

Empowering relationships...

MARCH 2017



The Redwood Empire Therapist

OUR MARCH MEETING

Collaborative Couple Therapy: Turning Fights into Conversations and Problems into Opportunities for Intimacy Dan Wile, Ph.D.

Even the most experienced therapists can be challenged in their efforts to move couples beyond the patterns of intense adversarial interaction and withdrawal that frequently characterize couple conflict. Collaborative Couple Therapy, developed by Dan Wile, PhD, provides therapists with a unique model for moving couples beyond this spiral of alienation and into a cycle of connection.



The purpose of this talk is to present the principles of Collaborative Couple Therapy and equip participants to begin to use the signature methods of this approach in their own therapeutic work; doubling and the "how much, how much" question. When you double, you speak as if you were one of the partners talking to the other. The "how much, how much" question allows you to ask a possibly threatening question by pairing it with a benign alternative.

Dan Wile received his B.A. from the University of Chicago and his PhD from the University of California Berkeley, where he is an Assistant Clinical Professor. He has published on psychotherapeutic theory as well as couples therapy. He gives professional workshops on couples therapy internationally and has written three books: *Couples Therapy*, *After the Honeymoon*, and *After the Fight*. In his book, *The Seven Principles for Making Marriage Work*, John Gottman writes: "I think that Wile is a genius and the greatest living marital therapist." Dan can be reached at: Email: dan@danwile.com Phone: 510-654-7390

March 3rd - RECAMFT Meeting

10:30 – 11:00 social & sign in

11:00 – 1:00 meeting

Collaborative Couple Therapy
Dan Wile, Ph.D.

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

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April 7, 2017

Healing Shame in Couples
Bret Lyon, Ph.D. and Sheila Rubin, LMFT

May 5, 2017

**Flashes, Gut Feelings and Hunches:
Listening to the Healer Within**
Julie Stass, Ph.D., LCSW

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

*What Else Is In Here This Month?
Check It Out*

Page 2 President's Message
Page 3 RECAMFT Team Circle info
Page 4 What You Missed

Page 5 Meeting Pictures
Page 6 Marching for a Change
Page 7 Ads & Announcements

President's Message
L. Reyna Seminara, LMFT



***The Evolution of Working
with Trauma in Our
Community***

Please imagine the following scenarios

1. A woman in her mid-forties is sitting in my office. She is distressed about the looming danger of turning fifty soon and she is still not in a relationship. She is telling me about her past experiences with therapy. She has seen several therapists since she was fourteen. She has worked with psychodynamic, Jungian, Feminist, and object relations therapists, with breath workers and body workers. She has worked in tantric circles, done EMDR and recently tried Somatic therapy. She is having trouble sleeping with more and more frequent nightmares; she finds herself choking on many foods; she doesn't have many friends; she loses herself in her work and even though she has been clean and sober for many years, she has troubling thoughts and is scared at night. She thinks there is something very wrong with her and is worn out from not sleeping. She was raped at fourteen, which is why her parents sent her to therapy in the first place. She tells me she just played cards with that therapist and that she might as well have just played cards with some of the others. Some of the therapies helped a lot, some of them were a waste of her time and money. She says she mentioned her rape to some of them in the first session or two, but none of the therapists ever mentioned it again, so she never worked on it.

2. At a dinner party attended by four Marriage and

Family therapists and their significant others, the talk turns to specialties of practice. One therapist only works with job stress and does mostly EAP work. She finds a lot of alcoholism and people who do not know how to manage anger or stress. She is happy with what she does and how she helps people. Another therapist works with couples and has very good success with communication and emotional techniques. About forty percent of his couples improve their relationships and more than sixty percent stay together. One therapist says she works with Rape and Trauma survivors. The other therapists remark that they do not like to work with trauma. They just do not know what to do and they do not want to ask someone to relive such a painful life event.

3. A supervisee is feeling very separated from her classmates because she notices that everyone in her supervision group at school gets very quiet when she starts speaking about her clients who are rape trauma survivors. She asks some of them what prompts them to become so quiet. They all reply that sexual assault is too scary a topic to deal with and they really haven't received much training at school and do not want to work with that issue. They prefer the students they see who are having boyfriend problems or difficulties with teachers or parents.

These are the kinds of scenarios that lead me to specialize in working with trauma, to supervise interns who work with sexual assault, and to discuss these issues with colleagues and in consultation groups. Encountering these scenarios myriad times is what has prompted me to write these words. In the past several years I have heard these scenarios less and less as more therapists have been trained in working with trauma and sexual assault.

When I sit in RECAMFT meetings these days, I feel contentment when I hear how many of my colleagues say they work with trauma. Our clients need us to rise to the challenge of this very difficult and essential work. I hope I never go to another dinner party or talk to an intern or therapist who is afraid to listen to a client's story about sexual trauma.

FBI statistics reveal that one in three women is sexually assaulted before the age of 18. How many are assaulted after the age of 18? How many of us are assaulted both before and after that age? The FBI states that one in five men is sexually assaulted. These numbers are staggering. When I think about the clients that I have seen in my practice as a therapist since 1985, my ratios are much higher. Probably one in two women that I have seen have some history of sexual assault or rape and every man who has ever sat in my office was sexually assaulted. This does not mean that every man and half the women who are in therapy have been assaulted, but these are the people who have sought me out for help. Even if we just look at the numbers in the general population, that means that about eight of 15 clients in a therapy practice could have a history of sexual assault. If you have 15 female clients in your practice 5 of them are possible survivors. If there are 15 male clients, 3 of them could be survivors. If you have a mixture of male and female clients, 4 or more of them could be survivors. That is at least 25% of the people you see. So, what do you do with this information?

The continuum of sexual assault has been defined as anything from an unwelcomed, inappropriate, leering look to fondling without consent, to forced penetration to violent rape. The impact on clients seems to be similar no matter where their event or events fall on that continuum.

When I have held groups for woman survivors of childhood trauma, an interesting hot potato is tossed around the room. In nearly every instance, each group member may feel that what happened to her was "not so bad" compared to what happened to the other group members. This has made for some lively discussions and rapid insights accompanied by a jump in healing for most group members. The truth is, because they lived through what happened to them, and they survived, what they lived through is known. They survived what happened to them, and cannot imagine surviving what happened to someone else.

I think when therapists express fear or reluctance in

working with survivors of trauma, they cannot imagine surviving something that happened to someone else and not to them. We have all survived our own traumas, both big T and little t traumas. If we do our own work on our own issues in our own therapy and if we seek consultation with seasoned trauma therapists, even more therapists can survive and even thrive as therapists who specialize in working with trauma.

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

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What You Missed By Michael Krikorian

Today we were honored with a presentation "On Working in the Transference with Individuals and Couples" given by Peter Hobson, MD, Ph.D. Dr. Hobson has worked as a psychiatrist in the United Kingdom and was also trained and worked as a psychoanalyst both here and in the U.K. He is currently on the faculty at the S.F. Center for Psychoanalysis.

Dr. Hobson points out that it was Freud who identified the phenomena of transference, stating in an early work how the "impulses and phantasies are aroused and they replace some earlier person by the person of the physician." In a related phenomena, Freud saw how, through identification, we internalize an object (person) of loss and also internalize our feelings towards that person which now become feelings towards oneself. As a result, one part of an individual can despise or attack another part.



Dr. Hobson described an additional psychological process called projective identification. As identified by Melanie Klein, this is when the "subject inserts himself in whole or part into the object in order to harm, possess or control it." Dr. Hobson added that projective

identification can also be a primitive way of communicating one's internal experience to another person.

Dr. Hobson gave an example from his book about the analysis of a female patient. Within 15 minutes of his first session with her, he was feeling inadequate in conveying understanding and empathy to this woman. Eventually he realized that he was feeling what a part of her feels and through the process of projective identification he was being provoked to feel and eventually respond to her as an early parent figure had treated her. Dr. Hobson emphasized that it is important for him as an analyst to fully absorb and understand these inner countertransference feelings before acting so he does not simply play out what the client unconsciously expects through the transference. Through carefully crafted interpretations, the analyst identifies and makes conscious the unconscious patterns of relatedness and defense. It is hoped that through the process of making these patterns conscious when done with "understanding and feeling," the patient will experience growth and integration in their personality, personal fulfillment and an amelioration of symptoms.

Dr. Hobson also discussed Melanie Klein's idea that patient's personalities are organized in one of two ways – either from the Paranoid/Schizoid Position or the Depressive Position. With the Paranoid/Schizoid Position, the patient's primary anxiety comes from concerns about threats to self; they are prone to feel exploited, manipulated, invaded or subjugated; they see others as either persecutory or idealized and their relations lack subtlety and flexibility. Those with the Depressive Position have as their primary anxiety the losing of a loved/needed figure or the causing of harm to a loved person. They are prone to feel mutual concern, caring and guilt. They experience others as having their own experience and value. Their relations with others are reciprocal, subtle and deep with an ambivalent mix of love and hate.

Thank you, Dr. Hobson, for exposing us to the fascinating insights and knowledge from the analytic world. Dr. Hobson has an office in Santa Rosa and can be reached via email at hobson@gainagrip.com.

Michael Krikorian, MFT brings over 35 years experience to his practice seeing individuals and couples in Santa Rosa. He can be reached at (707) 579-0838.

Considering a residential treatment or outdoor program?



Collaborating with referring professionals, Bob Casanova, Psy.D. is a nationally respected educational consultant who specializes in providing recommendations for students with special needs of an emotional, behavioral or psychological nature. Bob travels extensively throughout the year and has personally toured over two hundred schools and programs. As a Licensed Marriage and Family Therapist, Bob credits his clinical training and experience in deepening his understanding of a student's needs. Bob helps students and families dealing with issues such as:

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Bob Casanova, Psy.D.
 Educational Consultant
 Licensed Marriage & Family
 Therapist
 License Number: LMFT 37137
 707-544-7000

1260 North Dutton Ave.
 Suite 175
 Santa Rosa, CA 95401
drbob@bobcasanova.com
www.bobcasanova.com



Marching for a Change

Erica Thomas

Although I was in Washington D.C. on January 20th I didn't go to the inauguration ceremony, I spent the day in the Holocaust Museum instead. I was engrossed,



horrified, and overwhelmed by the exhibit. It seemed to bear an unsettling resemblance to our current administration and yet I found myself listing in my mind all the reasons why I hope that this would never happen now. I was wearing my pink pussyhat, standing in front of one of the displays reading the heartbreaking history. A woman standing beside me leans in and whispers "see you tomorrow". For an instant I was transported back in time and we were co-conspirators against the regime. There were others who gave a smile or a whispered "see you tomorrow" the hat was a secret communication of our plan.

My decision to go to Washington D.C. for the Women's March was an ambivalent one. Part of me didn't want to go. I was angry, disappointed, the money, the time, I resented all of it. Not going is my protest, I tell myself. I have not been an advocate of protest marches in the past. To me there is something hopeless about the whole idea. It doesn't change anything. When I finally decided to go to the Women's March it wasn't because I had changed my mind about marches, it was only because I knew I had to do something and I already had planned to be in Washington D.C. that weekend.

I traveled to D.C. with my 17 year-old son, and upon our arrival we met up with my Mom, my Uncle, and a couple of friends. As soon as I stepped outside on Saturday morning I could feel the mood was different from the day before. A group of women was walking towards us in their pink pussyhats, they smiled and greeted us as they walked past. There were no more whispered acknowledgements, today was our day and we shouted our greetings to each other. As an Alumna of Smith College I had made plans for my family and me to march with a group of Seven Sisters Alumnae. When we arrived at the meeting spot we donned our yellow sashes and channeled the energy of suffragists and other women who came before us in the fight for equality. The plan was that we would walk as a group to the rally point, which was only about 2 blocks down and after the rally march along the 1.5mile route that had been mapped out. By the time we got to the rally

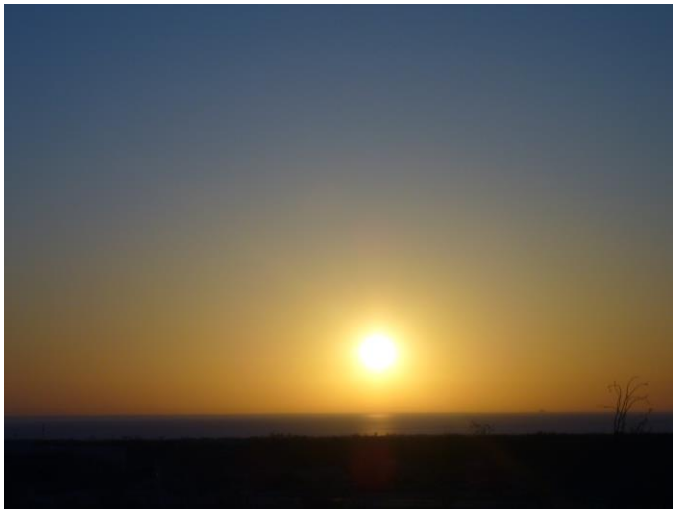
point my son and I had been separated from everyone else in our party and shoulder-to-shoulder crowd surrounded us. The March organizers had anticipated about 200,000 people. Reports say there were at least a million people in the streets of Washington D.C. that day. I can believe it.

On that day, January 21, 2017, and in the days since I have discovered that I did not march because it would change anything about the situation, I marched because it changed Me. As therapists we are highly trained to listen. The thing that many of us also learn in our training is the importance of speaking. We know how an unspoken truth can be subverted in the unconscious and come out in ways that are unexpected and unwelcome. I haven't always been good at speaking in my life but there are times when a person must speak, or be swallowed whole by the pain of silence.

That weekend in D.C., I came face to face with the reality that there are people in our country who see our new President as a leader of the same class as the 44 Presidents who came before him. I admit that I do not understand that perspective and I have many concerns about what the policies of this administration will mean for my family, my clients, my country and me. I find myself succumbing to swells of patriotism. Our country was founded on freedom and equality for all and I do believe in those ideals even as we continue to be imperfect in implementing them.

As profound as the March was, it was only one day. There is more to say and more to do. I would like to start a conversation among our community of therapists about how the events in our country affect each of us as well as our work. We each have a unique perspective to share and perhaps our training will also give us a collective voice. I invite anyone who would like to share his or her truth about these times to join me at my office on Friday, March 10th at 11am. Address 2 Padre Parkway Suite 201D, Rohnert Park. You may also contact me by phone 707-206-8698 or email efthomasma@gmail.com.

Erica Thomas is our Program Chair, working with her team to produce and then write up our member meetings ten months a year. She is also President Elect of RECAMFT.



TIME TO RISE UP – IT IS NOT THE SAME DAY AS YESTERDAY

RECAMFT Meetings 2017

May 5, 2017

**Flashes, Gut Feelings and Hunches:
Listening to the Healer Within**

Julie Stass PhD, LCSW

June 2, 2017

**When Eros Enters the Room: Erotic
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**Felicia Matto-Shepard, MFT, Jungian
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