



THE PROFESSIONAL EXCHANGE IE-CAMFT

IE-CAMFT Newsletter
June 2010

California Association of Marriage & Family Therapists—Inland Empire

Monthly Meeting: June 25, 2010

A Special All-Day Training Celebrating IE-CAMFT!

Dialectical Behavioral Therapy – Coping with Chaos

by Elizabeth Dexter-Mazza, Psy.D.

This is a high-quality program offered by Behavioral Tech of Seattle, WA. Elizabeth Dexter-Mazza, Psy.D. will provide foundational material and proceed with key elements of this broad system.

Objectives include

- 1) learn how to integrate the theories and techniques of DBT into your clinical practice
- 2) conceptualize how to teach these skills in individual or group therapy
- 3) identify tools to expand the range and application of your skills

Cost: IE-CAMFT Members - \$50

CAMFT Members - \$200

All Others - \$250

Registration form on page 5

Six (6) Hours CEUs

Save the date!

Board Retreat

Every year in July the IE-CAMFT Board meets to plan for the upcoming year. All members are invited to attend or submit agenda items. Some of this year's agenda items are workshops/speakers, newsletter, and Speakers Bureau. The meeting is planned for July 23, 2010 at 9:00 a.m.

RSVP Ruth Dusenberry, 951-961-4792

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QUOTABLE QUOTE

Who said this?

"Small opportunities are often the beginning of great enterprises"

Answer for May's Quotable Quote: .

Thomas Alva Edison

IE-CAMFT BOARD OF DIRECTORS

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951.961.4792

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PRESIDENT'S MESSAGE

President's Message

A recent topic on the CAMFT listserv, "cleansing rituals" caught my attention. As therapists we can encounter strong negative emotions, so how do we manage these on a day-to-day basis? Some of the suggestions included various forms of meditation, prayer, and yoga. A suggestion by one therapist was to wash your hands between sessions to symbolically wash away the negative emotions. Another therapist, Bonnie Smith, describes visualizing taking a shower and taking off an imaginary coat:

If I have a particularly tough client, family or couple (often it's a couple!) I have a spot in my hall, that I kind of imagine taking a shower, to wash off the session, to prepare myself for the next session (or for going back to MY life) I even imagine soaping up.. and washing away the hour... Fortunately, I don't need that often! smile... When I used to work with children at a school in a very troubled neighborhood... sometimes the feelings and stuff I saw/was witness to the telling of the trauma, I would imagine that I had a jacket, that I hung on the coat rack (imaginary) in the school office. I would imagine myself taking it off at the end of the day, and leaving it at the school, to return to my far less complicated life.

A co-worker shared that when she worked with rape survivors she had a bowl of rocks with the name of a client on each one. Prior to the session she would find the client's rock and hold it during the session then return it to the bowl following the session. I use a technique known as "Z point processing" to clear negative emotions and patterns; more information on this technique can be found at www.zpointforpeace.com.

I hope this sparks your interest and has provided a few ideas for taking care of yourself as you meet the needs of your clients.

Warmly,

Ruth Dusenberry, MS, LMFT
IE-CAMFT President

The IE CAMFT Speakers Bureau is meeting this week again!

WHEN YOU JOIN THE IE CAMFT SPEAKERS BUREAU YOU GET:

A SUPPORT GROUP FOR SPEAKERS

FREE MARKETING & "PR"

NAME RECOGNITION

We are forming a support group for beginners and seasoned speakers! We will brainstorm, inspire, encourage and help motivate you to "get out there". We will help you develop your "voice" in the community. Therapists who do speaking have double the name recognition! Join us and be part of our local marketing effort. We meet locally once a month.

IE CAMFT IS "THERE FOR YOU"! Contact Catherine at www.shrinkin@sbcglobal.net or 951-687-6066.

May Presentation Summary

By Carol A. Bouldin, M. S. LMFT, Editor

Larry F. Waldman, Ph. D.'s "The Graduate Course You Never Had" reminded us how important it is to have a well-thought-out business plan in place when providing therapy. Therapists often have the tendency to neglect this element, essential in achieving a financially successful practice.

He outlined for us the 7 elements of an optimal business:

1. Wide appeal
2. Easily provided
3. Cheaply provided
4. Easily paid
5. Open 24/7/365
6. Frequent repeat business
7. Duplicable services

Dr. Waldman also identified three basic components of any business: 1) administration; 2) production; and 3) marketing, pointing out that most therapists spend a lot of time on production but neglect both the administrative and marketing aspects of their business. Basic marketing strategies he shared were to:

- Identify the target
- Identify the problem
- Determine how to intervene
- Provide a solution (devise an "elevator pitch")

When identifying a target behavior to be treated and the results, he suggested that this should be presented in clear, down-to-earth terms so that anyone can easily grasp what it is that is being treated and what outcome to expect.

When considering managed care panels he recommended checking out the following:

- Rate of pay
- Amount of paperwork
- Number of visits allowed
- How quickly claims are paid
- How problems are handled

He emphasized the following "necessary practice management concepts":

- Get clients' email addresses
- Verify insurance
- Confirm all appointments
- Collect up front

Another vitally important aspect of building one's practice noted by Dr. Waldman is to develop the quality of the services that are being provided and to become the "expert". He recommended that therapists write articles for newspapers and magazines, write books, appear on radio talk shows, blog, do speaking engagements, and connect with reporters.

Coping with Chaos

Dialectical Behavioral Therapy

June 25, 2010
8:00 a.m. – 4:30 p.m.

Sponsored by Inland Empire-CAMFT

Location: *Citrus State Park*
9400 Dufferin
Riverside, CA.

Directions: Exit the 91 freeway (Riverside Frwy) on Van Buren Blvd. Go left (south) approximately 2 miles. Turn left into the park at the corner of Dufferin. Follow signs to the conference center

In the late 1970s, Marsha M. Linehan (1993) attempted to apply standard Cognitive Behavior Therapy (CBT) to the problems of adult women with histories of chronic suicide attempts, suicidal ideation, urges to self-harm, and self-mutilation. Trained as a behaviorist, she was interested in treating discrete behaviors; however, through consultation with colleagues, she concluded that she was treating women who met criteria for Borderline Personality Disorder (BPD). In the late 1970s, CBT had gained prominence as an effective psychotherapy for a range of serious problems. Linehan was keenly interested in investigating whether or not it would prove helpful for individuals whose suicidality was in response to extremely painful problems. As she and her research team applied standard CBT to clients with BPD, they encountered numerous problems with its use; DBT was developed to address these issues by adding validation and dialectics, and by restructuring the treatment.

Objectives:

<p>Participants will:</p> <ol style="list-style-type: none">1) learn how to integrate the theories and techniques of DBT into clinical practice2) conceptualize how to teach these skills in individual or group therapy3) identify tools to expand the range and application of therapeutic skills	<ol style="list-style-type: none">4) explain a biosocial theory of BPD5) discuss DBT treatment targets:<ul style="list-style-type: none">◆ treatment structure for multi-problem individuals◆ treatment strategies used in all modes of DBT
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Presented by:

Elizabeth Dexter-Mazza, Psy.D. received her undergraduate degree from Florida State University and her doctoral degree from the School of Professional Psychology at Pacific University in 2004. She completed her predoctoral internship at the Albert Einstein College of Medicine/Montefiore Medical Center's Adolescent Depression and Suicide Program under the directorship of Dr. Alec Miller. Dr. Dexter-Mazza completed her postdoctoral fellowship under the direction of Dr. Marsha Linehan at the Behavioral Research and Therapy Clinics (BRTC) at the University of Washington. While at the BRTC, Dr. Dexter-Mazza was the Clinical Director and a research therapist for Dr. Linehan's research studies, which provided both individual DBT and DBT group skills training. Her clinical experience and training with DBT focuses on treatment for adult and adolescent populations along with family members. Dr. Dexter-Mazza's primary research focuses on the development and evaluation of effective training programs for mental health professionals working with suicidal clients. She maintains a private practice in Seattle, providing individual DBT to people with BPD and skills-based coaching and support to family members and friends of individuals with BPD. She is licensed as a psychologist in the state of Washington.

Contact Garry L. Raley, LMFT for more information: garral@sbcglobal.net

6.0 CE credits for LMFTs and LCSWs

INLAND EMPIRE CHAPTER

California Association of Marriage and Family Therapists (CAMFT)

WORKSHOP REGISTRATION

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Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

Contact E-Mail Address _____

Business Name _____ Position _____

Business Phone Number () _____ Cell Phone () _____

FEES: (please check one)

IE-CAMFT Member* \$50 _____

CAMFT Member \$200 _____

All Others \$250 _____

CAMFT Member # _____ (The ID number shown on your CAMFT membership card)

*NOTE: Unless you are an Affiliate member of the Inland Empire Chapter of CAMFT (IEC), you must also be a member of the California Association of Marriage and Family Therapists (CAMFT) to join a local chapter. Dues for membership in IE CAMFT are paid annually in April and are separate from fees for State CAMFT membership.

Email garral@sbcglobal.net to reserve your space

Send payment by 1) go to www.IE-CAMFT.org and click on the Pay Pal button

OR

2) send check to: Garry Raley, MFT
P.O. Box 51591
Riverside, CA 92517

DBT AT A GLANCE

In the late 1970s, Marsha M. Linehan (1993) attempted to apply standard Cognitive Behavior Therapy to the problems of adult women with histories of chronic suicide attempts, suicidal ideation, urges to self-harm, and self-mutilation. Trained as a behaviorist, she was interested in treating discrete behaviors; however, through consultation with colleagues, she concluded that she was treating women who met criteria for Borderline Personality Disorder (BPD). In the late 1970s, CBT had gained prominence as an effective psychotherapy for a range of serious problems. Linehan was keenly interested in investigating whether or not it would prove helpful for individuals whose suicidality was in response to extremely painful problems. As she and her research team applied standard CBT, they encountered numerous problems with its use. Three were particularly troublesome:

- 1) Clients receiving CBT found the unrelenting focus on change inherent to CBT invalidating. Clients responded by withdrawing from treatment, by becoming angry, or by vacillating between the two. This resulted in a high drop out rate. And, obviously, if clients do not attend treatment, they cannot benefit from treatment.
- 2) Clients unintentionally positively reinforced their therapists for ineffective treatment while punishing their therapists for effective therapy. In other words, therapists were unwittingly under the control of consequences outside their awareness, just as all humans are. For example, the research team noticed through its review of audio taped sessions that therapists would "back off" pushing for change of behavior when the client's response was one of anger, or emotional withdrawal, or shame, or threatened self-harm. Similarly, clients would reward the therapist with interpersonal warmth or engagement if the therapist allowed them to change the topic of the session from one they didn't want to discuss to one they did want to discuss.
- 3) The sheer volume and severity of problems presented by clients made it impossible to use the standard CBT format. Individual therapists simply did not have time to both address the problems presented by clients – suicide attempts, urges to self-harm, urges to quit treatment, noncompliance with homework assignments, untreated depression, anxiety disorders, etc, -- AND have session time devoted to helping the client learn and apply more adaptive skills.

Adding Validation and Dialectics to CBT. In response to these key problems with standard CBT, Linehan and her research team made significant modifications to standard CBT. They added in new types of strategies and reformulated the structure of the treatment (see below, next section). In the case of new strategies, Acceptance-based interventions, frequently referred to as validation strategies, were added. Adding these communicated to the clients that they were both acceptable as they were and that their behaviors, including those that were self-harming, made real sense in some way. Further, therapists learned to highlight for clients when their thoughts, feelings, and behaviors were "perfectly normal", helping clients discover that they had sound judgment and that they were capable of learning how and when to trust themselves. The new emphasis on acceptance did *not* occur to the exclusion of the emphasis on change: Clients also *must* change if they want to build a life worth living. Thus, the focus on acceptance did not occur to the exclusion of change based strategies; rather, the two enhanced the use of one another. In the course of weaving in acceptance with change, Linehan noticed that a third set of strategies –Dialectics --came into play. Dialectical strategies gave the therapist a means to balance acceptance and change in each session and served to prevent both therapist and client from becoming stuck in the rigid thoughts, feelings, and behaviors that can occur when emotions run high, as they often do in the treatment of clients diagnosed with BPD. Dialectical strategies and a dialectical world view, with its emphasis on holism and synthesis, enable the therapist to blend acceptance and change in a manner that results in *movement, speed, and flow* in individual sessions and across the entire treatment. This counters the tendency, found in treatment with clients diagnosed with BPD, to become mired in arguments, polarizing positions, and extreme positions. Thus, these three sets of strategies and the theories on which they are based from are the three foundations of DBT.

Restructuring the Treatment. As noted above, very significant changes were also made to the structure of treatment in order to solve the problems encountered in the application of standard CBT. Below we discuss how DBT treatment is organized by Functions and Modes and by Stages and Targets. The treatment we are describing is the treatment that is considered to be Standard and Comprehensive DBT. It is the form of DBT that has been subject to the most rigorous research in terms of randomized clinical trials (RCTs). The variations of DBT that differ from the structure described below is being researched but has not yet been subjected to as rigorous a test as standard DBT. Thus, the reader should keep in mind that this is how comprehensive DBT is defined and that variations from this structure are *not* considered comprehensive or standard.

Functions and Modes. Briefly, Linehan (1993) hypothesizes that any comprehensive psychotherapy must meet five critical functions. The therapy must: a) enhance and maintain the client's motivation to change; b) enhance the client's capabilities; c) ensure that the client's new capabilities are generalized to all relevant environments; d) enhance the therapist's motivation to treat clients while also enhancing the therapist's capabilities; and, e) structure the environment so that treatment can take place. Due to space considerations, we will not review every possible mode (method) that can meet these functions. Rather, we offer the most common examples of how these functions are met in standard outpatient DBT. It is typically the individual therapist who maintains the client's motivation for treatment, since the individual therapist is the most salient individual for the client. Skills are acquired, strengthened, and generalized through the combination of skills groups, phone coaching (clients are instructed to call therapists for coaching prior to engaging in self harm), *in vivo* coaching, and homework assignments. Therapists' capabilities are enhanced and burnout prevented through weekly consultation team meetings. The consultation team helps the therapist stay balanced in his or her approach to the client, while supporting and cheerleading the therapist in applying effective interventions. (In DBT, a therapist is not considered to be meeting the requirements of the treatment unless he or she meets weekly in a DBT consultation team). Finally, the environment can be structured in a variety of ways, say by the client and therapist meeting with family members to ensure that the client is not being reinforced for maladaptive behaviors or punished for effective behaviors in the home.

Stages and Targets. DBT also organizes treatment into stages and targets and, with very few exceptions, adheres strictly to the order in which problems are addressed. The organization of the treatment into stages and targets prevents DBT being a treatment that, week after week, addresses the crisis of the moment. Further, it has a logical progression that first addresses behaviors that could lead to the client's death, then behaviors that could lead to premature termination, to behaviors that destroy the quality of life, to the need for alternative skills. In other words, the first goal is to insure the client stays alive, so that the second goal (staying in therapy), results in meeting the third goal (building a better quality of life), partly through the acquisition of new behaviors (skills). In short, we have just described the targets found in Stage I. To repeat, the first stage of treatment focuses, in order, on decreasing life threatening behaviors, behaviors that interfere with therapy, quality of life threatening behaviors and increasing skills that will replace ineffective coping behaviors. The goal of Stage I DBT is for the client to move from behavioral dyscontrol to behavioral control so that there is a normal life expectancy. In Stage II, DBT addresses the client's inhibited emotional experiencing. It is thought that the client's behavior is now under control but the client is suffering "in silence". The goal of Stage II is to help the client move from a state of quiet desperation to one of full emotional experiencing. This is the stage in which post-traumatic stress disorder (PTSD) would be treated. Stage III DBT focuses on problems in living, with the goal being that the client has a life of ordinary happiness and unhappiness. Linehan has posited a Stage IV specifically for those clients for whom a life of ordinary happiness and unhappiness fails to meet a further goal of spiritual fulfillment or a sense of connectedness of a greater whole. In this stage, the goal of treatment is for the client to move from a sense of incompleteness towards a life that involves an ongoing capacity for experiences of joy and freedom.

Research on DBT

Two randomized controlled trials (RCTs) of DBT, supported by grants from the National Institute of Mental Health and the National Institute of Drug Abuse, have indicated that DBT is more effective than Treatment -As-Usual (TAU) in treatment of BPD and treatment of BPD and co-morbid diagnosis of substance abuse (Linehan, Armstrong, Suarez, Allmon & Heard, 1991; Linehan, Schmidt, Dimeff, Craft, Kanter & Comtois, 1999). Clients receiving DBT, compared to TAU, were significantly less likely to drop out of therapy, were significantly less likely to engage in parasuicide, reported significantly fewer parasuicidal behaviors and, when engaging in parasuicidal behaviors, had less medically severe behaviors. Further, clients receiving DBT were less likely to be hospitalized, had fewer days in hospital, and had higher scores on global and social adjustment. Likewise, in the RCT conducted on DBT for women with co-morbid substance abuse, in addition to similar findings to the original study regarding improvement in BPD criterion behaviors, DBT was more effective than TAU at reducing drug abuse. Follow up indicated that subjects who had received DBT also had greater gains in global and social adjustment. DBT has also been the subject of RCTs conducted independently of Linehan's research clinic at the University of Washington. Koons, Robins, Tweed & Lynch (2001) randomly assigned 20 women veterans diagnosed with BPD to either DBT or TAU. Unlike Linehan's, et al. (1991, 1993) original studies, subjects were not required to have a recent history of parasuicide. However, subjects enrolled in DBT showed statistically significant reductions in suicidal ideation, depression, hopelessness, and anger compared to subjects enrolled in TAU. Verheul, Van Den Bosch, Koeter, De Ridder, Stijnen & Van Den Brink (2003) conducted an RCT in the Netherlands, again comparing DBT to TAU. Their findings are consistent with the earlier studies: Subjects enrolled in DBT had greater treatment retention, reduced suicidality, reduced episodes of self harm and self-mutilation. DBT continues to be the subject of randomized controlled trials. At present, Linehan (personal communication, 2003) is completing a randomized controlled trial of DBT v. Treatment- By-Expert (TBE). Other studies are ongoing regarding the use of DBT with eating disorders, DBT with BPD and co-morbid substance abuse, as well as the utility of DBT in other than outpatient settings.

References:

- Allmon, D., Armstrong, H. E., Heard, H. L., Linehan, M. M., & Suarez, A. (1991). Cognitive-Behavioral Treatment of Chronically Parasuicidal Borderline Patients. *Archives of General Psychiatry*, *48*, 1060-1064.
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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 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, 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.

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

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.ccafp.org>

Seeking Christian Therapists to Rent Office Space: [Christian Therapist Offices for Rent](#) in a serene Spanish mission style location with a courtyard, water fountains, & beautiful landscaping. Two Furnished Window Offices Warmly Decorated. Waiting room, separate exit, call light, kitchen, copy/fax room, internet ready, conference/group room. Will assist in securing insurance contracts. Insurance verifications & authorizations available. Referrals possible. Spanish Speaking a plus. Safe parking. Part /full time/Groups only or second office. Fwy Access 60, 71, 91, 15. Email resume: coro-nada1@verizon.net or call Debbie Corona, LMFT 909/673-1982.

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

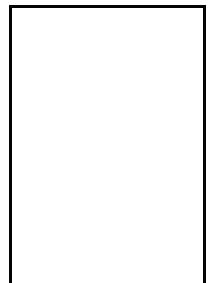
Affiliate Practitioner in another field (e.g., RN, Attorney).....\$40

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