



IE-CAMFT MEETING

Friday, June 28, 2013

"DSM-5: IN SICKNESS AND HEALTH, FOR BETTER OR WORSE"

Featured Presenter: Garry Raley, MA, LMFT

After protracted labor pains, the DSM-5 has been delivered!

This survey will cover the key shifts that are touted by some ... and maligned by others. A special emphasis will be given to Name Changes, New Categories, New Criteria, Consolidation of Categories, Expansion of Boundaries, Future Categories and Controversies.

An applied exercise of vignettes will be used at the conclusion to illuminate the difference between the DSM-IV-TR vs. DSM-5.

Objectives:

1. Provide a survey of the structural changes to diagnosis in the DSM-5.
2. Identify key issues impacting practicing therapists. (Example: No more NOS!)
3. Distribute reference material therapists will need to determine categories and dimensions.
4. Complete a self-assessment that will aid therapists in deciding if more extensive training is needed.

For a document from the APA highlighting DSM changes, visit:

<http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf>

MONTHLY MEETING TIME & LOCATION

8:30am – 9:00am: Refreshments & Networking
9:00am – 11:00am: Program
11:00am – 12:00pm: Board Meeting

LLU Behavioral Health Institute
1686 Barton Road, Redlands, CA 92373

Directions: Exit the I-10 FWY at Alabama Street. Go South to Barton Road. Go West (right) on Barton Road. BHI is at the corner of Barton Road and Iowa Street. Park ONLY in the parking area around the BHI.

2 CEUs available for full attendance
at IE-CAMFT meeting.
IE-CAMFT members: No additional cost.
It's a benefit.
Non IE-CAMFT members: \$10.00.

Note: Promptness is urged and presence is required during the two hour presentation to earn your 2 CEUs.

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“PRESIDENT’S MESSAGE”

-DAN TOTARO

In the last month there has been a lively (to say the least) debate regarding proposed changes in the bylaws of the California Association of Marriage and Family Therapists. I’m all in favor of the sharing of opinion and the sharing of differing points of view. However, it is my hope that we can do so in an open and respectful manner. As therapists, whose focus is on relationships, it’s important that we use the same tools in addressing conflict that we teach our clients. Disagreement is part of any honest and changing relationship. What’s important is the manner in which it’s handled.

What I found heartening is the passion that the membership has displayed. I hope that we will all take part in having a voice in the direction our profession and our association. I’ve had the honor of being a Marriage and Family Therapist for over thirty years. In that time there have been many changes in the mental health profession and our place in it. It appears that it’s once again time for us to decide what our role will be in the future.

I for one, believe that mental health professionals specifically trained in helping people develop healthy relationships have an important place in the helping professions. ♦



JUNE SPEAKER HIGHLIGHT:

GARRY RALEY



Garry Raley, MA, LMFT, is an Associate Faculty member teaching Introduction to Psychology and Abnormal Psychology at Mt. San Jacinto Community College; and Child and Adolescent Psychology at Brandman University. He also provides clinical supervision for Family Services Assoc. of Riverside County, clinical supervision for the Sex Offender Treatment Program of New Day Institute in Fontana, and provides services at a reduced rate for current or former military individuals and families in Riverside.

CAMFT MEMBERSHIP APPROVES NEW BYLAWS, MOVES FORWARD WITH INCLUSION

Recently, the IE-CAMFT Board urged clinical members to participate in the vote to either approve or reject proposed changes to the statewide bylaws. As announced by Executive Director Jill Epstein, the proposal was intended to “modernize” the bylaws originally drafted in 1964 and “set CAMFT on a strategic path toward continued growth for the future and keep CAMFT relevant and dynamic for many years to come.”

Of particular concern was the move for inclusion of other licensed mental health professionals as voting members. In anticipation of the new Licensed Professional Clinical Counselor (LPCC) license, the Strategic Plan was broadened by replacing “marriage and family therapists” with “mental health professionals.” According to CAMFT, as more LMFTs retire and more graduates opt for the LPCC license, this move toward inclusion of other licenses as voting members will “ensure a larger, sustainable, and viable organization.”

Although our chapter board did not advocate for a position, careful examination, consideration, and participation by our members was encouraged. Arguably, a change of this significance warranted a discussion period longer than the six-week voting period that was afforded to the general membership.

Despite impassioned objections from members on various message boards on CAMFT Community, LinkedIN, and the like, the new bylaws were approved by over two-thirds of the votes.

As always, CAMFT invites our feedback. Several amendments were proposed for Board consideration at their most recent meeting. The outcome should be forthcoming. If you wish to propose other amendments for consideration at their September 21-22, 2013 Board meeting, send them to bylaws@camft.org no later than August 1, 2013.

Thank you to those who voted and making your voice heard! ♦

Traveling This Summer? Take Advantage of CAMFT Member Discounts!



Alamo Rent a Car: Up to 10% off, unlimited mileage, a wide selection of vehicles. Contact your travel agent or call 1-800-354-2322. Be sure to request Rate Code BY and Assoc. ID 706768.

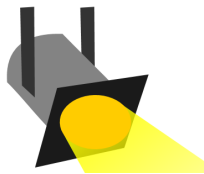


Hertz Car Rental: To make reservations, visit www.hertz.com, call your travel agent or call Hertz at 1-800-654-2210. Mention CDP #0199784 when making your reservations and present your discount card at the time of rental.

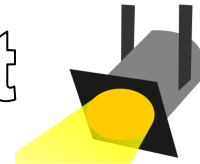
Find out about many more partners and discounts at www.camft.org

IE-CAMFT MISSION STATEMENT:

We are professional visionaries dedicated to providing training, networking, and advocacy for Marriage and Family Therapists to promote healthy individual, and couple and family relationships.



Member Spotlight



Paul Velen, LMFT



Paul Velen is a licensed Marriage, Family Therapist in practice in downtown Riverside, as well as a group facilitator for caregivers. He received his Master of Science Degree in Counseling from California State University, Fullerton in 1982, and was licensed as a Marriage, Family and Child counselor in 1985. Additionally he holds a certificate in gerontology from CSUF, and is a fully-certified Eye Movement Desensitization and Reprocessing (EMDR) therapist.

Paul enjoys providing support to private clients, family members and professional caregivers and is especially enthusiastic about his successes using EMDR as a therapeutic tool. Clients frequently report, post-EMDR, they are no longer affected by anger and sadness and can instead go to "their safe place" when troubled. Linda Gort, LCSW, Magnolia Counseling in Riverside offers: "I have found that referring clients to Paul for EMDR sessions has been instrumental in helping them break through traumas inhibiting them from resolving issues in their past ... allowing them to break through traumatic roadblocks."

Paul has found EMDR therapy useful, also, in resolving emotional triggers that can interfere with caregiving. Currently in communication with Loma Linda University, the Inland Empire Alzheimer's Association and Sunrise Assisted Living, Riverside, he is working on a project he hopes will help provide support services for people diagnosed with mild cognitive impairment and their partners.

Paul welcomes calls from individuals and family members, as well as professional caregivers, for counseling. He also enjoys opportunities for peer interaction and support.

CONTACT INFO: Paul Velen, MS, LMFT #021953 4073 Brockton AV, Riverside, CA. 92501
951-536-0956



Be Next Month's Member Spotlight!

Contact Angie at angie.moxey@gmail.com
or (909) 276-7475.

IE-CAMFT MEMBERSHIP HAS ITS BENEFITS!

Membership in the Inland Empire Chapter of CAMFT requires a membership in CAMFT. There are multiple benefits to belonging to both. Membership may be initiated or renewed any time during the year.

For your \$40 yearly investment you can:

- ✓ Network
- ✓ Receive 2 FREE CEUs at Each of 9 Monthly Meetings
- ✓ Attend Special Law and Ethics Meeting with 6 CEUs at Reduced Cost
- ✓ Stay Connected to Other Therapists
- ✓ Advertise in this Newsletter & Website
- ✓ Develop Peer Relations to Reduce Isolation
- ✓ Give and Receive Consultation and Referrals
- ✓ Increase Your Knowledge

However, even more benefits are available through **active involvement**. Contact **Dan Totaro** to volunteer your time, talents, and energies with our board. The board position of CEU Chair is open. Committees such as Hospitality, Membership, and Trauma Network need added leadership and participation. **And chapter dues are waived for board members during the year they serve.**

Now, you get the benefits for **active** IE-CAMFT participation: Increased self-esteem and connection in the relationship healing community. Participation at these levels make nice line items in one's resume showing yourself to be an action oriented, dynamic citizen. I bet you can name some more benefits. Give it a try!



Sunday, June 16

*The greatest thing a father can
do for his children,
is to love their mother.*



Ruth Lester

Bob Jennings

Michael Plew



We wish to recognize your achievements, milestones, and successes. Became certified in a treatment approach? Published a new book or article? Newly licensed? Wish to be next month's featured member? Please contact any board member so we can share your accomplishment at our meetings and in this newsletter!

OPINION: DSM-5 Is a Guide, Not a Bible: Simply Ignore Its 10 Worst Changes

By Allen Frances, M.D. Professor Emeritus, Duke University. Lead author of the DSM-IV

Originally Posted 12/03/2012 on his Huffington Post blog: www.huffingtonpost.com/allen-frances

This is the saddest moment in my 45 year career of studying, practicing, and teaching psychiatry. The Board of Trustees of the American Psychiatric Association has given its final approval to a deeply flawed DSM-5 containing many changes that seem clearly unsafe and scientifically unsound. My best advice to clinicians, to the press, and to the general public -- be skeptical and don't follow DSM-5 blindly down a road likely to lead to massive over-diagnosis and harmful over-medication. Just ignore the 10 changes that make no sense.

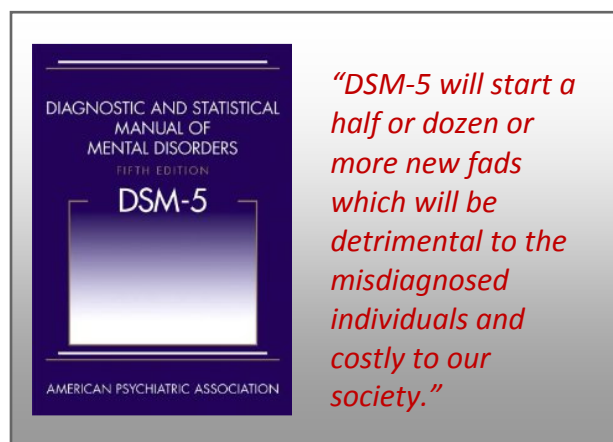
Brief background. DSM-5 got off to a bad start and was never able to establish sure footing. Its leaders initially articulated a premature and unrealizable goal -- to produce a paradigm shift in psychiatry. Excessive ambition combined with disorganized execution led inevitably to many ill-conceived and risky proposals.

These were vigorously opposed. More than 50 mental health professional associations petitioned for an outside review of DSM-5 to provide an independent judgment of its supporting evidence and to evaluate the balance between its risks and benefits. Professional journals, the press, and the public also weighed in -- expressing widespread astonishment about decisions that sometimes seemed not only to lack scientific support but also to defy common sense.

DSM-5 has neither been able to self correct nor willing to heed the advice of outsiders. It has instead created a mostly closed shop -- circling the wagons and deaf to the repeated and widespread warnings that it would lead to massive misdiagnosis. Fortunately, some of its most egregiously risky and unsupportable proposals were eventually dropped under great external pressure (most notably 'psychosis risk,' mixed anxiety/depression, Internet and sex addiction, rape as a mental disorder, 'hebephilia,' cumbersome personality ratings, and sharply lowered thresholds for many existing disorders). But APA stubbornly refused to sponsor any independent review and has given final approval to the 10 reckless and untested ideas that are summarized below.

The history of psychiatry is littered with fad diagnoses that in retrospect did far more harm than good. Yesterday's APA approval makes it likely that DSM-5 will start a half or dozen or more new fads which will be detrimental to the misdiagnosed individuals and costly to our society.

The motives of the people working on DSM-5 have often been questioned. They have been



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accused of having a financial conflict of interest because some have (minimal) drug company ties and also because so many of the DSM-5 changes will enhance Pharma profits by adding to our already existing societal overdose of carelessly prescribed psychiatric medicine. But I know the people working on DSM-5 and know this charge to be both unfair and untrue. Indeed, they have made some very bad decisions, but they did so with pure hearts and not because they wanted to help the drug companies. Their's is an intellectual, not financial, conflict of interest that results from the natural tendency of highly specialized experts to over value their pet ideas, to want to expand their own areas of research interest, and to be oblivious to the distortions that occur in translating DSM-5 to real life clinical practice (particularly in primary care where 80 percent of psychiatric drugs are prescribed).

The APA's deep dependence on the publishing profits generated by the DSM-5 business enterprise creates a far less pure motivation.

There is an inherent and influential conflict of interest between the DSM-5 public trust and DSM-5 as a best seller. When its deadlines were consistently missed due to poor planning and disorganized implementation, APA chose quietly to cancel the DSM-5 field testing step that was meant to provide it with a badly needed opportunity for quality control. The current draft has been approved and is now being rushed prematurely to press with incomplete field testing for one reason only -- so that DSM-5 publishing profits can fill the big hole in APA's projected budget and return dividends on the exorbitant cost of 25 million dollars that has been charged to DSM-5 preparation.

"The current draft has been approved and is now being rushed prematurely to press with incomplete field testing for one reason only -- so that DSM-5 publishing profits can fill the big hole in APA's projected budget and return dividends on the exorbitant cost of 25 million dollars that has been charged to DSM-5 preparation."

This is no way to prepare or to approve a diagnostic system. Psychiatric diagnosis has become too important in selecting treatments, determining eligibility for benefits and services, allocating resources, guiding legal judgments, creating stigma, and influencing personal expectations to be left in the hands of an APA that has proven itself incapable of producing a safe, sound, and widely accepted manual.

New diagnoses in psychiatry are more dangerous than new drugs because they influence whether or not millions of people are placed on drugs -- often by

primary care doctors after brief visits. Before their introduction, new diagnoses deserve the same level of attention to safety that we devote to new drugs. APA is not competent to do this.

So, here is my list of DSM-5's 10 most potentially harmful changes. I would suggest that clinicians not follow these at all (or, at the very least, use them with extreme caution and attention to their risks); that potential patients be

deeply skeptical, especially if the proposed diagnosis is being used as a rationale for prescribing medication for you or for your child; and that payers question whether some of these are suitable for reimbursement. My goal is to minimize the harm that may otherwise be done by unnecessary obedience to unwise and arbitrary DSM-5 decisions.

1) Disruptive Mood Dysregulation Disorder: DSM-5 will turn temper tantrums into a mental disorder -- a puzzling decision based on the work of only one research group. We have no idea how this untested

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new diagnosis will play out in real life practice settings, but my fear is that it will exacerbate, not relieve, the already excessive and inappropriate use of medication in young children. During the past two decades, child psychiatry has already provoked three fads -- a tripling of Attention Deficit Disorder, a more than 20-times increase in Autistic Disorder, and a 40-times increase in childhood Bipolar Disorder. The field should have felt chastened by this sorry track record and should engage itself now in the crucial task of educating practitioners and the public about the difficulty of accurately diagnosing children and the risks of over-medicating them. DSM-5 should not be adding a new disorder likely to result in a new fad and even more inappropriate medication use in vulnerable children.

2) Normal grief will become Major Depressive Disorder, thus medicalizing and trivializing our expectable and necessary emotional reactions to the loss of a loved one and substituting pills and superficial medical rituals for the deep consolations of family, friends, religion, and the resiliency that comes with time and the acceptance of the limitations of life.

3) The everyday forgetting characteristic of old age will now be misdiagnosed as Minor Neurocognitive Disorder, creating a huge false positive population of people who are not at special risk for dementia. Since there is no effective treatment for this 'condition' (or for dementia), the label provides absolutely no benefit (while creating great anxiety) even for those at true risk for later developing dementia. It is a dead loss for the many who will be mislabeled.



“DSM-5 will likely trigger a fad of Adult Attention Deficit Disorder leading to widespread misuse of stimulant drugs for performance enhancement and recreation and contributing to the already large illegal secondary market in diverted prescription drugs.”

4) DSM-5 will likely trigger a fad of Adult Attention Deficit Disorder leading to widespread misuse of stimulant drugs for performance enhancement and recreation and contributing to the already large illegal secondary market in diverted prescription drugs.

5) Excessive eating 12 times in 3 months is no longer just a manifestation of gluttony and the easy availability of really great tasting food. DSM-5 has instead turned it into a psychiatric illness called Binge Eating Disorder.

6) The changes in the DSM-5 definition of autism will result in lowered rates -- 10 percent according to estimates by the DSM-5 work group, perhaps 50 percent according to outside research groups. This reduction can be seen as beneficial in the sense that the diagnosis of autism will be more accurate and specific -- but advocates understandably fear a disruption in needed school services. Here the DSM-5 problem is not so much a bad decision, but the misleading promises that it will have no impact on rates of disorder or of service delivery. School services should be tied more to educational need, less to a controversial psychiatric

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MENTAL HEALTH IN THE NEWS:

Therapist Suicide

Reminder for Self-Care

Earlier this month, Lynn Rosen, a psychotherapist, and her husband, motivational speaker John Littig, were found dead in their Brooklyn apartment of an apparent suicide.

The two life coaches who hosted a radio show called "The Pursuit of Happiness" were found with plastic bags over their heads and a tube attached to a canister of helium, according to police. Littig's note stated, "I can't take it anymore, my wife is in too much pain." (Source: CNN)

This sad news is a reminder that as therapists, we are never immune to the emotional challenges and stressors common to the human condition. Some people maintain the unrealistic expectation that therapists must "have it all together" to help others. But one of the most important lessons of our continuing training is understanding that we are indeed not invincible. Proper self-care is not only at the foundation of our effectiveness as therapists; it is also an ethical responsibility to our clients and profession as a whole.

The good news is that as a member of IE-CAMFT, you have first-hand access to a tremendous source of support. This network can enhance your therapeutic skills as well as help renew your passion for the science and art of therapy. Our monthly meetings begin with time set aside to build relationships,

reduce isolation, and share ideas (and not to mention partake of coffee and goodies). All are invited to come early and learn of referrals and resources for peer support, such as Doreen Van Leeuwen's monthly Every Therapist's consultation group (see classified ad for more details).

The support and understanding are readily available. Be sure to take advantage of all the benefits of your membership! ♦

Is It Time To Renew Your Chapter Membership?



IE-CAMFT chapter membership is renewed separately from your statewide CAMFT membership.

Please visit our website at www.ie-camft.org or submit membership form on the last page of this newsletter to renew.

If you are unsure of your membership status, check your e-mail for a renewal notice or contact Angie Moxey at angie.moxey@gmail.com

AT OUR LAST CHAPTER MEETING...



BY JANELL GAGNON

In our May 2013 IE CAMFT meeting, we had the pleasure of hearing from Jon Kirby about issues with culturally diverse couples and how to deal with them. Jon Kirby is a Cambridge trained anthropologist (PhD) and a pastoral counselor (MDiv), and has been involved with cross-cultural training and fostering interculturality for 30 years. Jon is a certified practitioner of psychodrama and has utilized his cultural expertise to develop “culture-drama.”

Our Intercultural Conflict Styles (ICS) is our style for dealing with problems, disagreements, and conflicts; and it is learned from our home or native culture. Even though our ICS will change to adapt to the culture we move to, when emotions run high, we tend to revert to our original ICS. You can see then how couples who come from different cultures can run into some cultural issues when dealing with disagreements. It is necessary then, to understand our own ICS, as well as others in order to be able to resolve conflicts across cultures and facilitate problem solving, mutual understanding, and harmony. And as therapists, it is necessary to understand our client’s ICS to allow us to work with full cultural competency.

Jon educated us about the two fundamental cultural differences in conflict styles. The first is how we express *disagreements* around problems and issues. We do this either *directly* or *indirectly*. The second is how we express *emotions* around problems and issues. We do this either *expressively* or *restrained*. Based on these two main differences, one’s ICS can be placed into one of four styles:



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AT OUR LAST CHAPTER MEETING...

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1. Discussion Style is verbally direct and emotionally restrained. In general, the populations that tend to have this discussion style are Northern Europe, White America, and Canada. Individuals with this ICS value and are comfortable with direct language and talk, and base discussions and conversations on facts rather than emotions. They often view intense emotions as threatening, and feel it interferes with conflict resolution.

2. Engagement Style is verbally direct and emotionally expressive. In general, the populations that tend to have this discussion style are African American, Russia, Greece. Individuals with this ICS express sincerity through intense verbal and nonverbal emotion. They have no problems expressing their emotions to the fullest. They are generally ok with direct confrontation, and do not “beat around the bush” to express what they have to say.

3. Accommodation Style is verbally and nonverbally indirect and emotionally restrained. In general, the populations that tend to have this discussion style are Japan, Southeast Asia, and Mexico. Individuals with this ICS believe that being emotionally calm and restrained builds harmony, and that intense expression of emotion is dangerous and interferes with conflict resolution. These individuals often use ambiguity to resolve conflict and use indirect speech, stories, metaphors and third parties rather than direct language.

4. Dynamic Style is verbally and nonverbally indirect and emotionally expressive, often also emotionally intense. In general, the populations that tend to have this discussion style are Arab countries. Individuals with this ICS often use ambiguity, stories, metaphors, associative argument, humor, hyperbole, repetition and third parties to verbally express themselves. They have no problem being emotionally expressive and intense and believe that being emotionally confrontational and expressive assures credibility.

Of course with all four styles, there are perceived strengths and weaknesses, which are generally determined by one’s own ICS. For example, when viewing the Discussion Style a self-perceived strength is that problems are confronted, while a perceived weakness is they have difficulty “reading between the lines.” When viewing the Adaption Style, a self-perceived strength is that they are able to control emotional outbursts, while a perceived weakness is that they have difficulty voicing their own opinion.

With the wide variety of differences in how disagreement and emotions are expressed it is easy to understand the necessity of having cultural competence of the different ICS’s so that conflicts can be resolved between cultures and unnecessary wars are not started based on simple misunderstandings.

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AT OUR LAST CHAPTER MEETING...

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Jon Kirby did a great job of educating us about the different types of ICS's and how they affect understanding, conflict and harmony between cultures. This article is just a brief summary of the difference between personality and culture. If you would like more information about working with culturally diverse relationships, you can contact Jon Kirby by phone at (323) 402-0249 or by email at zanyeya@gmail.com.

We would like to thank Jon Kirby again for his educational and interesting presentation on cultural differences! ♦

Dear Members: Who's Next?

One of the best known ways to build your practice is to get into the community and speak about your expertise. Your local association of therapists is interested in learning new theories, skills, tools, and approaches to treatment. Share your knowledge, experience, and wisdom with us!

We are looking for **presenters** for future IE-CAMFT meetings in 2013. We urge you to consider sharing with us.

To do so, contact **Ilse Aerts: (909) 945-9947**
ilseaerts76@gmail.com

UPCOMING PROGRAMS FOR IE-CAMFT JUNE – SEPTEMBER 2013

DATE	SPEAKER	TOPIC	TIME/ LOCATION	COST
JUNE				
Friday 6/28/13 <i>Monthly Meeting</i>	Garry Raley, MA, LMFT	<i>"Therapists and the DSM-5: In sickness and health, for better or worse..."</i>	8:30am LLU Behavioral Health Institute	IE-CAMFT Members: No Cost Non-IE-CAMFT Members: \$10.00
JULY				
<i>No meeting</i>				
AUGUST				
Friday 8/23/13 <i>Monthly Meeting</i>	Katheryn L. Whittaker, MS, LMFT, LPCC	<i>"Motivational Interviewing"</i>	8:30am LLU Behavioral Health Institute	IE-CAMFT Members: No Cost Non-IE-CAMFT Members: \$10.00
SEPTEMBER				
Friday 9/27/13 <i>Monthly Meeting</i>	Rick Itzkowich	<i>"21st Century Networking: A Powerful Way To Referrals"</i>	8:30am LLU Behavioral Health Institute	IE-CAMFT Members: No Cost Non-IE-CAMFT Members: \$10.00

“DSM-5 Is a Guide, Not a Bible...”

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This month's IE-CAMFT 2-hour training by Garry Raley, LMFT will cover the key changes in the DSM-V. A special emphasis will be given to Name Changes, New Categories, New Criteria, Consolidation of Categories, Expansion of Boundaries, Future Categories and Controversies. 2 CEUs available.

See page 1 for more details.

Contact CAMFT to see if seats may still be available for “Understanding the DSM-V” presented by Gary G. Gintner, Ph.D., LPC

See page 16 for more information.

diagnosis created for clinical (not educational) purposes and whose rate is so sensitive to small changes in definition and assessment.

7) First time substance abusers will be lumped in definitionally in with hard-core addicts despite their very different treatment needs and prognosis and the stigma this will cause.

8) DSM-5 has created a slippery slope by introducing the concept of Behavioral Addictions that eventually can spread to make a mental disorder of everything we like to do a lot. Watch out for careless overdiagnosis of Internet and sex addiction and the development of lucrative treatment programs to exploit these new markets.

9) DSM-5 obscures the already fuzzy boundary between Generalized Anxiety Disorder and the worries of everyday life. Small changes in definition can create millions of anxious new 'patients' and expand the already widespread practice of inappropriately prescribing addicting anti-anxiety medications.

10) DSM-5 has opened the gate even further to the already existing problem of misdiagnosis of PTSD in forensic settings.

DSM-5 has dropped its pretension to being a paradigm shift in psychiatric diagnosis and instead (in a dramatic 180 degree turn) now makes the equally misleading claim that it is a conservative document that will have minimal impact on the rates of psychiatric diagnosis and in the consequent provision of inappropriate treatment. This is an untenable claim that DSM-5 cannot possibly support because, for completely unfathomable reasons, it never took the simple and inexpensive step of actually studying the impact of DSM on rates in real world settings.

Except for autism, all the DSM-5 changes loosen diagnosis and threaten to turn our current diagnostic inflation into diagnostic hyperinflation. Painful experience with previous DSMs teaches that if anything in the diagnostic system can be misused and turned into a fad, it will be. Many millions of people with normal grief, gluttony, distractibility, worries, reactions to stress, the temper tantrums of childhood, the forgetting of old age, and 'behavioral addictions' will soon be mislabeled as psychiatrically sick and given inappropriate treatment.

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“DSM-5 Is a Guide, Not a Bible...”

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People with real psychiatric problems that can be reliably diagnosed and effectively treated are already badly shortchanged. DSM-5 will make this worse by diverting attention and scarce resources away from the really ill and toward people with the everyday problems of life who will be harmed, not helped, when they are mislabeled as mentally ill.

Our patients deserve better, society deserves better, and the mental health professions deserve better. Caring for the mentally ill is a noble and effective profession. But we have to know our limits and stay within them.

DSM-5 violates the most sacred (and most frequently ignored) tenet in medicine -- First Do No Harm! That's why this is such a sad moment. ♦



IE-CAMFT BOARD OF DIRECTORS (B) AND COMMITTEE CHAIRPERSONS (C)

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(open)

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Newsletter Notes & Policy

Reminder: Please submit newsletter items to Dan Totaro at dtotaro@gmail.com.

Deadline for submissions is the first of each month (except July and December when we do not publish a newsletter). The newsletter is e-mailed to all members who have given us email addresses.

Notice Regarding Ads: Free Member ads will run continuously for three consecutive newsletters if not cancelled earlier. After three newsletters they will be discontinued unless a renewal request is received.

DISPLAY AD RATES (per month)

BUSINESS CARD SIZE:

MEMBERS: \$10

NON-MEMBERS: \$20

¼ PAGE:

MEMBERS: \$20

NON-MEMBERS: \$40

CLASSIFIED AD RATES:

MEMBERS: free

NON-MEMBERS:

1 month: \$20

3 months: \$54 (10% off)

6 months: \$90 (25% off)

12 months: \$144 (40% off)



Understanding DSM-5

Presented by Gary G. Gintner, PhD, LPC

SOUTHERN CALIFORNIA
June 14, 2013
9:00 a.m. to 4:30 p.m. (6 CE Hrs.)

Azusa Pacific University
Felix Event Center (West Campus)
701 E Foothill Blvd.
Azusa, CA 91702

NORTHERN CALIFORNIA
July 12, 2013
9:00 a.m. to 4:30 p.m. (6 CE Hrs.)

San Francisco Airport
Marriott Waterfront
1800 Old Bayshore Hwy
Burlingame, CA 94010



\$119 Prelicensed Member | \$129 Clinical/Associate Member | \$159 Non-Member

Level of Learning: INTERMEDIATE

The DSM-5 represents a fundamental shift in how disorders are conceptualized and diagnosed. The workshop provides an overview of the manual's new organization, innovations such as spectrum disorders, and the relationship between DSM-5 and the ICD. Participants learn the nuts and bolts of using the manual and coding a DSM-5 diagnosis. The program reviews major classes of psychiatric disorders with particular attention paid to significant changes in the diagnostic criteria. Throughout the workshop participants are given opportunities to practice making a diagnosis using the new system.

By the end of the program, participants will be able to:

1. Describe at least three major innovations of DSM-5.
2. Describe the relationship between DSM-5 and ICD.
3. Write a DSM-5 diagnosis using the manual.
4. Describe at least two changes to each class of psychiatric disorders covered in the workshop.
5. Describe at least four new disorders introduced in DSM-5.
6. State at least two strengths and two weaknesses of the new manual.

Co-sponsored in part by:



Department of
Graduate Psychology



M.A. in Counseling
Psychology (MFT-track)



Gary G. Gintner, Ph.D., LPC is an Associate Professor and Program Leader of the Counseling Program at Louisiana State University. He has published numerous articles on topics such as differential diagnosis, mood disorders, substance abuse and best practices for the treatment of psychiatric and substance use disorders. He is a nationally recognized trainer on the DSM and best practice guidelines. His thirty years of clinical experience includes inpatient care, substance abuse counseling, and outpatient mental health. He served as the 2007-2008 President of the American Mental Health Counselors Association (AMHCA) and is currently the DSM-5 Task Force Chair for AMHCA.

VISIT WWW.CAMFT.ORG for more information and to register.



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California Association of Marriage and Family Therapists

Seating is limited so register early online at www.camft.org, by calling toll-free 1-888-89 CAMFT (892-2638), by faxing your registration to 1-858-292-2666, or mail to CAMFT, 7901 Raytheon Road, San Diego, CA 92111.

REGISTER FOR THE DSM-5 WORKSHOP!!!

\$119 Prelicensed Member | \$129 Clinical/Associate Member | \$159 Non-Member

SELECT WORKSHOP

☐ SOUTHERN CALIFORNIA **June 14, 2013 - Azusa Pacific University**

☐ NORTHERN CALIFORNIA **July 12, 2013 - TBD**

Name

CAMFT ID Number

License Type and Number

Address (Street, City, State, Zip)

Daytime Telephone

Fax

E-mail Address

If charging, please complete the following: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number

Card Security Code

Expiration Date

Amount

Signature

CAMFT is approved for continuing education hours by: Board of Behavioral Sciences (Provider# PCE 50) for LMFTs, LCSWs, LPCCs, LEPs. Provider Approved by the California Board of Registered Nursing (Provider# CEP 4046) for number of contact hours. Provider Approved by the California Foundation for Advancement of Addiction Professionals (formerly CAADAC) (Provider# 1S-95-319-1013). CAMFT is approved by the American Psychological Association to sponsor continuing education for psychologists. CAMFT maintains responsibility for this program and its content. Prelicensed members and associates may earn hours of experience for attending CAMFT workshops as approved by their supervisors.

Refunds/Cancellations: Requests for refunds must be in writing and received by CAMFT before one week prior to the event. The administrative fee for cancellation shall be \$25 for each day of a paid event. This cancellation fee will be deducted for cancellation of any paid event through the cancellation deadline. There will be no refunds on requests received after one week prior to the event.

Grievances: While CAMFT goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues which come to the attention of the conference/workshop staff which will require intervention and/or action on the part of the staff. Please visit www.camft.org/grievance for a procedure guideline to handle such grievances.

Special Needs: Should you have a special need and plan to attend the Conference, please contact CAMFT at (858) 292-2638 or via email at infocenter@camft.org. Please allow as much advance notice as is possible to ensure we have ample opportunity to meet your needs.

Presenter Opinions and Sensitive Materials Disclaimer: Some presentations may include material that could be highly-sensitive. As well, presenters may express a wide variety of opinions and views which do not necessarily represent the opinions and views of CAMFT and/or you as an individual. Presenters were selected because of their expertise in their respective subject areas and are offered to provide you with a diversity of views on a variety of topics to enhance your conference experience.

Law & Ethics Presentation: What Does the Law Expect of Me? Part I

David Jensen, JD, CAMFT Staff Attorney

Up to 6 hours of Continuing Education Units for LCSW's & LMFT's

Wednesday, June 19th, 2013

9:00 a.m. – 4:00 p.m. Registration begins at 8:30 a.m.

8172 Magnolia Avenue, Riverside, CA 92504

Lunch will be provided

Space is limited - Please call (951) 369-8036 to register for the training

Cost of the training with CEU's is \$125.00

FSA is a California Board of Behavioral Sciences registered CEU Provider PCE 2592.

Beacon Reminders Presents: Dramatic Action Methods. Personal growth and fulfillment for you through Psychodrama. In addition, for professionals in training, receive as many as 8 CEU and group therapy credits toward certification under ASGPP. Certificates given.

Saturday, June 22 from 9am to 5pm

University United Methodist Church

940 East Colton Ave. Redlands, in Wesley Lounge

Cost: You pay for your own meal when the group goes to lunch together for continuing discussion, plus \$10 if you collect CEU or other credits.

Call (909) 798-2765 for information, or e-mail 4donellmiller@gmail.com.

Classified ads are FREE for members and are also posted on our website www.IE-CAMFT.com! See page 15 for more details.

Consultation Group in Corona! Next Group July 7!

Doreen Van Leeuwen, LMFT and Cheryl Ballou, PsyD are facilitating a pro bono consultation group on the first Sunday of the month from 4:00 P.M. to 6:00 P.M. We will share relevant and current research, case consultation, and encourage networking and referral opportunities.

The group meets at:
1101 California Street, Suite 100
Corona, California, 92881

If you would like to participate please reserve your spot with:

Cheryl Ballou, PsyD

www.drballoupsyd.com

drballoupsyd@yahoo.com

Office: 951.264.8714 Fax: 951.735.8451

Please park in the front of the building on the address side. When you arrive, please text or call me (951.264.8714) and I will come let you in. You will probably be able to get into the atrium, but I will have to let you into the office itself.

Office Space. \$10 per hour in blocks of five hours. Space includes waiting room. Play room use also available.

Email marielouise.bosin@yahoo.com if you are interested. Office in Centennial Plaza in downtown Redlands.

Office Space for Rent in Claremont

Office space available in suite of collegial therapists. Waiting room, Wi-Fi, great parking and location. Available Monday through Saturday, hourly or daily reasonable rates. Contact Linda Shestock, LMFT at lsthestock@aol.com or 951-640-1225.

Betty Odak, MFT**Licensed Marriage and Family Therapist (MFC 52001)**

Address:

535 West State Street, Suite 'C' Redlands, CA 92373.

Tel: 909-335-9700 or Toll-free 855-824-2999, Cell 562-846-1269

3117 University Avenue, San Diego, CA 92104

Tel: 619-800-2053 or 562-522-8008, Fax – 909-335-5991

Email: ccmftcc@gmail.com or betty.odak@gmail.com

Website:

<http://www.crossculturalcounselingcenter.com>

Email: ccmftcc@gmail.com betty.odak@gmail.com,

www.crossculturalcounselingcenter.com

QUALIFICATIONS & EXPERIENCE

- 15+ years of experience working with abused and neglected children in group homes, foster homes and their families. Provides brief cognitive-behavioral counseling and longer-term psychotherapy
- Specializes in the treatment of:
 - eating disorders
 - recent immigrants / cross-cultural issues & refugees
 - foster parenting/adoption issues
 - Christian counseling
 - delinquent and violent children
 - depression, anxiety and stress related issues
 - clients dealing with financial anxiety and crisis (including bankruptcy and debt)
 - substance abuse and codependency, anger management, anxiety management, and gay and lesbian issues
- Languages: English and Swahili (Spanish and Arabic will be included later)
- Author of two books:
 - *Coming to America By Air And How America Food and Lifestyle Led Me To Gain Over 100 Pounds*, about eating disorders and the emotional issues associated with weight gain/loss.
 - *Before, After, and Beyond Bankruptcy*, about the connection between emotions and money

PROFESSIONAL DEVELOPMENT. BBS CEU provider #5374. Various interesting topics. Earn 8 hours of CEU credit in one day. Peaceful and comfortable location. Mindfulness included in all trainings. www.nsewmec.com. Didactic and Experiential. Come have FUN with us while you learn. marielouise.bosin@yahoo.com

NSEW Mindfulness Education Center offers low fee/sliding scale based on income and ability to pay counseling for adults, teens, children, couples and families at 101 E. Redlands Blvd, Suite 144, Redlands, CA 91373. Counselors Andy Clack and Amber Hebb, MFT Interns supervised by Marie Louise Bosin, MA, LMFT (27703) are available to serve you at a cost you can afford. Call the Center at 909-283-2338 to make an appointment.

Opportunities to Learn / Practice Psychodrama:

**** Every Friday at 6:30 PM****

Free 2 1/2 hours of a continuing course on the 24 comprehensive story models. Newcomers are welcome, but everyone must pledge confidentiality. The didactic comes at the beginning. After that is a psychodrama on whatever concerns people bring with them. University Methodist Church, 940 E. Colton Ave, Redlands, 92374. Park on Division St. and walk from there. Give and receive group support, pursue personal issues, and develop professional expertise. Earn CEU training certificates. We respond to issues you bring with you such as inner and interpersonal conflict, overcoming obstacles, family distress, couple and friendship troubles, discouragement, fears, isolation, rejection, failures, and crisis management. Get more information from Donell Miller: 4donellmiller@gmail.com (909) 798-2765 (let phone ring at least ten times).

Inland Empire CAMFT Membership Application/Renewal

Name and Degree_____

Street Address_____

City_____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address_____

Business Name _____ Business Telephone _____

MEMBERSHIP CATEGORIES (CHECK ONE)

☐ Clinical (Licensed).....\$40

☐ Pre-licensed (Trainee, Intern, Social Worker Associate).....\$25

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

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

CAMFT Member #_____

www.IE-CAMFT.org

Must be a member of CAMFT to join the local chapter (unless Affiliate member).

Dues are paid annually.

MAKE CHECKS PAYABLE TO: IE-CAMFT

Mail to:

Inland Empire Chapter of CAMFT (California Assn. of Marriage & Family Therapists)

P.O. Box 11846

San Bernardino, CA 92423

