

ALERT

Location Change for IE-CAMFT Meeting

We are “back to the future”! Our September 24th meeting will be at:
LLU - Behavioral Health Institute
1686 Barton Rd.
Redlands, CA 92373
(909) 558-9552

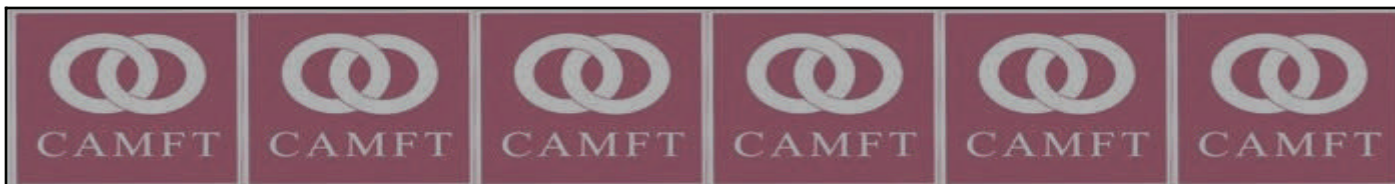
Directions: Exit the I-10 Frwy at Alabama St
Go South (right for most of us!) to Barton Rd.
Go Right (West) on Barton Rd.
BHI is at the corner of Barton Rd. and Iowa St.

IE-CAMFT has a long and mutually beneficial relationship with LLU’s Marriage and Family programs. This new facility was specifically designed for the combination of community based services and education. We will be meeting in the spacious first floor rooms designed for classes, workshops and seminars.

Notes for attendees new to the area:

Don’t confuse the Behavioral Health Institute (BHI) with Behavioral Medical Center (BMC). BHI is on the **EAST** side of Iowa St; BMC is on the West side.

Park ONLY in the parking area around the BHI. There is another adjacent medical building that does not like their spaces used by others!



THE PROFESSIONAL EXCHANGE IE-CAMFT

IE-CAMFT Newsletter
September 2010

California Association of Marriage & Family Therapists—Inland Empire

Monthly Meeting: September 24, 2010

Inside This Issue:

Coffee and Networking: 8:00 am

New Location!

Program: 8:30 – 10:30 am

LLU Behavioral Health Institute

Board Meeting: 10:30 am

1686 Barton Rd.

Redlands, CA. 92373

Mixed Orientation Marriage: Assessment and Interventions

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

This presentation will outline assessment areas for individuals, couples, and families when providing therapy services with mixed-orientation couples in which one partner is straight and the other is gay or lesbian. Interviews with former spouses and their children will illustrate needs and issues that require therapeutic intervention. Implications for research, education, and practice will be given.

Barbara Couden Hernandez, PhD, LMFT, RN is an Associate Professor, Coordinator, Families, Systems, & Health and Director of Doctoral Clinical Training at Loma Linda University. Naomi Shwenke is a PhD Student at Loma Linda University, Family Studies Dept.

Objectives

- ✦ Provide an assessment and treatment model for therapy with mixed-orientation couples
- ✦ Identify issues for inquiry of special interest in working with this population
- ✦ Specify methods for evaluation of therapists in preparation for working with this population

See page 7 for full abstract

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

PRESIDENT'S MESSAGE	3
ARTICLE: HOW OTHER CULTURES PREVENT POSTPARTUM DEPRESSION	4-6
PREVIOUS IE-CAMFT PRESENTATIONS	7-8
ADS & ADVERTISEMENTS	9-10

**IE-CAMFT
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PRESIDENT'S MESSAGE

President's Message September 2010

There is a story I read during my Anger Management course about a music teacher and her "musically challenged" student who turns out to not only be gifted but teaches the teacher to never give up on others. I have been facilitating Anger Management for a couple of years, reading this story every 16 months, but failed to recognize that I see "challenged" individuals every day with the potential to be outstanding. One participant asked me how I could stand to keep coming back week after week to this challenging group. I explained that I have been given an amazing opportunity to guide some of the most anger-challenged people; in fact those who seem the most challenging to me often turn out to be the greatest successes. It is always new and exciting to see the growth people can make with the right encouragement and tools. We are part of an amazing profession!

Warmly,

Ruth Dusenberry, LMFT



New Meeting Location



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BHI.

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.*

How Other Cultures Prevent Postpartum Depression

Social Structures that Protect New Mothers' Mental Health

Kathleen Kendall-Tackett, Ph.D., IBCLC

Is ours not a strange culture that focuses so much attention on childbirth--virtually all of it based on anxiety and fear--and so little on the crucial time after birth, when patterns are established that will affect the individual and the family for decades?

Suzanne Arms

As citizens of an industrialized nation, we often act as if we have nothing to learn from the Third World. Yet many of these cultures are doing something extraordinarily right--especially in how they care for new mothers. In their classic paper, Stern and Kruckman (1983) present an anthropological critique of the literature. They found that in the cultures they studied, postpartum disorders, including the "baby blues," were *virtually non-existent*. In contrast, 50% to 85% of new mothers in industrialized nations experience the "baby blues," and 15% to 25% (or more) experience postpartum depression. What makes the difference?

Stern and Kruckman noted that cultures who had low incidence of postpartum mood disorders all had rituals that provided support and care for new mothers. These cultures, although quite different from each other, all shared five protective social structures.

These are described below.

A Distinct Postpartum Period

In these other cultures, the postpartum period is recognized as a time that is distinct from normal life. It is a time when the mother is supposed to recuperate, her activities are limited, and her female relatives take care of her. This type of care was also common in colonial America, when postpartum was referred to as the "lying-in" period. This period also functioned as a time of "apprenticeship," when more experienced mothers mentored the new mother.

Protective Measures Reflecting the New Mother's Vulnerability

During the postpartum period, new mothers are recognized as being especially vulnerable. Ritual bathing, washing of hair, massage, binding of the abdomen, and other types of personal care are prominent in the postpartum rituals of rural Guatemala, Mayan women in the Yucatan, and Latina women both in the United States and Mexico. These rituals also mark the postpartum period as distinct from other times in women's lives.

Social Seclusion and Mandated Rest

Postpartum is a time for the mother to rest, regain strength, and care for the baby. Related to the concept of vulnerability is the widespread practice of social seclusion for new mothers. For example, in the Punjab, women and their babies are secluded from everyone but female relatives and their midwives for five days. Seclusion is said to promote breastfeeding and it limits a woman's normal activities. In contrast, many American mothers are expected to entertain others—even during their hospital stay. Once they get home, this practice continues as they are often expected to entertain family and friends who come to see the baby.

Functional Assistance

In order for seclusion and mandated rest to occur, mothers must be relieved of their normal workload. In these cultures, women are provided with someone to take care of older children and perform their household duties. As in the colonial period in the United States, women often return to the homes of their family of origin to ensure that this type of assistance is available.

Social Recognition of her New Role and Status

In the cultures Stern and Kruckman studied, there was a great deal of personal attention given to the mother. In China and Nepal, very little attention is paid to the pregnancy; much more attention is focused on the mother *after* the baby is born. This has been described as "mothering the mother." For example, the status of the new mother is recognized through social rituals and gifts. In Punjabi culture, there is the "stepping-out ceremony," which includes ritual bathing and hair washing performed by the midwife, and a ceremonial meal prepared by a Brahmin. When the mother returns to her husband's family, she returns with many gifts she has been given for herself and the baby. The following is a description of a postpartum ritual performed by the Chagga of Uganda. It differs quite a bit from what mothers in industrialized countries may experience.

Three months after the birth of her child, the Chagga woman's head is shaved and crowned with a bead tiara, she is robed in an ancient skin garment worked with beads, a staff such as the elders carry is put in her hand, and she emerges from her hut for her first public appearance with her baby. Proceeding slowly towards the market, they are greeted with songs such as are sung to warriors returning from battle. She and her baby have survived the weeks of danger. The child is no longer vulnerable, but a baby who has learned what love means, has smiled its first smiles, and is now ready to learn about the bright, loud world outside (Dunham, 1992; p. 148).

What American Mothers Experience

In contrast, American mothers often find that people are more concerned about them before birth. While a woman is pregnant, people may offer to help her carry things or to open doors or to ask how she is feeling. Friends will give her a baby shower, where she will receive emotional support and gifts for her baby. There are prenatal classes and prenatal checkups, and many people wanting to know about the details of her daily experience.

After she has her baby, however, mother-focused support rapidly declines. Typically, a woman is discharged from the hospital 24 to 48 hours after a vaginal birth, or 2 to 4 days after a cesarean section. She may or may not have anyone to help her at home—chances are no one at the hospital has even asked. Her mate will probably return to work within the week, and she is left alone to make sure she has enough to eat, to teach herself to breastfeed, and to recuperate from birth. The people who provided attention during her pregnancy are no longer there, and the people who do come around are often more interested in the baby. There is the tacit--and sometimes explicit--understanding that she is not to "bother" her medical caregivers unless there is a medical reason, and she must wait to talk to her physician until her six-week postpartum checkup. There probably are resources in her community that can help, but she has no idea where they are and feels too overwhelmed to seek them out for herself. So she must fend for herself as best she can.

Is it any wonder that many women find the postpartum period to be extremely stressful?

One popular book written for new mothers (Eisenberg, et al., 1989) describes this transition as "the reverse Cinderella--the pregnant princess has become the postpartum peasant" with a "wave of the obstetrician's wand" (p. 546). Here are some comments mother have shared with me.

I felt like I didn't matter. I felt like they weren't interested in me after I had my baby. My husband said, "Of course they are not interested. You've had your baby."

After the birth, I had several people tell me that the most important thing was that I had a healthy baby. Yes, that is important. But what about me? No one pays attention to the fact that you've had major surgery. They would have paid more attention if you had had your appendix out.

As a culture, we have woefully neglected the needs of new mothers. But this was not always so. Historically, we recognized the importance of a community of women helping women, who provided this much needed practical and emotional assistance. In so doing, they provided a chance for postpartum women to recuperate and assimilate the major change that had taken place in their lives.

Chances are it will be many years before there are organized efforts aimed at providing care for new mothers. The good news is that a grass-roots movement has begun that seeks to meet the needs of postpartum women. The word *doula*--from the Greek word for servant--is becoming part of our vocabulary. A postpartum doula is someone who takes care of postpartum women by providing practical and emotional assistance (Lim, 1992; Webber, 1992). Friends, family or a woman's partner can be Doulas. Or women in some communities might be able to hire a professional Doula. In either case, the Doula movement is in response to the lack of postpartum care available from traditional care providers. In the following account, Doula Salle Webber describes her care for new mothers and the types of support and assistance that they need.

In my work as a Doula, my focus is on the mother. I want to provide whatever it is that she needs to feel comfortable, nourished, relaxed, and appreciated: to facilitate a harmonious transition for both mother and child in those profound first days and weeks after birth. A mother needs someone who cares about how many times the baby woke to nurse in the night, how many diapers were changed, how her breasts are feeling. She may need her back massaged or her sheets changed, or she may need someone to provide an abundant supply of water or tea, salads readymade in the refrigerator, a bowl of cut-up fruit. She needs to be able to complain about how little her mate understands what she's going through, and perhaps, some gentle reminders of all the contributions he has made. She needs someone to hold the baby so she can take a shower or even go to the bathroom; someone to answer the phone when she's napping; someone to water her plants or garden, to clean the kitchen and bathroom, to keep up on the family's laundry. She may have many questions and concerns that only an experienced mother can understand. She needs patience and kind words and a clean and calm environment (Webber, 1992, p. 17).

While our culture continues to lack supportive postpartum rituals, the work of individual women can make a significant difference. Many are surprised that this decidedly "low-tech" intervention can work. Yet this is perhaps the most important lesson we can learn from the cultures that Stern and Kruckman described.

We must begin to change the way we think about providing care for new mothers. This care should not stop once the baby is born, but should continue throughout the postpartum period.

In conclusion, we have learned that women can make a comfortable and peaceful transition into motherhood. Postpartum mental illness is not inevitable and in many cases can be prevented. It is time that we recognize and meet the needs postpartum women. The health of our families depends on it.

References

Dunham, C. (1992). *Mamatoto: A celebration of birth*. New York: Viking Penguin.

Eisenberg, A., Murkoff, H.E., & Hathaway, S.E.(1989). *What to expect the first year*. New York: Workman.

Lim, R. (1992). *After the baby's birth: A woman's way to wellness*. Berkeley, CA: Celestial Arts.

Stern, G., & Kruckman, L. (1983). Multidisciplinary perspectives on postpartum depression: An anthropological critique. *Social Science and Medicine*, 17, 1027-1041.

Webber, S. (1992). Supporting the postpartum family, *The Doula*, 23, 16-17.

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 Breastfeeding-MadeSimple.com.

NEWSLETTERS AVAILABLE ON THE WEB by Garry Raley, MFT

Looking for a resource and you remember that IE-CAMFT had a program on the subject? I recently needed to make a referral for treatment of an eating disorder and could not remember "Valenta". I'll skip the obvious jokes about now being above the average age of MFTs in California! But just like we learned in Psy101, our memory in context lasts longer. I went to IE-CAMFT.ORG and found the resource from August, 2007. The following list is for your quick reference.

REMINDER: We want your suggestions for programs on the survey. If you have a subject, presenter, or want to present please tell us at <http://www.surveymonkey.com/s/QHRTJRC>

2007

January	Here it is from the Top	Mary Reimersma
February	What Does the Law Expect of Me? - pt.2	David Jensen
March	Social Security: a Primer for Therapists	Bill La Tour
April	Trauma Therapy Made Simple	Patrick Poor
May	The Diverse Sex Offender Groups	William Breer
June	Addressing the Challenges of Ambiguous Loss	Barbara Hernandez
August	Eating Disorders	Jeffrey Mar/Candice Brown
September	Camp Good Grief	James Billings, et al
November	Emotionally Focused Therapy w/Couples	Mary Molin
December	Self-Esteem and Depression	Ronald Mah

2008

January	Hear it from the Top	Mary Reimersma
February	What Does the Law Expect of Me? - pt.3	David Jensen
March	The Latest in Dispute Resolution Services	Hiram Toro
April	Autism Spectrum Disorder	Tony Brandon
May	Psychotherapy with Men	Tom Elliott
June	Using Myers Briggs Personality Inventory in Therapy	LuAnn Ahrens
August	Standing at the Intersection of Psychotherapy & Spirituality	Robert Connerley
September	What Every Therapist Needs to Know about Marketing on the Internet	Debra Gallant
October	Introduction to Neurotransmitters and Behavior	Jan Hackleman
November	Compounding Pharmacy: Implications for Interpersonal Relationships	Raylene Mote

2009

January	NEUROLOGICAL DEVELOPMENT & HIGH RISK ENVIRONMENTS	Mary-Catherin (Kiti) Freier
February	What Does the Law Expect of Me? - pt.4	David Jensen
March	Victim Advocacy Services	Janet Hulse

Previous IE-CAMFT Programs (cont.)

2009

April	CAMFT Update	Mary Reimersma
May	How to Identify and Treat Sexual Addiction	Rebecca Deighan
June	Gestalt Therapy: Contact, Figures, Dialogue and Dilemmas	Lolita M. Domingue
August	Hands-on Interventions for Children and Families	Ruth Dusenberry
September	Self-injury in Adolescents: Awareness, Assessment and Treatment Interventions	Susan Hagerman and Byron Thomsen
October	Couples Need Tools, Not Talk	Catherine Wheeler
November	From the Frying Pan to the Jacuzzi	Vernon R. Bradley

2010

January	Get it from the Top!	Mary Reimersma
February	What Does the Law Expect of Me? - pt.5	David Jensen
March	The Soldiers Project – Combat Trauma and Coming Home	Carol Tanenbaum
April	Rethinking Trauma	Gary Bell
May	The Graduate Course You Never Had	Larry Waldman
June	Dialectical Behavioral Therapy – Coping with Chaos	Elizabeth Dexter-Mazza,
August	Mitigating High-Conflict Divorce	Brook Olsen
September	Mixed-Orientation Marriages: Assessment and Interventions	Barbara Hernandez/Naomi Swenke

Abstract for September Program

The presenters will offer their assessment and treatment model for use when providing therapy with mixed-orientation couples who choose either to remain together or to separate. Participants will learn how to inquire about a variety of issues that will assist such couples, individuals, and families to process their experience and ensure that affirmation, support, empathy, and understanding mark their therapeutic interactions. Some of these assessment issues are: individual and family developmental stages, potential for economic stability, ambiguous losses, level of commitment, coping with infidelity, successful co-parenting and executive subsystem integrity, the impact of homophobia, community support, and beliefs or attitudes that frame the couple's understanding of their marriage and of each other. Options for couples who choose to remain together will be explored. A case will be made for experiential exploration of each therapist's perspectives and counter-transference issues through genogram construction and examination before working with mixed-orientation couples. Videotaped partners or former partners in mixed-orientation marriages and children of these relationships will comment on their experience in therapy in terms of what was helpful and hurtful to them. A strength-based, collaborative approach will be proposed, in which the best interests of each party will be identified and negotiated. Discussion questions that will frame this presentation are: (1) how can the best interests of all parties be negotiated? (2) how can therapists act as 'a moral compass' (Doherty, 1999) for individuals, couples, and families while adhering to the ethical standards set forth by AAMFT? (3) how can the therapists avoid doing harm? and (4) how can therapists recognize and manage their own issues about sexual orientation, marriage, healing, and family life? Implications for therapist education, clinical practice, and future research will be given.

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/mhnservices.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.

NEWSLETTER POLICY

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

DISPLAY ADS RATES

BUSINESS CARD SIZE:

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

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

CLASSIFIED AD RATES: Members: free

CLASSIFIED AD RATES: NONMEMBERS:

ONE MONTH: \$20

3 MONTHS: 10% OFF \$54

6 MONTHS: 25% OFF \$90

12 MONTHS: 40% OFF \$144

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

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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* Evening & Saturday Appointments Available

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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

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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Business Name _____ Business Telephone Number () _____

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

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

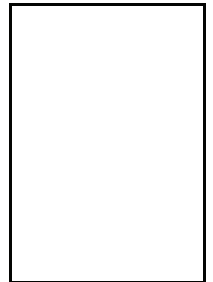
_____ Affiliate Practitioner in another field (e.g., RN, Attorney).....\$40

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)
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