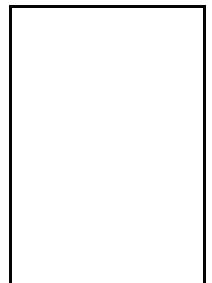
Affiliate Practitioner in another field (e.g., RN, Attorney).....\$40

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



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