
The Central Coast Therapist

July/August 2013



The President's Message-

--Karen Rogers, LMFT

Live Aloha! That's the message we received throughout our recent trip to Hawaii. And what does *Live Aloha* mean, exactly? Well, there is no "exactly," because Aloha is a word of such nuance. "Love, affection, compassion, mercy, sympathy, pity, kindness, sentiment, grace, charity; greeting, salutation, regards; sweetheart, lover, loved one; beloved, loving, kind, compassionate, charitable, lovable; to love, be fond of; to show kindness, mercy, pity, charity, affection; to venerate; to remember with affection; to greet, hail." (Hawaiian Dictionaries <http://wehewehe.org>) So then, to *Live Aloha* is to embrace and express those aspects within ourselves. It means to love the life you are living.

Sometimes we are challenged to feel those qualities, and I was challenged recently—particularly with grace!—just before I left for vacation. I have a new primary care physician, and in the course of routine testing discovered that my thyroid is hyperactive in a serious, do-something-quickly way. In the few days prior to our trip to Hawaii I had a thyroid ultrasound and more blood tests and we traveled to Santa Barbara to consult with an endocrinologist. Consequently I added another medication to the daily regimen I have been on since experiencing heart failure in spring of 2011. It's frustrating because we are treating only the *symptom*, needing more information (testing, diagnostics) to determine the cause. When it came to my heart, the doctors first addressed the symptom (ventricular fibrillation) with medication, which was a resounding failure. Once they addressed the physical cause, my symptoms fell away. Now, with my thyroid running amok, it's causing more cardiac symptoms, even though the problem is not my heart! A nuclear scan is scheduled to gain more information. I am practicing patience, acceptance and grace through this, returning to living Aloha.

I explain this because, although I enjoy serving on our Board as President, it's not serving me at the highest level to do so.

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California Association of
Marriage & Family
Therapists
Central Coast Chapter

**The Next Meeting is
on Friday Morning,
July 26th from 9 to 11.
Social Hour starts at
8:30.**

**Location: The
Unitarian Universalist
Fellowship in SLO.**

Meeting Directions:

Unitarian Universalist
Fellowship **2201 Lawton
Avenue** San Luis Obispo, CA
Phone: (805) 544-1669

UUF is located on South
Street between Higuera and
Broad in San Luis Obispo. It is
directly east of Meadow Park.
You may turn on Lawton or
Meadow for parking in the lot.



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My heart asked for opening, asked for time and I have given it. Now I am being asked to care even more for my own health. So I will be a one-term president. This decision was made reluctantly, because I delight in working with “my” Board members and have much to learn and to share. However, I also made the decision with determination because if I am not modeling excellent self-care, I am not walking the talk.

This decision on my part poses a challenge, because I have served this year so far without a Vice President. We as a Board will work together for the remainder of the year and I am certain a solution will present itself. Meanwhile I am continuing to have fun doing what I do.

Our Central Coast CAMFT Board exemplifies those aspects mentioned in the first paragraph, striving to serve our members in the best way possible from newest trainee to seasoned therapist. This is why it is so much fun to play on the Board. I have felt supported and encouraged and am in gratitude to be so lucky as to have such wonderful friends and compatriots.

As professionals, we are being drawn toward our future by the next generation of therapists. It's all about how we have been influenced by our external and internal environment as well as by our life journey that informs our practice and our philosophy. Each of us brings our own special

instrument to the symphony, our own design to the pattern.

We wish to further expand our diversity as a Board and as a Chapter, and so encourage you to spread the word about our bi-monthly meetings and our *new* website (more on that in another article in this newsletter). We want to know how best to serve our County's therapists, and so encourage you to offer feedback, ideas and thoughts about how best to serve YOU!

I encourage those of you who have yet to attend a meeting this year to join us at our July meeting to hear Cheri Love.

Karen Rogers, LMFT
Chapter President

Office Space Available

Office space for lease in a quiet and charming neighborhood at :

1461 Higuera Street. Close to downtown San Luis Obispo as well as Cal Poly. Located one block east of Splash Cafe and Franks. Includes a 130 square foot private office, shared waiting room, bathroom and common area for file cabinets, storage, etc. IDEAL FOR THERAPIST OR COUNSELOR. Off-street parking and handicapped access provided.

Office available July 1st. Rent of \$650.00/month includes all utilities, maintenance and other services costs; no additional charges or net expenses

beyond base rent. Call Doug at (805) 544-1680 to schedule an appointment to see office.

Central Coast CAMFT Website Launch!!!

It's here! Our updated, re-created website is ready for your playing pleasure. We have a new website domain name: www.centralcoastcamft.org

but not to worry, because www.centralcoasttherapists.org

will still take inquiring minds to the new site.

Take a look! We'll be expanding the site as we go along, but already it has several features lacking in our previous site. By the way, a few of our current Board members were in on the very first steps in creating a website for our Chapter. We owe them a debt of gratitude for breaking ground several years ago. They just smile now, because they did not have to go through all the chaos this time!

When you login for the first time, you will see on the Home page directions for signing in for the first time on the new site. Follow instructions to compose your profile.

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In Which Therapy Enters The Twenty-first Century

-----**Eddie Palmer, MFTi**

I was doing an intake interview with a couple coming to therapy to address relationship issues. Not a new phenomenon. The couple consisted of two women who were having the usually array of sub issues, trust, communication differences, substance use. What set them apart was that, on the Intake Form where it asks for Preference (i.e., Female, Male, None) they had written "No Preference," but with a provision. The provision was that they didn't want a homophobic therapist. I told them that I didn't think that there were any homophobes among our MFT interns, but that I would make a special note, just in case.

As we cruise through the second decade of the 21st Century and, as the number of states affirming marriage equality begins to increase exponentially (there was 1 in 2004, increasing to 12 + DC as of June 2013) and, as we await the decision from the Supreme Court of the United States, this seems like a good time to survey attitudes, specifically Psychology &

Therapy's attitude toward homosexuality and marriage equality:

Beginning in the **latter twelfth century**, hostility toward same sex relations began to take root in law and the church; by the **end of the 19th century**, medicine and psychiatry were exploring the issue;

In **1897**, Havelock Ellis is credited with coining the word "homosexual" while pursuing objective studies of the practice;

In **1935**, Sigmund Freud said this, "but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development;" and this, "[M]any highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them;"

In **1952**, the APA listed homosexuality in the DSM as a sociopathic personality disturbance; a new diagnosis, ego-dystonic homosexuality, was created for the DSM's third edition in **1980**; and in **1986**, the diagnosis was removed entirely from the DSM; in 2004, the APA recognized that marriage equality (i.e., civil unions) was the legitimate and humane view of modern life;

In **2012**, after much internal dialogue, CAMFT eventually supported the California legislation which bans reparative/conversion/anti-gay therapy as it was being used to "change" or

"repair" children under 18;

A study released **this month**, by the PEW Research Center, indicates that, although many young people (< 30) think of a gay lifestyle as a choice, they are fine with it; thus making moot the moral issue of whether one is born gay.

And now we are awaiting the Supreme Court decision which will affect either a couple of states or the entire country. More on therapy and gender issues in the next newsletter.

Articles and Adverts

Articles: We welcome feature length articles, book reviews, interviews, poetry and news items. Please limit submissions to 500 to 750 words or less (75 typed lines, about 10 words/line). Your submission must have a CAFMT/Therapy relevance, but may also express opinions, ideas, expertise and/or personal history of the author. A brief bio is required at end of the article. Short features as well as letters to the editor (250 words or less) are also encouraged.

Advertising Rates: All advertisements must be relevant to and congruent with the interests and ethics of CCC-CAMFT. Contact the newsletter editor for more details.

Articles are published on a space-available basis. The publication of any article or advertisement in the newsletter is not an endorsement of the position, product or service.

Contact the newsletter editor at eddiepmfti@gmail.com for additional information and a more detailed policy.

Copy deadline is the 10th of the month preceding publication; i.e., Dec, Feb April, June, Aug, and Oct.

**When Words are not Enough:
Integrating
Play
Therapy
into Your
Work with
Adult
Clients ---
with Cheri Love, MFTi**



Cheri Love is a Registered Marriage and Family Therapist Intern currently working in private practice at SLO Counseling under the supervision of Steve Thayer, LMFT. In addition, she volunteers her time at the Community Counseling Center. She has trained in various agency settings, including Santa Maria Valley Youth and Family Center, Martha's Place Children's Assessment Center, Hospice SLO. Cheri's passion for play therapy was first inspired in 2008 when she attended an experiential sand tray workshop. Since that time, she has actively pursued training in play therapy, including a year-long Gestalt Play Therapy training and apprenticeship with Felicia Carroll, LMFT. Cheri is highly involved in the play therapy community in San Luis Obispo county and currently serves as the Central Coast California Association for Play Therapy Past-President.

Play therapy can be utilized as a powerful tool when integrated into work with adult

clients. This presentation will explore the use of play therapy as an effective part of treatment for adults, including when to "bring in play", how to get "buy in" from skeptical clients, how to facilitate the play experience, and how to process play experiences with adults. Differences and similarities between play with children and adults will be discussed. The program will be a mix of neurobiological theory, clinical vignettes and experiential learning. Clinical vignettes will include examples from work with men, women, couples and groups.

Objectives:

1. Participants will learn strategies for assessing when it may be beneficial to bring play therapy into their work with adult clients.
2. Participants will be able to explain in simple neurobiological terms the benefits of play therapy to adult clients in order to get "buy in."
3. Through experiential learning, participants will learn ways to facilitate and process play therapy experiences with adult clients.
4. Participants will name three ways in which play therapy with adults differs from play therapy with children.

**Come to the July Meeting
to acquire a more complete
understanding of Play
Therapy for Adult Clients!
Earn two CEU's**

**2013 Board of Directors &
At-Large Members**

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You will notice that your profile can be rich with information, including insurance, groups, office location(s) additional language, clinical orientation and areas of emphasis as well as a short description of your practice. Once members begin filling in their profile, the site will become rich with information, including therapy groups offered, supervision and other services you may offer.

You'll notice tabs across the top of the webpage: Home, Members, Directories, Events, Pre-licensed, Newsletter, Bulletin Board, Membership and About Us. Some of those tabs are fully functional now, and some (such as Events and Pre-licensed) need information added. You'll notice that Bulletin Board will be useful for you to post messages to Chapter members. Events may be used to post community as well as Chapter events.

There are some beautiful photos on our site, and they all need attribution. Give me a bit of time and I will have that accomplished. Our web designer, Mark Tinley (www.34fivesolutions.com), put this all together for us, leaving details for me to play with! Mark has designed many CAMFT websites, giving him the experience and understanding needed to meet our needs. He is also a licensed MFT!

So far Judy Stern and I have had tutorials as administrators of the site. We invite your patience as we learn the ins and outs of our new site. We'll set aside some

time for website Q&A prior to our next meeting in July.

**Karen Rogers, LMFT
Chapter President**

**A Report on Our May
Presenter.**

---Miki Gillman

At the well attended May Meeting of the Central Coast Chapter of CAMFT, Dr. Chisholm gave an overview of diagnostic categories specific to childhood, "adult" diagnoses that may be seen in childhood and adolescence, prevalence of pediatric psychiatric disorders, and classes of medication used to treat behavioral and emotional disorders in children. He discussed in some depth the various medications used for ADHD and asserted that usually both clinical therapy and medication are needed to properly treat ADHD.

He then discussed the anti-psychotic medications, "older" and "newer," and mentioned that Chlorpromazine (Thorazine) is no longer being used. He discussed antidepressant medications (older and newer), anti-anxiety medications, and medications used for Tic disorders.

He gave us excellent information on general principles for using psychotropic medications, emphasizing that a thorough diagnosis using a bio-psycho-social approach and including a thorough diagnostic interview must be at the core of the process. Collateral source information should be included. Specialized testing, such as

psychological testing and medical imaging, may also be included. This process could be truncated in an emergency, when it's necessary to gain rapid control.

Drug treatment should almost always be considered with ADHD, psychotic illness, severe mood swings, depression not responsive to other measures, and Tic disorders.

Drug treatment should possibly be considered with mood disorders before psychotherapy begins, adjustment disorders with severe symptoms, and behavior problems associated with developmental disabilities.

Approaches other than medication use are preferred with adjustment disorder without decompensation, most anxiety disorders, first episode of mild to moderate depression, substance abuse without co-morbid psychiatric disorder, and learning disorder without ADHD.

Dr. Chisholm recommends using only 1 drug at a time per patient unless there is a rational reason to use more than one drug. It's important to measure the drug's efficacy and monitor side effects. He discussed typical unwanted side effects of several drugs. It's important to provide an adequate dose of the medication and for the patient to use it for an adequate period of time. Family involvement and empowerment are always important as are communication with other professionals and openness to other input and viewpoints.

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Our May Presenter, Cont'd from Page 5

Dr. Chisholm provided a wealth of tips for [therapists] working with psychiatrists: First introduce yourself! You may invite the psychiatrist to lunch for informal discussion. Nurture a relationship with several different doctors (pick knowledgeable prescribers). When referring a patient, first educate the patient about the reason for the referral; be clear and concise to the psychiatrist about what you want, why you are referring, what your diagnosis is, and provide patient history. Request feedback from the doctor and keep the doctor posted on what you are observing about her/his treatment.

Expect the following in return: a note or phone call regarding the doctor's findings and plans, a rational approach to the problem, adequate time for each treatment approach. A new medication every few weeks should raise a yellow flag.

Remember to always respect the child, family, or other client; use an appropriate team approach;

continually re-assess; maintain good communication with all parties.

Dr. Chisholm successfully achieved his 3 objectives: for the participant to

- **Be able to recognize when referral for psychopharmacological intervention is indicated.**
- **Have an enhanced understanding of the benefits and limitations of the major types of psychiatric medications.**
- **Be better equipped to partner effectively with physicians for improved patient / client care.**

Dr. Chisholm can be reached at 466-5626 and/or ddchishol@cpcgroup.org

******To request a copy of Dr. Chisholm's PowerPoint presentation please email Program Chair, Dana Francis LMFT dfdf@charter.net******

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