

the CENTRAL COAST THERAPIST

ON THE WEB AT: centralcoastcamft.org.

WORDS FROM THE TOP----BY KAREN ROGERS, PRES. CENTRAL COAST CAMFT



Next Meeting:
Friday Morning,
September 27th, at
9AM.

Social [half] hour begins
at 8:30.

At the SLO Unitarian
Universalist
Fellowship.

2201 Lawson Ave., SLO



Can you believe that summer is nearly over? I can't! By the time you read this newsletter, we may have already had our special meeting on August 23rd. I'll report on the outcome of that meeting in our next newsletter. As a succinct review of the history of the recent Bylaws changes, I recommend going directly to the CAMFT site: [http://www.camft.org/Content/NavigationMenu/AboutCAMFT/Bylaws/](http://www.camft.org/Content/NavigationMenu/AboutCAMFT/Bylaws/default.htm)

[default.htm](http://www.camft.org/Content/NavigationMenu/AboutCAMFT/Bylaws/default.htm) I include here some of the verbiage changes that caused concern post-vote: **April 2013**, CAMFT

presented Clinical members with a ballot proposal to rescind the bylaws and replace them with new bylaws as proposed. The new

bylaws proposal included (but were not limited to), changes to the purpose (removing specific reference to "marriage and family therapists"), Clinical and Associate member definitions, payment of dues, certificate of membership, quorum, and nominations and elections.

June 7, 2013, 72 percent of the Clinical members who submitted valid ballots approved the new bylaws. A total of 1,394 valid ballots were received, which exceeded the quorum requirement of 1 percent (184 ballots). Of the valid ballots, 1,002 ballots approved repealing the existing CAMFT bylaws and adopting the proposed new bylaws, and 392 did not approve repealing the existing CAMFT bylaws and adopting the proposed new bylaws. **Cont'd on Page 2**



Our September Presenter: Katty Coffron. Katty is an LMFT & an LPC; she has a Master's in Counseling Psychology from the University of Santa Clara and is nearing completion on a Ph.D. in Human Development from Fielding Graduate University. Her dissertation is a qualitative study designed to create a better understanding of difficult adult child - parent relationships. Prior to becoming a therapist, she spent 20 years in the high-tech sector as an R&D Engineer, Educator, IT Manager, and IT Director. For more on her presentation, see Page 2



Our September Presentation:

“When adult children and their parents don't get along: *Helping clients find their way to resolution.*”---by Katty Coffron, LMFT

Overview: Difficult ‘adult child - parent’ relationships are not uncommon. They are challenging to navigate, and a wrong turn can be very painful. Research is just now beginning to shed light on these relationships to help us better understand the adult child's experience as well as how therapists might help (and possibly unintentionally hurt).

This course is designed to help you:

- Identify common issues and relational dynamics in difficult adult child - parent relationships
- Utilize Ms. Coffron's recent research findings to better understand the adult child's point of view
- Consider cultural, relational, and contextual factors
- Create a foundation for more complete exploration with your clients (both parents and adult children)
- Avoid well-intended but (at times) ill-advised therapeutic advice or agendas.

Katty Coffron (“More love in the world, one couple at a time”) can be reached at 805 975 8399

Visit her on the web at: www.kattycoffron.com

Come Join Us September 27th to learn more about this interesting topic!!

*OUR UPCOMING
TALKS:*

SEPT 27
Katty Coffron:
*Adult child-Parent
Relationships*

IN NOVEMBER:
*With Tara Storke &
Susan Kadin-Bailey*

*Our Annual Self-care
Program.*

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ABOUT CENTRAL
COAST CAMFT.
**MEMBERSHIP
APPLICATION FORMS
ARE AVAILABLE ON-
LINE AT THE WEBSITE**

***From the Prez
Cont'd from Page 1***

Thus, the vote passed based on more than two-thirds (2/3) of the valid ballots voting in favor of the proposal as required by the bylaws.

Changes to the Bylaws

Building upon the work of the past Boards and Strategic Planning Committees, the 2013-2014 Board felt that the time was right to propose changes to the purpose and membership categories as part of the proposal to rescind the old bylaws and replace them with new bylaws that would enable CAMFT to adapt to a changing environment. Below is a summary of some the changes:

Purpose:
The purpose of the organization was modified to reflect the spirit and goals that began with the

2007 Strategic Plan, which included embracing other mental health professionals. Every strategic plan since 2007, has referenced “mental health professionals” as opposed to “marriage and family therapists.” In response to concerns raised, however, the Board voted on July 11, 2013 to amend the bylaws to restore the old bylaws “purpose”:

• ***To advance marriage and family therapy as an art, a science and a mental health profession.***

• ***To serve and represent the common professional and business interests of marriage and family therapists.***

• ***To set and maintain professional standards for marriage and family therapists.***

• ***To advocate and work to achieve public and private policies for the advancement of family life.***

• ***To engage in such other lawful activities as is allowed by law and/or as is set forth in the Articles of Incorporation of this Association.***

To be compliant with California law, Member categories need to be divided into “voting members” and “non-voting members.” Within the “voting members” category, the new definition of a Clinical member is as follows: “Any individual licensed as a mental health professional by a regulatory Board of the State of California that requires a minimum of a master's level degree.”

Cont'd on Page 3

From the Prez; Cont'd from Page 2

Within “non-voting members,” the new definition of associate member is as follows: “Any individual who does not qualify as a voting member, but who has a professional interest in CAMFT’s activities and resources and is supportive of issues pertaining to mental health professionals.” The Committee and Board determined that inclusion of other mental health professionals with comparable (or higher) training and education will increase CAMFT’s clout and ability to advocate on key issues and business opportunities, while maintaining the level of services members expect. Expanding membership will ensure a larger, sustainable, and viable organization that can more effectively promote the mental health profession.

The purpose of our special meeting in August is to engage in dialogue with Victoria Campbell, Chair of the Finance Committee and a member of the Executive Committee of CAMFT such that our members feel heard and understood, and so that we clearly understand the perspective and intention of the state CAMFT board. We may also make recommendations at that time.

One notable exclusion of members has been in the absence of information in print media (such as *The Therapist*), for members who elect non-electronic routes of communication. This oversight was brought to my attention at our recent meeting when a member who attends meetings regularly, reads *The Therapist* and our newsletter—but does not participate in electronic media—was ill-informed about the controversy around the Bylaws vote and subsequent release of Richard Leslie as counsel. Once this was brought to my attention, I



mailed a packet to each of our members without email to bring them up to speed on the issue, as well as to invite them to the special meeting.

As we draw into the final half of the year, I find much to address as outgoing president. I am delighted that our Board this year has contributed to, supported and encouraged the launch of our new website, and we look forward to its expansion. One of the tasks I set this year is to “proceduralize” our board and committee positions and responsibilities so that we have continuity from year to year. We have board members who have served in several positions over the years, so it’s been with their

valuable input that I have begun to make progress on this project!

Plan on seeing information on the 2014 election of officers in our next newsletter. Please submit your name and brief bio as well as experience that would add value to our board representation if you would like to be considered for nomination. We will discuss our nominations at our September meeting. [Italics added by Editor

Also, thanks to our enthusiastic Program Chair Dana Francis, we have exciting programs lined up for the remainder of 2013 and well into 2014!

***Karen Rogers, LMFT,
2013 Chapter President***

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**A Review of Our July Presenter---By
Sheri Hewitt, MA LMFT**

At our July meeting Cheri Love gave an informative presentation called "When Words Are Not Enough: Integrating Play Therapy Into Your Work With Adult Clients." Through power point, interactive games and clinical vignettes we were able to gain new perspective about applying what we had learned.

When to bring in play therapy into your adult sessions was one of the first areas covered. Cheri discussed success with play therapy: when an adult client is stuck in talk therapy, you are working with a predominately left-brained client; or to shift affect.

Some neurological aspects of play therapy were also introduced, the right brain vs. the left-brain, and implicit vs. explicit memory. In play, Cheri pointed out, that the left and right sides of the brain work together in ways that are different than plain talk therapy. One demonstration of this was a game she had us play called "Pass the Clap." We formed two circles and each circle was instructed to have one person clap their hands together as they faced another member in the circle. The next person passed that clap to the subsequent person and so on. It is clear that the brain must engage in a linear, logical and linguistic manner to process the instructions given to complete the task. However, what we all learned was that we had also used our right brains to send non-verbal cues such as eye contact, and additionally maintaining awareness of the other people and how fast or slowly the clap progressed. We were sending and perceiving using our right brains. **Cont'd on the Next Page.**

A Message from the Membership Chair:

**I would like to thank all the members for their cooperation during our transition to the new website. Just that -- a Big Font "Thank you" for your cooperation during our time of transition to the new website: centralcoastcamft.org. ----
Thanks, Judith**

Cont'd Page 4

Cheri then discussed various aspects of facilitating the play experience including; types of play therapy, differences between children and adults, how to speak to the right brain. In one demonstration she showed us cards that had different pictures on them. We were split into groups of two and each group had a client and a therapist. The therapist was to encourage the client to look at the cards and choose one that they gravitated towards. From that point the therapist had many questions about the card chosen. It was an interesting exercise that kept everyone talking.

Handouts were also provided on Group Play, Talking with your Inner Child and Meeting the Child Within.

The following objectives were met during this presentation:

- *To learn when it may be beneficial to bring play therapy into their work with adult clients;*
- *To explain in simple neurobiological terms the benefits of play therapy for adults, in order to get buy-in;*
- *To facilitate and process the play therapy with their adult clients;*

- *To name three ways in which play therapy with adults differs from play therapy with children.*

Twenty-First Century Therapy

-----by Eddie Palmer MFTi

In the last issue, I was doing a survey, of sorts, on how psychology/therapy has viewed homosexuality; and how, as cultural norms change, so does the way therapists work with gender identity issues. Where Freud was trying to come to understanding of the issue of homosexuality, he had offered (as reported previously) that homosexual behavior can not be classified as an illness. It would take the APA some years to catch up with this attitude. Freud himself believed that we were all born bisexual, but that our orientation was shaped by external forces. Homosexuals were, in his view, persons who didn't, necessarily, make it successfully through the gauntlet of psychosexual stages.

We've come a long way [baby!] since then. Since the end of June, when the US Supreme Court cleared the way for marriage equality to resume in California, our state's L-T's (i.e, licensed

therapists, of all types) will be facing the prospect of more marriage/couple counseling that is all inclusive of gender orientation.

And there is more to come for therapists, as gender issues expand and push the envelope from not only the L & G of the LBGT, the B for bisexual and the T for transgender, but also the Q (for 'queer' or 'questioning') and I (for 'intersex'), and A (for 'asexual'). And still there is more, as people explore what gender means, and make choices in their *preferred personal pronouns*. [See the Harvard Crimson Article: <http://www.thecrimson.com/article/2012/10/31/On-Their-Own-Terms/>] As therapists in the 21st Century, these issues will be giving us challenges that our our therapeutic fore-mothers and fore-fathers could not have, did not imagine. We can only continue our work by keeping ourselves informed, up-to-date, and open to whomever, and what ever issues come and sit down in the seat across from us, looking for our assistance. Peace!

"I was working on the proof of one of my poems all the morning, and took out a comma. In the afternoon I put it back again."
----Oscar Wilde

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