THE PROFESSIONAL EXCHANGE IE-CAMFT

IE-CAMFT
Newsletter
September 2011

California Association of Marriage & Family Therapists — Inland Empire

Monthly Meeting times and Location

08:30-09:00 am Coffee and Networking:
09:00-11:00 am Program
11:00-11:30 am Board Meeting

LLU Behavioral Health Institute
1686 Barton Rd.,
Redlands, CA. 92373

Directions: Exit the I-10 Fwy 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.

Park ONLY in the parking area around the BHI

Note: New meeting time: half hour later than in past. Gives time to deliver kids to school, etc., since many of our members have that responsibility. Promptness is urged and presence required during the two hour presentation to earn your 2 CEUs.

Friday, September 23, 2011
Intro to Mind Mapping and PhotoReading: Tools to aid assimilation and understanding of your own information complexities.

Our presenter, Tom Kavanaugh, will present us with mechanisms to: Learn, organize, store and retrieve information with one Master Thinking Tool; to map out ideas and thoughts according to hierarchy of importance; to increase retention by color coding sections; to stimulate thinking in group projects; to set goals according to desired personal, educational and business objectives; to create templates of repetitive tasks for time savings; to structure notes to increase memory recall; to reduce study time to review one page of color coded notes; to combine the power of association and imagination using left and right brain skills.

We'll learn how to create Mind Maps from a central idea and branch out into more specific areas of information. Each Mind Map will be created in the way your brain thinks about and organizes information. As you learn the laws of creating a Mind Map you will begin to discover how your imagination plays such an important part in organizing your thoughts and ideas into useful applications in daily life!

Wow!! That's a heap of Ideas. Maybe I can use Mind Mapping to organize the above statements in a way to remember them more easily.

I'll be there. Hope you will be too.

IE-CAMFT Meeting September 23, 2011

Intro to Mind Mapping and PhotoReading: Tools to aid assimilation and understanding of your own information complexities.

If at all possible, bring a laptop onto which you have downloaded the program available at:
http://www.thinkbuzan.com/us/a_id/4b798abe421b8
The program is a free version of iMindMap5. Even if you don't have a laptop, show up and learn. You can download iMindMap5 to home PC for later practice and use.

Objectives:

1. **Become aware there is available a resource and training called PhotoReading, a discipline or process by which one can read or absorb written material almost as quickly as taking a photo of it.**
2. **Become familiar with mind mapping as a visual technique whereby one can display interrelatedness of one's ideas, thoughts, entities, concepts, etc.**
3. **Practice using Mind Mapping via a free version of iMindMap5 downloadable above.**
4. **Achieve a measure of expanded awareness and creativity with which to address elements of one's life.**

Speaker:
Tom Kavanaugh, MA
Principal of www.NewTrainingStrategies.com
951-640-4860
(More about Tom on page 5)

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.

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.

President's Message:

Two items to bring before you: The first has to do with my hope of encouraging the development of your spontaneity and creativity through writing, which has been a major resource for me. We have the Newsletter, distributed now through the internet, which means we're without space restriction. There's room for your creation.

If you write down your reaction to our programs as soon as possible, you'll be amazed at how much you remember. And what is even better, you'll automatically include your own reactions. You'll be freer to express yourself, without some presumably critical person listening. Of course you critique yourself, but you'll have much more to go on if you have something---anything---down on paper. Back in the 'dark ages' as an undergrad, I overcame a tedious compulsion to highlight readings when I discovered just in time how much examination preparation improved with closing the book and reacting on paper.

I confess; Ever since childhood I've wanted to be a writer, a common ambition. The trouble is that this often represents only the wish to have written, rather than to engage in the process of writing. 0h the lure of the bottom line. Committed to writing every day, I enjoy the satisfaction of never facing "a writer's block." Whatever is in my head goes to the paper. I don't wad it up after only a half sentence, litter the floor, and begin a clean sheet, like they dramatize (frustrated) writers in the movies. Whoops! That's an anachronism. Today's computers do an 'end run.' What a relief to keep on going. Delete later, when enough's there to take the trouble.

To be more specific. I'm suggesting how we may make the best use of what information comes our way. Not so much to retain what we've heard, but to discover what I, myself, feel about it all. I've come to the place in life where I set my experiencing where it belongs, in the midst of what I'm already coming to know and do. We call it integration, even if it's not yet inspiration. No peaks emerge except to interrupt the valley of the ordinary.

A next step. What do I want to share and with whom? I've already wrestled with myself, so I don't need to do that again. Who is your target audience? You have something to say, so say it! We're listening.

President's Message (continued-1):

My attempt to be a role model leads me to the second item cited at the beginning. I've lived long enough to plunge on into whatever interest dominates me at the time that I've almost incidentally fully qualified myself to work in four or five vocations, depending on how you count them. What matters here is not the story of my life, but only what is pertinent to our most recent experience together. At our IE-CAMFT meeting last month, our speaker on psychoses prompted reflections I'll share to reduce anxiety and stimulate your professional progress. My 'second profession' was clinical psychology, which fed my curiosity all the way through a two year hospital internship on to the doctorate in 1956.

You may lack confidence in the extent of your formal preparation in this particular area. Don't panic. You may know more than you know. Are we not all human beings serving other human beings, who need our help? And so we help one another here. I use personal references in the hope I can make them work for me. Others are prone to remember the personal, and more readily recognize parallel experiences. Think of that as you heed my suggestion to write for our newsletter. We're preparing for no greater examination than what working life thrusts upon us.

Use your computer resources (or reference librarian) to review *The Snake Pit*, a vintage forties movie. What the protagonist faced in her asylum hospitalization is what I found on the ward of a traditional state hospital back then. This was prior to the coming of tranquilizing drugs, when psychotherapy was a psychiatrist's prime function, jealously guarded against 'insidious' incursions of psychologists. Psychiatrists took social workers more in their stride, who worked with 'obnoxious' families and waded through picky bureaucratic work the doctor would have to do.

Actually MFTs today may profit from the history of all three professions, and not fritter away valuable time on 'internecine wars.' "Whoever doesn't know history is compelled to repeat it." Commercial publishers and librarians seeking shelf space, evaluate mid-century writings as obsolete. I object, for how we saw things then has its counterpart in what we do today. Don't be overly impressed with the subtle (and sometimes not so subtle) pecking order mental health professionals sustain. Your expertise may equal or excel those 'above' you, despite their greater prestige. Make more consultations but fewer referrals. Your patient may be better off to stay with you.

Quickly my initial 'Snake Pit' perception faded as I logged more time on the ward, alone with the patients. When I listened to what they had to say, without hastening to advise, they taught me more than they realized about themselves--- and more than I had realized about me. Like children, their frank comments may sting, just because they're often accurate. But can I be offended? What's true is true. Best to swallow the bitter

President's Message (continued-2):

pill, for when we do, we cross a threshold. No need to defend a power position. Indeed, it becomes more powerful when we don't. When we make contact, we're making progress. We've reached 'first base.'

How different this is from how I self-consciously functioned in my professional role as diagnostic psychological examiner. I blush as I remember how psychiatric interns hung on every word of my report. They were struggling with the book learning burden of their medical education, and the unquestioned assumption of 'superiors' that there is an essential connection between diagnosis and therapy. As it happens, it's not very close, even though DSM 2, the diagnostic classification system in use in my heyday was terse indeed. One could start after breakfast and be finished reading before lunch. Yet I regard it as more practical than anything we've come up with since.

There are fundamental problems we like to label 'philosophical' so that we can forget them. We tend to think of schizophrenia as a condition the patient has, just as the word "fastidious" refers to a trait your annoying roommate possesses. In DSM-2 not many noted the emerging glimmer of hope. They list not merely 'schizophrenia,' but 'schizophrenic reactions'.

One is not a 'schizophrenic.' nor is one an 'obsessive.' There are no obvious disease entities which better chemistry can cure. So what is the (pardon me) 'schizophrenic' reacting to? Hardly to an identifiable physiological process within himself, though counterparts necessarily exist, for the human being is one organism.

Often it is convenient to research neural limits, to inform what we're doing psychologically rather than come up against a stone wall in attempting the impossible.

Our justice system daily deals with murder. What was the cause of death? The DA says the defendant is the cause of death. If pressed, he'll concede it was a '38 revolver,' or a bullet in the heart." but the medical examiner's report details other "causes." Can all these be true? Of course, they are alternate levels of explanation for the same incident. My point? If we fully explore our own accustomed level of explanation in terms of social interaction, we'll have fewer worries about possible medical involvements. Medicine has its own individualistic 'biases' which overlook the vitality and competencies or our profession. When the doctor 'lets slip' or outright tells the patient his diagnosis, he overlooks the patient's identity confusion, for the diagnosis may become a self-fulfilling prophecy. I understand the rationale behind it, but I cringe at the AA routine of a speaker's introducing himself, "My name in John Jones, and I'm an alcoholic." Believe me, he's much more than an alcoholic, and if he gets in touch with the 'much more' the alcoholic identity fades. To speak of 'acting crazy' is better than latching on to the label 'psychotic.'

President's Message (continued-3):

Ordinary English is less likely to mislead. Take the imaginative leap into another's shoes, and you'll find what is before you is not so strange after all.

It's difficult today to find the learning opportunities I enjoyed. State hospitals have been emptied. Getting internships, at least paid internships, is nearly impossible, and even if you were to land an attendant's job, all the patient symptoms have been masked by elaborate drug regimes, the effect of which takes time to discover. The physician who prescribes them has the same problem, so don't feel bad. Moreover, you have been dropped into a culture (consult an anthropologist) which proscribes what you may or may not do. Not much space for validation of your hypotheses! One important thing you'll learn is not to be afraid. You've seen others be reckless, and you'll not repeat their mistakes. The trouble they face is oft brought on by themselves. They'd probably have the same trouble in a factory, though the day of reckoning may take longer.

When our speaker cited the ethical necessity of referring 'psychotics' it gave me pause. Of course we must be ethical. But how do we know that's what we're dealing with? Perhaps we've discovered the condition ourselves in the course of treatment, If our client has a history of hospitalization, and mentions casually in passing "life is not worth living," or "I'd be better off dead," that's a red flag. Don't ignore it, as if it will go away after a night's sleep. But don't call '911' either. Encourage: "Tell me more about that." Focus on the feeling. We know he's depressed, but what's beneath that? Fear and anger are likely. One feeling may be at the door, with the other, unrecognized, behind it. "Have you ever felt like this before? What happened? Do you expect it to happen again?" Most of your clients will perk up, become more animated, for the relevance is obvious. The decision you must make as MFT is not whether the client is psychotic. He may or may not be. The question is "Do you conclude he is a danger to himself or others?" That's when I'd say "I don't want any harm to come to you, so I suggest we consult someone else, family or colleague." "Is he on any medication? What is it?" It helps to know what the more common meds are for. "What does it do for you?"

What goes through the client's head is "Ouch, she knows I haven't been taking my meds." Before she can decide to lie, I ask (I should already know) "Who is your doctor?" Intuitively she recognizes that there are no secrets from the primary physician. She may plead, "Don't say anything to my doctor." That's when I say, "Let's trade chairs." That done, I say "In my chair over there, you are me, but from your chair here I'm going to pretend I'm you. Now I shall repeat your sentence, and you respond as if you were me, in any way that you think

President's Message (continued-4):

is right." Having done so, "Now let's go back to where we were." I repeat the words she'd put in my mouth, and her response, whatever it turns out to be, puts us in another ballpark. You'll know what you should do. It's important that the client not feel like she's failed again, and know that you, at least, care about what happens to her.

Where does 'psychosis' fit in here? The word describes one with a fleeting grasp of reality. The procedure cited above gives you an avenue for making a good guess, but what matters is what you do, rather than worry about the diagnostic label. If there is a complication, and you don't want to treat the client yourself, refer. When and if I do, it's based on my knowledge of me, and how I relate with clients, not on the diagnostic label.

If your client seems strange or puzzling, and hides his feelings, so that facial expression doesn't match what he's saying, a schizophrenic process is possible. Don't underestimate the fear component. I ask about any dreams, particularly recurring nightmares. If the manifest content has one being consumed by fire or water, or being frozen, this is a red flag. But I don't say this out loud. Does the client's life story sound like a dream rather than a social commonplace?

I consider my options. The setting where I work is a major factor. Alone in private practice involves more risk, but if I'm working in a clinic or hospital situation I may speak with a colleague. Of course you have to take into account what confidentiality means where you are. For ten years I worked at a private psychiatric hospital in Pennsylvania, where confidentiality was shared by the whole medical staff, at least in the notes we put into the clinical record.

Parenthetically, I disdain technical language, so that even if the patient were to read what I wrote, he'd not be affronted. Indeed, sometimes the patient's psychiatrist would read aloud what I said, and the patient never complained. If in doubt, I get the client's permission to speak with another professional, who can help me help him. I'll name who I have in mind, for my colleague is known at least by reputation to the client. It protects both therapist and client to share responsibility. If anyone should report to the board, or take the matter to court, the evidence is in your favor.

If I expect scrutiny by the licensing board, of course, I put treatment plans into my computer, along with what I consider progress, given this or that. The MFT frame of reference should be quite adequate. The structure suggested by Bowen, for example, allows for change as client's mature. What we're treating is the story of human interaction, as we work toward improved functioning and more personal satisfaction. The 'deep' intrapsychic comes in only as interaction is affected. Once surfaced, it becomes interpersonal, which

President's Message (continued-5):

is our arena.

Remember that the whole diagnostic system. with its emphasis on individualism, is alien to all you've been doing. Only if the client is unable to function in everyday life should we consider bowing out of the therapeutic relationship. It is a matter of your judgment before it is anyone else's. But then, make sure you have consultant or supervisory resources. That should be enough to keep everyone safe.

Here are a few generalizations you'll not find in the textbooks. Normally we work with what psychiatrists call 'neurotics.' We know how to do that. What treatment adjustment do we make when we suspect psychoses? With neurotics we uncover and ventilate, but with psychotics (at least in the short run) we cover up and provide limits. We make our usual 'neurotic' client aware of 'defense mechanisms,' for he's 'well defended.' Indeed, he's overdone it. Defense against what? The bubbling caldron of the as-yet-unstructured 'primary processes,' the 'unconscious,' the chaotic heritage we seek to replace with consciousness .. (See Anna Freud, "The Ego and the Mechanisms of Defense") Pierce those rationalizations and reaction formations.

Quite otherwise with 'psychoses.' Support rather than oppose neurotic defenses, for with psychoses the patient is poorly defended. He relies on primitive defenses such as denial and dissociation. Delusions and hallucinations are attempts to compensate for the damage they allow. With the latter the process is already far along. The trick is to build up the defenses before they go so far.

How? For me the best resource is a cohesive accepting group. Even a group made up entirely of patients diagnosed schizophrenic has a more adequate sense of reality as a group than any of them have as individuals. Lacking an available group I'm careful to maintain a positive relationship and remind the patient of reality boundaries as they arise. Never scold. Validate desperate attempts as increments of progress. He can count on you to understand.

Isolation is your worst enemy. Although you keep your professional boundaries as much as possible, emergencies arise demanding you bend the rules. Beware of distancing. That's when bad things happen. Whatever your limitations, because of your relationship, you may be the best one for him. It's scary, but you are the patient's lifeline. His regard for you may save him.

- Don Miller

4donellmiller@gmail.com ; 909-798-2765)
(Let it ring several times. We take a while getting to the phone. I'm not as fast as I used to be.)

IE-CAMFT Meeting Speaker September 23, 2011

Tom Kavanaugh (951-640-4860)

Tom followed his U.S Marine Corps active duty with 26 years as a sales trainer in the Southern CA auto industry. Then he **became a Licensed Trainer of Neuro Linguistic Programming, Time Line Techniques and Hypnotherapy. Later he earned his undergraduate degree with a specialization in Clinical Hypnotherapy. He studied in England with Chris Griffiths, the creator of Tony Buzan's iMind-Map5 software program and earned the designation of Master Trainer of Mind Mapping®.**

Tom attended the PhotoReading Whole Mind Learning System Instructor Training at Learning Strategies Corporation's headquarters in Minneapolis, Minnesota and completed his Instructor Training to become a Licensed Trainer of the system with Paul Scheele, the developer of the PhotoReading Whole Mind Learning System.

He completed his Masters Degree in Transpersonal Psychology from KONA University where he utilized only Mind Mapping and The PhotoReading Whole Mind Learning System to achieve high honors with a final 4.0 grade point average. He holds the following educational credentials and professional designations:

Masters Degree Transpersonal Psychology
Certified Master Trainer Mind Mapping®
Licensed Trainer PhotoReading Whole Mind Learning System®
Licensed Trainer Neuro Linguistic Programming®
Licensed Trainer Time Line Techniques®
Licensed Trainer Clinical Hypnotherapy

Dear Members:

One of the best known ways to build your practice is to get into the community and speak about your expertise. And, 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!

I am looking for presenters for these future IE-CAMFT meetings in 2012:

Friday May 25 8:30 am-11:00 am
Friday June 22 8:30 am-11:00 am

I'd be thrilled with 1) your self-nomination, or 2) recommendations of other talented folks.
The more recommendations the merrier! Call or text me at 951-347-1837, or e-mail me at Doreen@ABetterWayCenter.com

Doreen Van Leeuwen, LMFT
Program Chair

PROGRAM OUTLINE FOR IE CAMFT SEPTEMBER 2011 – JUNE 2012

DATE	SPEAKER	TOPIC	TIME/LOCATION	COST
9/23/2011 September	Tom Kavanaugh	Mind Mapping and Photo Reading	8:30 am Loma Linda BMI	$10 CEUS for non-members
10/28/2011 October	Patrick Poor	Trauma and Dissociation	8:30 am Loma Linda BMI	$10 CEUS for non-members
12/2/2011 December	Barbara Griswold and Doreen Van Leeuwen	Managed Health Care and Practice Building	9 am- 3:30pm Citrus Park – Orange Crest	Cost TBD
1/27/2012 January	Dr. Pejman Katiraei	The Stress Cycle: physiological links with "psychological" disorders	8:30am Loma Linda BMI	$10 CEUS for non-members
2/24/2012 February	David Jensen, J.D.	Law and Ethics	8:00am-4:00 pm Venue TBD	Cost TBD
3/23/2012 March	Linda Shestock	Collaborative Divorce	8:30am Loma Linda BMI	$10 CEUS for non-members
4/27/2012 April	Jill Epstein	Take It From The Top!	8:30am Loma Linda BMI	$10 CEUS for non-members
5/25/2012 May			8:30am Loma Linda BMI	$10 CEUS for non-members
6/22/2012 June			8:30am Loma Linda BMI	$10 CEUS for non-members

IE-CAMFT
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In this newsletter, if you find errors such as name spellings, email addresses, phone numbers; or if you have suggestions you think might refine, make more accurate and improve future newsletters in form or content, convey them to
Theo Smith 951-359-1706
trsmith00@sbcglobal.net

Money! Money! Come and get your free money!

I wish it were that easy, don't you?! However, in August, Shawn Talbot, Director of Chapter Relations and Certification for CAMFT, sent out an email stating that the CAMFT Educational Foundation Board of Directors voted to increase the amount of CAMFT scholarships from $2,500 to $4,000 each! The deadline to apply for the 2012 scholarships is December 31, 2011.

To access the 2012 scholarship applications, please visit CAMFT's homepage at www.camft.org and select the "Educational Opportunities" tab at the top of the homepage. You can also access the scholarship forms by using the following link:

(It is in very small font so it will be a single string which you can click on. A readable URL is below it. All one string.)

http://www.camft.org/AM/Template.cfm?Section=Scholarships&Template=/CM/HTMLDisplay.cfm&ContentID=9679

http://www.camft.org/AM/Template.cfm?
Section=Scholarships&Template=/CM/
HTMLDisplay.cfm&ContentID=9679

INLAND EMPIRE activities or services of interest:

Maternal Adolescent Family Services:
Are you pregnant or parenting?
In need of services & support?
Contact Maternal Adolescent Family Services
951-358-5250 or
http://www.rivcoph.org/mcah/

Q. What's the best way to make a small fortune in the stock market?
A. Start off with a big one!

A new study found that seniors keep their minds sharp by doing puzzles and brain teasers. That's why every morning, we stick grandma in a maze and make her find her way out.

When I feel like getting away from it all, I just turn the TV on to a Spanish soap opera and imagine I'm on vacation in a hotel in Mexico.

Steve: I bought my wife a beautiful diamond ring for Christmas.
Frank: I thought she wanted one of those sporty 4-wheel drive vehicles.
Steve: She did. But where am I going to find a fake jeep?

IE-CAMFT Meeting Past (August 26, 2011):
By Janell Gagnon

In our August IE CAMFT meeting we had the pleasure of learning about working with psychotic patients from Alana Hendrix, MS, LMFT. Alana got into the world of counseling when she began lay-counseling with families of murder victims. Since then, she has grown into a seasoned licensed Marriage and Family Therapist, working with a variety of populations including psychotic patients. Alana educated us about how to assess for psychosis in patients, how to work with and write treatment plans for psychotic patients, and how to work with the families of psychotic patients.

With regards to assessment for psychosis, it is important to note that newly psychotic patients often try to hide their psychosis because of the embarrassment it causes them. This can make it difficult to recognize and properly diagnose newly psychotic patients. Alana also discussed the following suggestions for assessing psychotic patients:

1. Assess for safety, the patient's needs, and if you can work with this patient in your scope of practice. The assessment for your scope of practice should be an ongoing one as the patient's needs may change.

2. Contact the patient's psychiatrist. If they do not have one, refer them to one.

3. Perform reality testing on the patient to see if they are in touch with reality. The reality testing will help to determine how committed they are to their psychosis (or how real their psychosis is to them). It can also help to determine what kind of psychosis they are experiencing. Are they experiencing paranoid, catatonic, disorganized, etc. psychosis?

4. Assess the patient's affect. Is their affect appropriate or inappropriate for the situation?

5. Always look for signs of the patient self-medicating. Many patients dealing with psychosis will self-medicate, making it essential to look for possible dual diagnosis so they can be treated properly.

When working with and writing treatment plans for psychotic patients, it is especially important to treat them with compassion. These patients are often disowned or shunned by society because they are considered crazy or scary. In her experience working with this population, Alana found that using humor with them whenever possible has positive effects. Alana also discussed the following suggestions for working with these patients:

1. Treat the psychosis (the symptom) before dealing with the underlying problem.

2. Case management is the best treatment for psychotic patients whenever it is feasible.

3. Write formal, specific treatment plans. It is helpful to have the patient and the patient's family (if they are available and involved in treatment) sign the treatment plan so that everyone is working together towards the same goals.

4. The goals for psychotic patients should not always revolve around getting them in touch with reality; this may not be an attainable goal. The goals should be geared around raising the patient's self esteem and instilling hope in them that they can work through the illness.
5. When doing group work with these patients, they need all of the same things that non-psychotic patients need. They need hope, socialization, catharsis, universality, altruism, guidance, interpersonal learning, and self-understanding.

Alana also discussed how difficult it can be for the families of patients suffering from a psychotic illness. It can be stressful, frustrating, and draining on these families, which is why they often need help as well. Alana discussed the following suggestions to help these families:

1. First of all, educate the family about the necessity for good self care, as well as good self care habits. If they are healthy, they will be able to deal with the situation much better.

2. Get as many family members as possible involved in the care of the patient. The more support and help, the better.

3. Educate the family about the illness they are dealing with. Educated them about the symptoms, behaviors, medications, and what they can expect with the illness.

4. Provide many resources for the family such as referrals to a psychiatrist, support groups, other therapists, etc. Whenever possible, let them be involved with the care of the patient by giving them choices to different resources.

If you have any questions about the material presented, you can contact Alana Hendrix at (909) 215-8084. She works in private practice with New Hope Christina Centers in Covina and Moreno Valley offices. Besides her work with psychosis, she also specializes in family relationships issues, parenting concerns, addiction problems, grief & loss, and good self-care. Thank you Alana for your interesting and informative education about working with psychosis!

- Janell Gagnon

(Ed note: Nice work Janell!!)

NEWSLETTER NOTES, POLICY

Reminder: Please submit newsletter items to Ruth Dusenberry at ruthd616@aol.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.

Notice Regarding Ads: *Free* Member ads will run continuously for three consecutive newsletters if not cancelled earlier. After three NL 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)

Column to "Strut your stuff"

We now have a column, "Featured Service". Each month we want to feature a service or business associated with one of our members. Submissions should describe your business, special focus, or service offered.

One of the benefits of IE-CAMFT Chapter membership is the opportunity to promote your business; this column will give members an opportunity to go beyond a small business card ad (which is free to members) by giving you the forum to describe in more detail the business or service you provide. Take advantage of this new feature!

Ruth Dusenberry, LMFT
IE-CAMFT Newsletter Editor

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. For more information on membership benefits or how to join, see the membership enrollment or renewal form on page 10; or contact Garry Raley for assistance. Membership may be initiated or renewed any time during the year. But keep in mind the membership year runs from April to March 30.

Benefits: You get to
- **Network**
- **Receive at no cost, 2 CEUs at each of 9 Monthly Meeting, and**
- **Attend special Law and Ethics Meeting and receive 6 CEUs at reduced cost.**
- **Stay Connected to Other Therapists**
- **Advertise for Free**
- **Develop Peer Relations to Reduce Isolation**
- **Give and Receive Consultation and Referrals**
- **Increase Your Knowledge**

FEATURED SERVICE

Janetta Peltz, MFT
951-922-0442
Private Practice for 12 years
3086 W. Ramsey, Banning
Corner of Sunset & Ramsey off the 10 freeway

Adults & Children
Marital and Premarital Therapy
Victims of Crime, Sexual & Physical Abuse
Anger Management, Stress Management
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Victims of Crime

CLASSIFIED ADS

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, for more information.

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 street Bear Valley Road and Hesperia Road. Call Pam Hart 760-900-3852

$450 for your own private office, Corona (300 sf inc. utils). A great deal! Share the waiting area with another therapist, free parking, weekend-evening hours, is restaurant and fwy close! Atmosphere is quiet and up-scale...Do it! Start your own practice—take advantage of the low rent! Contact Catherine at: shrinkin@sbcglobal.net

Office for rent - North Claremont
Two office suite. Includes bathroom and waiting area. Nice location.
Contact Michelle: 951-522-6766
mdmft@netzero.com

Office Space in Redlands
Homey & green. Fios. Fax/copier/printer/scanner. Kitchen. Good parking.
Billing available. Beth McGuire: 909-831-6377

Office Space For Rent in Corona, CA

1128 E. 6th ST, Suite 7, Corona CA

Major Cross Streets: 6th ST at Rimpau AV
Close to downtown Corona; convenient to Norco, Eastvale, Riverside, South Corona

Specifics:157.5 ft² fully-furnished room; office available for sub-lease part-time; can be easily added to existing Vonage DSL-enabled telephone, voicemail, fax, e-mail and internet system; bi-monthly cleaning service; small kitchenette for tenant use only; facsimile and limited copy machine services; conveniently located near 15 and 91 freeways; waiting room with bell to alert you of next clients; amicable work environment; on site ample free parking; utilities pro-rated; flexible terms and rates – RATES NEGOTIABLE. Contact Doreen at 951-847-7742 or Doreen@ABetterWayCenter.com for further details and to schedule a tour.

Inland Empire CAMFT MEMBERSHIP APPLICATION

Name and Degree_____
Address_____
City_____ **State** _____ **Zip** _____
Telephone _____**Fax** _____
E-Mail Address_____
Business Name _____ **Business Telephone** _____
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: IE-CAMFT

Mail to:
Inland Empire Chapter of CAMFT (California Assoc. of Marriage & Family Therapists)
P.O. Box 11846, San Bernardino, CA 92423

ADDRESS CORRECTION REQUESTED

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Marriage & Family Therapists)
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