



The Redwood Empire Therapist

OUR NOVEMBER MEETING

Self-Care and Community Care in the Aftermath of the 2017 Nor Cal Firestorm Doreen Van Leeuwen, LMFT



While the last embers of the firestorm have hopefully been snuffed out, the ache of grief, sadness, anger, confusion pain, loss, guilt, irritability, and hurt continue to burn within our individual and collective psychics. And, in spite of how well most of us are equipped to understand trauma and its impact on the human being, the Suddenness, Violence and Crippling Effects of these Olympian Natural Forces are taxing our internal and external resources to the breaking point.

During this session we will:

- * Review strategies focusing on resilience and well-being
- * Reflect on the impact of these events on us at home, with our children, partners and extended family
- * Brainstorm ways to continue supporting each other in the weeks and months ahead
- * Describe the impact on us as health care professionals, especially the potential of compassion-fatigue
- * Partner with an accountability-buddy or two, and commit to some doable self-compassion action items for the ensuing 30 days.

November 3rd - RECAMFT Meeting

10:30 – 11:00 social & sign in

11:00 – 1:00 meeting

Self-Care and Community Care in the Aftermath of the 2017 Nor Cal Firestorm Doreen Van Leeuwen, LMFT

ODDFELLOWS TEMPLE/MERCER HALL, 545 PACIFIC AVENUE, SANTA ROSA

IF THE PARKING LOT IS FULL, YOU WILL FIND LOCAL LONG TERM PARKING ON THE STREETS ON THE SOUTH SIDE OF PACIFIC AVENUE.

December 1, 2016

**LGBTQ+: Thinking Beyond the Binary with Gender and Expression
Patrick Armstrong, LMFT**

January 5, 2018

**9:30-11:00 Celebrate! RECAMFT Annual Members Meeting:
Breakfast, fun, surprises and live music! FREE event!!**

**11:00-1:00 Uncovering Hidden Brain Injury in Our Patients
Laura Strom, LMFT**

January 26, 2018

LAW & ETHICS WORKSHOP with DAVID JENSEN, J.D.

**1.5 CEUs AVAILABLE – RECAMFT CEU PROVIDER IMIS 57173
MEETINGS ARE OPEN TO ALL ~ NON-MEMBERS FREE (\$15 FOR CEUS)**

Doreen Van Leeuwen specializes in Critical Incident Debriefing, Imago Relationship Couples Therapy, Telemedicine (video-conference therapy), and integrating cutting edge neurobiological treatment strategies into her therapeutic approach. In 2002, she attended a 2-day seminar on CISM, and has debriefed impacted employees in well over 100 incidents. Doreen serves on the Board of RECAMFT as a Director at Large, and is facilitating the RECAMFT Disaster Response Committee. Her office is located in Santa Rosa, CA.

Doreen can be reached at imagodoreen@gmail.com and her website is www.abetterwaycenter.com

What Else Is In Here This Month? Check It Out

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Triangle**

President's Message L. Reyna Seminara, LMFT



Trauma and Post Traumatic Stress Disorder

Our community of RECAMFT members has many who specialize in working with trauma. I am sure that we would all agree that we all have been impacted by the recent fires. Whether through evacuations, advisories, the poor air quality, or by watching events unfold on TV, trauma has touched our lives these last weeks in many ways. Some RECAMFT members have been affected more directly with the loss of their home or offices. Some have families living with them while they get their lives on track again. Additionally, there are our clients, many of whom are now homeless, scared, or coping.

We all know that PTSD is an anxiety disorder that can cause sleep disturbance such as nightmares or troubling dreams, holding negative beliefs about oneself, including self-blame, difficulty concentrating, emotional numbing

or bursts of anger or irritation, hyper vigilance and hyper arousal, such as increased startle response.

Prior to writing this, I took a quiz online about PTSD. Not surprisingly, I got all the answers correct except one. I

disagreed with the survey's answer to the question "Is PTSD preventable?" The survey said no. I say yes.

As I am sure most of you may already know, one of the solutions to preventing PTSD is **nurturance** and **self-care** immediately following the traumatic event. Bessel Van der Kolk has done studies on this and has found that neglect is the prime ingredient following a trauma that sets in PTSD. When someone receives the care they need after a traumatic event, such as the fires that plagued our county and city, PTSD can't take the same hold on our psyches.

It is my hope that our RECAMFT therapists are getting the care we need, physically, emotionally, spiritually, mentally and relationally as we care for our clients and reach out to the community at this time and for the weeks and months to follow.

My family and I were on the borders of two evacuation areas and an evacuation advisory area. Friends out of the area were kind enough to take us in for a few days until things changed. In my absence, members of the RECAMFT board stepped up, planned and carried out two Disaster Mental Health workshops for our community and surveyed our membership to see who needed help and who had help to offer. And they created a drop in counseling time for people affected by the fires, as well as setting up a donation site. I am grateful for such a dynamic team who were able to rise to the occasion and help our community of therapists, citizens, friends and family.

**L. Reyna Seminara, LMFT
RECAMFT 2017 President**

Reyna has a private practice in Santa Rosa. It is best to reach her by email. LRS-MFT@att.net

RECAMFT Mentorship

A no-cost benefit for RECAMFT interns

Volunteer licensed therapists are available to interns for up to two hours a month to discuss a variety of things. This is not a supervisory relationship. Interns are encouraged to contact different mentors.

Learn more about the RECAMFT Mentorship program on our website at www.recamft.org under Intern Support.

Sunrise on October 9th in Sebastopol



RECAMFT TEAM CIRCLE

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Working with Grief and Loss

On Friday, October 20th, we spent the day with Francis Weller, author of *The Wild Edge of Sorrow* and other books and leader of group rituals for grieving. Everyone I spoke with said the workshop was one of the best they had ever attended. Indeed, I was taken by surprise when he mentioned that our time together was almost up. I wish everyone in our field would have such a wonderful opportunity to sit with Francis Weller for a day. I could not begin to do justice to the material he gave us, not just in words but with his presence. And we also got to sing together several times!



RECAMFT, as always, put on a well-organized and warm workshop. The work we did together Friday was pretty special and it was a good time to be together and talk some about grief and how to help both ourselves and others work with it. It was an extraordinary day for me.

Gail Van Buuren

Responses to Fire Storm

The community as a whole was so responsive to the victims of this tragedy, reaching out in whatever way they could to help, therapists included.

It was our great good fortune that Doreen Van Leeuwen and Laura Strom worked together with many others to offer a power point presentation at the Church of the Incarnation in Santa Rosa on **Brief Disaster Response Training for Helping Professionals** for when a crisis like this hits our community. Doreen gave an excellent talk on Thursday night to a large crowd. And then she repeated it Saturday morning. She did a great job of explaining the various responses and stages that people experience and that really helped clarify how best to approach people and families. She also reminded us of what Brief Disaster Response does not include.



JOANN CONSIGLIERI AND DEBORAH HAARSTAD SIGNING IN TO GIVE CEUS



DOREEN PRESENTING ON SATURDAY MORNING

After Doreen's Saturday talk, RECAMFT members stayed to be available to victims who might want to talk. Mary Richie was one of those who stayed and wrote the following about her experience.

Meeting with some people who came to our event at Church of the Incarnation, my co-counselor and I had a profound experience of people experiencing the impact of loss from this fire. A family home, on the land which has been in the family for generations, is burned to the ground. With it are the memories of lifetimes not only of themselves, but of generations before. Now in the present is the raw reality of struggling to find the next place to stay, the next meal, whether and how to go to work. Amid all of this, are the very deep issues of realizing what is lost and the formidable array of challenges ahead.

My fellow therapist and I sat together with these people, holding the space while they talked - at first with agitation and emotion, gradually giving way to more calmness, some laughter, and expressions of heartfelt gratitude. It was an experience of open-heartedness in which we all merged for a few moments during this momentous time of loss, change and uncertainty. Gradually they worked out a plan for the next steps, we talked about coping mechanisms and practices that could be helpful. They went on their way with handouts and resources for themselves & their family.

We are filled with awe for the magnitude of what this family and their extended family and friends are facing. Not only homes, but schools and workplaces were destroyed or rendered too toxic to use. Teachers lost their homes and may be unable to work. Whole facets of the society are having to totally re-orient.

This is only one of the human stories of 2,684 homes that have been lost. What people shared with us is that talking to others has been the most heartfelt and helpful life-line. We are going to have much more of this to do in the coming times.

Mary Richey, MFT, CEAP



SOME OF THE THERAPISTS WHO VOLUNTEERED TO TALK TO DROP INS

What You Missed *By Doug Silberstein*

At the June 2017 RECAMFT meeting, Karin Wandrei, PhD, LCSW, gave a helpful presentation on working with clients who are in, or considering being in, an open relationship. In her presentation, Dr. Wandrei clarified definitions, identified myths, went over general psychotherapeutic approaches and challenges, and cited research to help us understand more about mental



health outcomes for people who choose to be in open relationships.

Two of the main myths people might have about those who choose to be in open relationships are that they are unable to commit and that open relationships or polyamory are justifications for a lack of capacity for fidelity. In some individual cases, either of those might be true, but clinicians should be wary of holding blanket judgments about folks who make this choice.

Dr. Wandrei emphasized that different people choose open relationships for different reasons. She also stressed that there is a diversity of expression and embodiment of the choice to be polyamorous: there are different systemic structures and constellations that best fit the individual's needs and desires. Clinicians would benefit from being aware of the specific challenges that the diverse structures can evoke.

Though research indicates that the quality of open relationships are no better or worse than monogamous relations, it also suggests that potential advantages of open relationships include greater support system, more conscious and safer sex practices than those who have clandestine affairs while being in closed relationships and greater gratification based on having more than one intimate partner with whom to get certain needs met. Research also shows there is no greater incidence of separation or divorce among those who are polyamorous than those who are monogamous, and there is no research that supports poorer psychological well-being for those engaged in open relationships.

Dr. Wandrei emphasized the importance of normalizing the longing for or curiosity about non-monogamous

relational experiences; and when working with couples whose open relationship status is part of the presenting picture, she suggested that the clinicians use the same skills as when working with monogamous couples but with an even stronger focus on the importance of clear, honest communication. The therapist might also be helpful in supporting the couple address challenges related to the decreased time and money that often comes from having more than one intimate partner, and in supporting them in coming to agreements that help structure the open context and set up clearer expectations and greater understanding.

Dr. Wandrei named that some people in open relationships have myths of their own, including that polyamorists are more evolved than monogamists and that anyone can be open. Overall, her main message was non-evaluative in that, from her perspective, open relationship is a viable option for some people but not the best choice for all people.

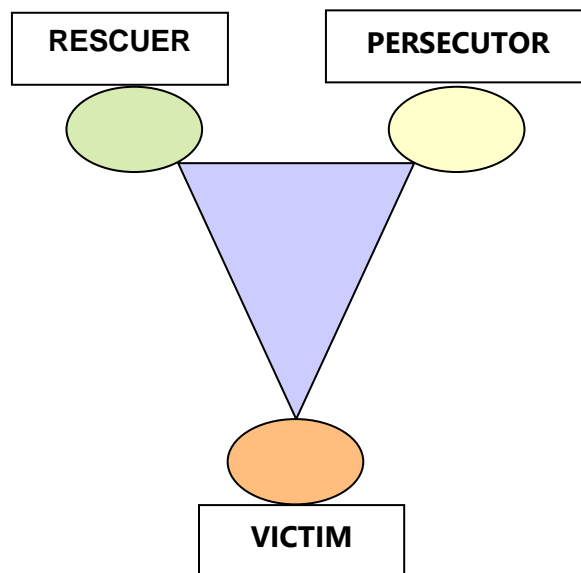
Karin Wandrei, PhD, LCSW, has taught social work, women’s studies and psychology at a number of universities. A LCSW since 1983, she is currently in private practice in Rohnert Park working with adults individually and conjointly. Her specialty areas include depression, anxiety, PTSD, open relationships and LGBTQI issues. She can be reached at 707-304-4245 or karin@karinwandrei.com. Her website is karinwandrei.com.

Doug Silberstein, MFT is in private practice in Santa Rosa and San Rafael. He focuses on working with couples, parents and individuals struggling with depression and anxiety. He primarily employs existential-humanistic, experiential and attachment-based approaches in working with his clients and can be reached at 707-583-2353 and at doug Silbersteinmft.com.



Victim - Persecutor - Rescuer Triangle

Over the years, as I have worked with survivors of trauma, with interns acquiring hours or with seasoned therapists who have come to me for consultation, I have found the following paradigm to be profoundly helpful for working with clients who have experienced both little t and big T trauma in their lives.



Victim-Persecutor-Rescuer Triangle

c L Reyna Seminara

Trauma throws life experience into a prism. What was once clear and beautiful sunlight becomes misshapen into shattered unpleasant colors. Trauma forces innocence through a prism fracturing the innocence of life. Innocence distorts into fear, self-hatred and frozen moments. While light gently passes through a prism and is refracted into a beautiful rainbow, trauma does not become something beautiful. Trauma develops into behavior patterns and interactions that both recreate old feelings associated with the trauma and reenact the traumatic event.

The trauma can be reenacted in unhealthy personal relationships I call the Victim, Persecutor, and Rescuer Triangle. Ironically, they play out a tug of war and hot potato at the same time. Each person residing in their corner of the triangle feels powerless and everyone plays tug of war for power. Each person role plays in a game of hot potato with guilt, blame, anger, fear and sadness as the result.

Everyone in the Triangle ends up feeling like a martyr.

When someone is traumatized at a young age, a life of innocence is refracted into these roles. I often believe that the purpose of perpetration is to take away with the power of the child, filling the perpetrator with the life and energy of the victim/survivor, and leaving behind the perpetrator's shame.

The Rescuer role can be the most compelling of the corners to occupy. It is easy for people to enter the rescuer corner through the behavioral mask of the helper. While helping is one of the things that makes us human, it is also the behavior that can easily fall over the line into rescuing. The hallmark of when helping morphs into rescuing is the feeling of resentment.

Helping feels first-rate, rescuing builds resentment. "I give and give and nobody ever does anything for me" is one motto of the rescuer. Many rescuers help people around them whether they are asked to help or not. They end up doing too much for their friends, neighbors, and even strangers. I knew a lonely woman who met a stranger at a bus stop and after talking for a few minutes about the woman having no place to stay after her boyfriend kicked her out, offered her a place to stay. Everything was calm and friendly for about two weeks. They were great roommates. The lonely woman was surprised when the bus stop person left without warning and stole her stereo system and her mother's jewelry. This is an extreme example, but the feeling of being ripped off is sure to arrive in big and small ways for the rescuer.

In fact, the feeling of resentment is the cue to let the helper know she/he has gone from Helper to Rescuer, who now feels like the Victim. That is one reason why this role evokes the feeling of martyrdom and the feeling of powerlessness.

I know a woman who has such a good heart and social conscience that she helps her friends all the time. She also collects stray folks so she can "help" them. She has the ability to see what others need. Then she takes charge and "fixes" their problem, whether they want her help or not. She never asks; she just does. This looks good from the outset. However, after a while, even though the fixer doesn't intend this, the person who needs "fixing" begins to feel less power than the fixer and begins to act out. For example, the fixee might break the sewing machine they were lent. Was this an accident? Maybe it was, maybe it wasn't. The outcome is righteous

anger on the part of both parties, and both people feel victimized. The rescuer now feels victimized by the prior victim. The other experiences the former rescuing behavior as perpetration and the cycle continues. Either way, the relationship is imbalanced with one having more or all of the power. Both end up feeling bad and disempowered.

Most people caught in the triangle don't enter the perpetrator corner willingly. The frequent rescuer will find him/herself in that corner through default followed quickly by feeling victimized.

Take, for example, the sixty year old woman who is caring for her aging, very demanding, and sometimes critical father. She has siblings who live a few hours away, who don't wish to be involved in his care. The caretaker, at first, is very happy to take care of all her father's needs. She feels important being the good daughter in the family. She hopes she will finally gain her father's approval that she never felt she had as a child. Her father makes more and more demands on her time. Even when she sets limits, he pushes at her to ignore them. She never says "No."

As time goes on she feels more and more tired and wants help but doesn't know how to ask for it. She wants to say no, but doesn't feel like she can. Father becomes more demanding. The caretaker feels more criticized. When the Father falls, he sends a text to his daughter asking for help. She does not reply as she has turned her phone off in resentment and exhaustion. This is an attempt to say "No."

Now the father feels victimized by his daughter's non-response, but just waits. When the daughter turns her phone back on she panics, feeling guilty, and has now moved to the perpetrator corner and actually perpetrates on herself by berating her behavior. She has also reinforced the behavior of never saying "No." The father feels neglected and the daughter feels more like a martyr. Meanwhile, the father complains to the other siblings about his daughter's selfishness. They get to rescue him by agreeing. And the cycle continues.

In the office, how does this work? Many of my trauma survivor clients live in this cycle in most of their relationships. First I show them my graphic image of the V-P-R Triangle, and give them a copy of it if they want. We begin to talk about the Triangle and how it helps reenact old patterns and keep old unprocessed feelings alive. I help them to begin to witness when they have

entered the Triangle in an interaction. Most of my clients enter through the Rescuer corner and quickly feel victimized. I remind them the goal at this early stage is to recognize the feelings that signal they are cornered. I help them begin to witness when they have entered the Triangle in an interaction.

It usually takes a few weeks of recognizing they “slipped” into an old role until they enter the next phase, which is noticing they are there and figuring out what to say or do to stop their part in the cycle, even if it is just within themselves. After a while of witnessing their behavior, many begin to catch the pull to rescue or the pull to blame. The pull to blame is, of course, an indicator that they are feeling victimized. Sometimes there may be a pull to “get back” at someone, which means they have entered the persecutor corner.

This cycle is quite compelling. Once one recognizes the roles, it becomes easier and easier to start living a life outside the Triangle. Sunlight begins to refract into colorful prisms more frequently and the identity shifts from victim to survivor to thriver.

L. Reyna Seminara, LMFT
RECAMFT 2017 President
Reyna has a private practice in Santa Rosa. It is best to reach her by email.
LRS-MFT@att.net



Dear Mental Health Community:

I'm pleased to say "Brief Disaster Response Training for Helping Professionals" is now available at no charge on the RECAMFT website. This is a free 2 hr. training RECAMFT sponsored for the community, after the Santa Rosa firestorm. It was presented by [Doreen Van Leeuwen](#), LMFT, Advanced Critical Incident Responder, and Disaster Mental Health Specialist.



<http://recamft.org/Disaster/>

Please share widely - thank you!

Laura Strom
[Laura C. Strom](#)

Outreach Reaches Out!!!

The Outreach Committee is distributing these cards to social service agencies, schools, etc. We've had very positive feedback from Santa Rosa Community Health (that's Brookwood, Vista, and eight other sites). They were pleased that RECAMFT's online Find-a-Therapist



search function would allow them to direct clients to therapists with the appropriate location, area of specialization, insurance taken, etc. If you are looking for referrals make sure that your profile is up to date. If you get a referral that references this card, or mentions having used the online search function, please take a moment to let us know - recamftoutreach@yahoo.com. Thanks.

Bob Engel, Outreach Committee Chair.



Empowering relationships...

Redwood Empire Chapter

of California Association of Marriage and Family Therapists



Legal and Ethical Issues Workshop: What Does the Phrase “Standard of Care” Mean to You?

David Jensen, JD - CAMFT Staff Attorney

Friday - January 26, 2018 – 8:30am to 4:00pm (6 CEUs)

Agatha Furth Center, [8400 Old Redwood Hwy., Windsor, CA](#)

Lunch is included!

Those who have attended David Jensen’s workshops in past years have been unanimous in praise of his thoroughness in exploring our complex legal and ethical considerations, while entertaining us with his humor and anecdotal material.

Course Description:

David Jensen, J.D., will review the four fundamentals of the psychotherapy profession. He will also address the laws pertaining to the standard of care, especially with regards to suicidal patients, including reviewing actual legal cases involving these issues; obtaining continuing education units, and the fundamentals of reporting elder and dependent adult abuse.

Learning Objectives:

1. Identify the four fundamentals of practicing legally, ethically, safely and confidently.
2. Develop a working knowledge of the standard of care and how it relates to psychotherapists.
3. Understand what does and does not count as continuing education credit.
4. Explain the fundamentals of reporting elder and dependent adult abuse.

This workshop satisfies the Law and Ethics course requirement of six (6) continuing education units mandated by the BBS for LMFTs, LPCCs, LCSWs and LEPs for each license renewal cycle. Participants will be updated on changes in the law that affect professional practice.

Information and Registration at www.recamft.org: [Legal and Ethical Issues Workshop: What Does the Phrase “Standard of Care” Mean to You? by David Jensen, JD](#)

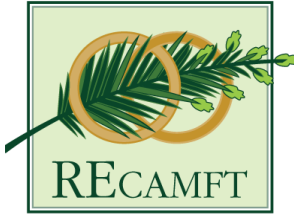
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6 CEUs for LMFTs, LCSWs, LPCCs, LEPs - RECAMFT CEU Provider #57173CEU

Certificate: You must stay for the entire meeting, sign in and out and complete an evaluation to receive your CEU credit certificate. At the conclusion of this educational event, an email with a link to the evaluation form will be sent to all attendees who signed in AND out of the event. Once you complete and submit your evaluation, you will have immediate access and be able to print out your CEU Certificate.

Empowering relationships...



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NOVEMBER ISSUE

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Non-members - \$12 per line

Display ads: Full page - 9.75" x 7.5" = \$200
Half page - 4.5" x 7.5" = \$110
Quarter page - 4.5" x 3.5" = \$60
Eighth page - 2" x 3.5" = \$35

10% discount for 5 month ad Commitment
20% discount for 10 month ad commitment

Deadlines:

Articles (500 words max) - 15th of the month
Advertisements - 15th of the month

For more information call or email:
707 575-0596 or therapy@recamft.org

Or submit ad to website at www.recamft.org

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