Presidential Letter

By Darin Wallis, Ph.D., LMFT, LCSW, CAC III

Colorado MFTs in Practice

Hello All CAMFT Members!

The CAMFT Board is happy to announce that this year’s 2014 Annual CAMFT Conference will feature Richard Schwartz and his Internal Family Systems (IFS) method of treatment. Dr. Schwartz will be presenting on Friday, September 19th at the Arvada Center for the Arts in Arvada, Colorado. Even if you are not familiar with the IFS approach, you may be aware of Dr. Schwartz’s many publications within the profession of marriage and family therapy, including the “Essentials of Family Therapy” editions, which many of you studied while you were in your graduate program. Watch for details on the training, as well as other promotional items, in the next CAMFT newsletter.

In addition, the CAMFT Board has also contacted Dr. Janis Spring from “After the Affair” fame to be next year’s Conference speaker in September 2015. To better serve the membership, the CAMFT Board plans to schedule the next couple of years’ worth of conferences well in advance so that members can plan accordingly. Exciting!

In other news, this year’s Annual Membership Meeting was a complete success! The event was held at Colorado State University Denver Center in downtown Denver on March 29th and was entitled “Private Practice Enhancement.” The event featured a variety of different MFT private practice therapists from Colorado, who discussed how they arrived in private practice, what struggles they endured to get there, and how their experiences might serve those in the audience.

The Board would like to send a very special thanks to the guest panelists for their time, experience, and helpful practice hints: David Blair, LCSW, Clinical Fellow and Approved Supervisor with Denver Family Therapy Center; Laura Cross, MA, MFTC, with the Individual and Relationship Therapy Center; Jenny Glick, MA, LMFT, with the Counseling Center of Cherry Creek; and Lisa Pendleton, LMFT, with the Neurofeedback Clinic of Northern Colorado. The meeting was mediated by CAMFT Board member, Dr. Roxanne Bamond. Keeping with CAMFT’s dedication to the MFT profession, this was a free service to CAMFT/AAMFT members.

The Board would also like to congratulate this year’s Annual Award winners for 2014. The “Student of the Year” award was given to Regis University’s Erin Venters for her exceptional support of MFT ideals through her involvement with the Delta Kappa MFT Honor Society and serving on the Advisory Board for Regis University’s MFT program. Dr. James “Jay” Martin was the easy selection as the “Therapist of the Year,” having been nominated by several members in Colorado for his dedication to the ethical, sensitive, and practical relational therapy he provides to his clients and students in the Colorado Springs area. Due to her relentless positive support and mentoring of her supervisees, “Supervisor of the Year” was awarded to Stephanie Seng, as she has mentored dozens of MFT candidates in the Fort Collins area. And finally, Michael Lopez-Jensen was awarded the “Educator of the Year” award for his unorthodox, yet extremely effective and motivational approaches to educating MFT students. Congratulations to all of the winners – thank you for your commitment to our systemic/relational model of treatment and the profession of marriage and family therapy!
A Call for Students’ Professional Involvement

ON MARCH 29, I SAT AT THE MARCH MEMBERSHIP MEETING learning valuable information, visiting with colleagues, and catching up with former instructors and supervisors. I enjoyed looking around at a sea of familiar faces, and felt grateful for the personal and professional connections I have made with local MFTs.

As newsletter editor, I have been presented with the opportunity and challenge of increasing the involvement of our student members. The American Psychological Association (2013) found that the perceived value of professional membership increases with members’ age. Because most of our student members are younger professionals, I would like to invite you to participate in CAMFT!

The literature has divided benefits to professional membership into tangible and symbolic benefits (Markova et al., 2013). Tangible benefits include providing liability insurance, access to research journals, political activism and advocacy, keeping updated on professional, legal, and ethical issues, and opportunities for continuing education and training. Intangible benefits include a sense of belongingness/connectedness, increased self-esteem, and identity definition.

APA (2013), in their annual membership report, suggested that people who work together develop a sense of collective power and efficacy. People who actively participate in their professional organization develop a stronger affiliation with the group, and are more likely to see it as necessary and valuable (Markova et al., 2013). It may seem obvious, but professionals who are more involved in their professional association are happier with it (Markova et al., 2013)! Counselors also report that their self-esteem and self-efficacy increases with professional involvement (Bauman, 2008).

In the field of marriage and family therapy, clinicians first consider themselves marriage and family therapists, and second an employee of a particular organization (Markova et al., 2013). Professional organizations afford their members with a sense of distinctiveness, legitimacy, credibility, and evidence of a certain competence level (Bauman, 2008). Participating in a professional organization such as CAMFT helps beginning therapists define themselves and find their professional identity.

In particular in private practice, clinicians can become isolated from their professional communities without taking deliberate steps to connect. Developing a learning community where social support, educational opportunities, consultation, and networking are offered is critical. When I look around at a CAMFT event and see groups of therapists sitting together, smiling, hugging, and waving to each other from across the room, I know that CAMFT members value the relationships they have developed and feel a sense of belongingness.

Our summer newsletter will explore the use of data and assessments in marriage and family therapy, and our fall issue will feature information about working with aging couples. Students have the opportunity to write book reviews, conference summaries, and conduct interviews. If you have expertise or interest in these areas and would like to contribute to our newsletter, please contact me (racheltgall@gmail.com, 303-720-6154).

Rachel is a graduate of the Denver Family Institute and is currently a doctoral candidate in counseling psychology at the University of Northern Colorado. She owns a private practice in Denver.

References:
LEGISLATIVE UPDATE
By Anne Barkis, JD, MSW

LEGISLATIVE SESSION OVERVIEW
To date, the 2014 legislative session has been somewhat slower and less controversial than the 2013 session. There has been no shortage of partisan jabs (it is an election year, after all!), but the big divisive debates on topics such as gun control and abortion have not risen to the level that we saw a year ago. The House has began work on the 2014-15 state budget. The chamber spent roughly 9.5 hours debating 45 amendments. In the end, only four of these were adopted. The bill received final passage in the House, and was debated by the Senate during the week of March 31st.

CAMFT LEGISLATIVE ISSUES
CAMFT is tracking 16 pieces of legislation at this point in the session. Some of the bills most relevant to the mental health profession are highlighted below:

HB 1253, Recommendations of the Civil Commitments Task Force (Rep. McCann): Last year, the Department of Human Services proposed legislation that would have consolidated what is now three different sections of state law related to the civil commitment process. That proposal resulted in a task force which met from July through October and produced legislative recommendations on how the three sections could be combined. This bill reflects some of the recommendations of that group. It was introduced on February 3rd and heard in the health committee on February 25th. Since that time it has been awaiting discussion in the full House, and has experienced ongoing delays due to various political hurdles. At this point, the bill still does not have an identified Senate sponsor, and it is rumored that the Senate President is not supportive of the bill in its current form. So passage in the Senate could be an even bigger challenge than what the bill has faced in the House.

HB 1271, Mental Health Duty to Warn Target Entities (Rep. Melton & Sen. Newell): Rep. Melton brought this bill, which was introduced on February 6th, in response to the Aurora theater shooting. It extends the current liability protections for mental health workers who notify individuals of a specific threat to include threats against “target entities” that, if attacked, may jeopardize public safety. This bill has passed both chambers and will soon head to the Governor for signature.

SB 88, Suicide Prevention Commission (Sen. Newell & Rep. Kraft-Tharp): As originally drafted, this bill would have required mental health professionals to complete a specified number of hours of professional development in the area of suicide prevention as a condition of license renewal. Through a thorough stakeholder process, Senator Newell agreed to move away from this requirement and instead create a commission that could study the topic and provide recommendations on possible future legislation aimed at suicide prevention efforts. The bill was introduced in the first week of session and passed Senate Health and Human Services on February 6th. Since that time it has been awaiting hearing in the Senate Appropriations Committee, which will likely not happen until that chamber is finished with its work on the budget.

Anne Barkis, JD, MSW, is a Senior Associate at Mendez Consulting, LLC.

LEGALLY SPEAKING
By Denis K. Lane, Jr., Attorney at Law

PARENTAL RESPONSIBILITIES AND PARENTING TIME
Whenever you are asked to provide treatment to children, under the age of 15, whose parents are divorced or are divorcing, you need to know which parent has been allocated “decision-making authority” to select treatment providers for the children. To determine who has this authority, you need to obtain the Court Order which allocates parental responsibilities (custody) and parenting time. If the court has granted decision-making authority jointly to both parents, then both parents will need to consent to treatment. If sole authority has been granted to one of the parents, then that parent needs to consent to treatment.

From a clinical, family systems perspective, you may involve both parents in the treatment process, of course, and ask both to consent to treatment. In that event, both parents will be seen as “collaterals” in the treatment process, unless you choose to make the parents clients in a family therapy process. Whether or not you provide family therapy or consider the parents to be collaterals in the children’s treatment process is a matter for an MFT’s clinical judgment. If a family process is initiated, then, of course, the parents will need to sign Client Disclosure Statements for their involvement in the family therapy.

When adolescents attain the age of 15 years, then they may consent to treatment, and, in that event, they will “hold the privilege” for themselves. Nonetheless, pursuant to Colorado law, the parents would still be entitled to information concerning the “services needed and services given,” without obtaining the consent of the adolescent, 15, 16, or 17 years of age. However, this information for parents is limited to knowing what services are being provided (individual counseling?) and what services are needed; e.g., referral to the family doctor for a medication evaluation or referral to another therapist for treatment that the adolescent may need.

Keep in mind that both parents are entitled to information regarding children’s treatment unless the court has ordered otherwise, by operation of C.R.S. 14-10-123.8.

In the process of treating children, disclose to both parents that the children’s treatment notes must remain confidential. This disclosure is so that you can protect the children’s confidences and maintain their trust in the treatment process, in which children are informed that they need to disclose their problems and feelings to the therapist, without intrusion by parents into the safe place you provide to children for their therapy.

Please send any questions or suggestions for this column to:
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Anne Barkis, JD, MSW, is a Senior Associate at Mendez Consulting, LLC.
Sex Trivia

The average length of sexual intercourse for American couples is 2 to 7 minutes. What is the length for our relative, the chimpanzee?

a) 2 to 7 minutes  b) 35 minutes  c) 3 seconds

See answer at bottom of page.

Sexual Ethics

If a client in Colorado tells their therapist that they are in possession of child pornography, is that reportable? If you said yes, you are correct. Colorado is one of the few states where being in possession of child porn is considered to be child abuse and therefore, it is reportable.

Sex Therapy Supervision

The American Association of Sexuality Educators, Counselors & Therapists (AASECT) is the leading certification body in the world for sex therapists. As a Clinical Fellow of the AAMFT and a Certified Supervisor for AASECT, supervision hours with Dr. Cannon count for both. Supervision is available by Skype each Friday afternoon.

I’m always happy to consult at no charge with Colorado MFTs on cases related to sexuality.

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Trivia Answer
If you said 3 seconds, you know your chimps!
ISSUE FOCUS

Parenting Philosophies

FACILITATING PARENT-CHILD RELATIONSHIPS THROUGH THE USE OF ATTACHMENT-FOCUSED INTERVENTIONS

By Aleisha Maunu, MA, LMFT, LAC

AS FAMILY THERAPISTS, we often find ourselves working with parents who are seeking support in helping their child who is either acting out at school/home (tantrums, aggression, lying, etc.), or turning inward (fearful, withdrawn, depressed). Parents will describe feeling overwhelmed, exhausted, frustrated, and confused. What is usually underneath these initial feelings is a sense of fear, shame, and a desire to help their child succeed.

There has been much research over the past several decades on the effect of attachment relationships on a child’s social, emotional, and neurobiological development. Research overwhelmingly indicates the positive impact of a secure attachment between parent and child. For example, Allan Shore (2001) discusses the positive impact that a secure attachment has on a child’s right brain development, ability to regulate emotions, and their general mental health. Other research and writings focus on the positive impact of parent-child relationships on a child’s brain development and integration (Siegel, 1999; Siegel, 2001; Siegel & Bryson, 2012).

A secure attachment is characterized by a flexible balance between a child relying on his/her attachment figure for nurturance, support, and care, and a child relying on his/her own developing regulatory skills (Hughes, 2011; Siegel & Hartzell, 2003). Parents can aid in developing this secure attachment by being emotionally available, attuned, flexible, and able to stay regulated most of the time during stressful situations with their child (Siegel & Hartzell, 2003).

In working with parents, the first task is to build an alliance with them – in all your interactions with them, communicate your sense of their goodness as people, their strengths in their parenting, and your belief that they love and care about their child. I often use Dan Hughes’ approach in communication with both children and parents – PACE (Playfulness, Acceptance, Curiosity, and Empathy). For more information on this topic, see Hughes (2011). In relating to parents in this way, therapists create an emotional tone in session, which allows parents to feel heard, accepted, and supported, thereby, increasing their openness to the collaborative process of therapy.

In working with parents, you may discover unresolved pieces of their own attachment history. It is helpful to gather an attachment history from each parent in order to understand what each parent brings to the parenting relationship. For an excellent attachment history assessment, see Siegel and Hartzell (2003). Helping parents make sense of their own attachment history and helping them to identify ways to resolve and work through these issues can increase their ability to be in the present moment with their child.

Below I will list several attachment-focused parenting tools that you can utilize in coaching parents. In general, these skills aim to help create safety, security, and connection between parent and child.

Many attachment-focused clinicians write about attunement, or a sense of “feeling felt” (Hughes, 2011; Siegel, 2012). Dan Siegel (2012) defines attunement as “the intermittent alignment of states of mind… where mental resonance can occur,” in which each person’s state both influences and is influenced by that of the other” (p.95).

Attunement is a powerful approach attachment figures can use in helping their child’s mind to develop. In coaching parents to attune, therapists can discuss the use of mindfulness (being in the present moment, noticing verbals and nonverbals in their child, acceptance of the child, and non-judgment of what is happening) and then responding to the child in an empathic and caring way.

Coaching parents in the use of acceptance, empathy, and curiosity in any interaction with a child are powerful tools in the facilitation of attachment security. In employing acceptance, parents are communicating that they accept the inner life of the child, with no strings attached. Using an accepting stance encourages children to expand upon their thoughts. Using empathy creates an environment in which a child feels validated and understood. Finally, the use of curiosity helps to develop a child’s ability to wonder about themselves and the world.

These three skills combine to create interactions in which a child feels able to be open, safe, and more connected with the parent. Dan Hughes (2011) also discusses how acceptance, empathy, and curiosity help to regulate negative and positive affect, both of which can be dysregulating for children.

Regarding discipline, attachment-focused interventions include helping parents to first understand and accept what is “underneath” the behavior (in terms of their thoughts, feelings, wishes, interpretations/ experiences of the event), unless of course, the child is in immediate danger (Hughes, 2011). Keeping the child close physically, providing structure, communicating anger quickly without harshness or criticism, while also communicating acceptance, nurturance, and love are other aspects of attachment-focused parenting skills during discipline.

It is of extreme importance for parents to stay emotionally regulated themselves during these experiences. Dan Hughes (2009) writes, “Set and maintain your favored emotional tone, not your child’s.” Purvis, Cross, and Sunshine (2007) talk about using misbehavior as a learning opportunity, offering a “re-do,” where the child can practice the more appropriate behavior. Finally, talking with parents about the use of repair following moments of disconnect – such as touch, close physical proximity, soft words – is necessary in the maintenance of attachment security (Siegel & Hartzell, 2003).

Dan Siegel (2012) has written a wonderful book in which he outlines strategies for helping to develop and nurture a child’s...
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by Denis K. Lane, Jr.

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• Information regarding the mandated duty to report elder abuse or exploitation of elders 70 years of age and older; and

• A new revised Client Disclosure Statement, in the Forms Section which authorizes “welfare checks” on clients.

A must have! Denis K. Lane, Jr.

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Facilitating Parent-Child Relationships continued from page 5

mind. He writes about helping children to more fully integrate all parts of their brain. Other clinicians (e.g. Hughes, 2011) have also discussed the importance of helping children make sense of their story. In helping a child to retell a frightening or angering experience, for example, parents can help children integrate the logical and linear left brain with their emotional and contextual right brain.

This article was intended to outline some of my favorite attachment-focused parenting skills. These approaches can help to facilitate secure attachment between parent and child. If utilized consistently and intentionally, the results can have a very powerful impact on relationships.

Aleisha Maunu, MA, LMFT, LAC is a therapist in private practice. She works with families/children, in particular, families who have adopted children; she also works with couples. Aleisha Maunu is on faculty at Denver Family Institute, where she teaches a class called Family Play Therapy.

References
Siegel, D. J. (2012). The developing mind: How relationships and the brain interact to shape who we are, 2nd Ed. New York: Guilford Press.

Creating Family Structure Through Chore Charts and In-Session Interventions
By Aaron Anderson, LMFT, CAMFT Secretary

Jacob and his mother, Marissa, sat across from me in the therapy room. It was their first session and Marissa was describing several difficulties she had been having with her oldest son, Jacob (14 years old) since she and her husband divorced two years ago. Jacob was becoming more and more defiant at home. He would not follow many house rules and would frequently get angry when he was pressed about it by Marissa. He would sometimes even sneak out at night to be with his friends.

Marissa was unvaried in front of Jacob as she told me about the problems that led to the divorce. “When I first found out about why Jacob’s father really was gone so much, I knew I had some decisions to make. I didn’t want to divorce because I was worried that our children would start acting like this (pointing to Jacob) so we tried counseling at first. But when I saw more texts from other women on his phone, I had no other choice. So we divorced and I guess this is what happens.”

Jacob, who had been sitting with his arms folded on the edge of the couch, interrupted: “What do you mean this happens? Huh? You mean that he gets sick of your bitching and finally leaves you? Is that what you mean? Well, I think I see why he left!”

Marissa shot right back. “I know that’s what he keeps telling you but that’s not why we’re divorced. You need to stop listening to his lies.” She looked at me and rolled her eyes. “See, this is exactly what I’m worried about. That’s exactly like something his father would say.”

Marissa would tell Jacob about their marital difficulties in an attempt to create a coalition with Jacob against his dad. As a result, it created diffuse boundaries between her and Jacob as she would discuss age-inappropriate things about his father in front of Jacob in order to create the coalition. This also moved Jacob out of his hierarchal position as a child in the family system.

In order to create boundaries between Jacob and Marissa, as well as re-insert Jacob back into the family system as a hierarchal child, I used an in-session intervention. I excused Jacob to sit in the waiting room so he wouldn’t continue to hear his mother’s statements. I then joined with Marissa, stating that she can have these worries but to express them to me in the therapy room and not at home to Jacob. I explained that this was in order to keep from creating strain between him and her, as he heard her speaking ill of his dad whom he still had strong loyalty toward.

Several sessions passed and at first I had to ask Jacob to leave the room several times when his mother would become critical of his father. At these times, I thanked Marissa for bringing these up to me and asked her to give me forewarning when she wanted to talk about her ex-husband so that I could excuse Jacob without it sidetracking the session that day. By doing this, I was deliberately controlling the structure of the therapy room (Napier, 1988) and asserting my hierarchal role as a therapist. Thus, I was also modeling for Marissa appropriate boundaries and hierarchal structure.

In addition to setting boundaries in session, I also worked with Marissa and Jacob to create a behavior chart targeting appropriate behaviors with age-appropriate consequences and rewards. I spoke with the pair together about which behaviors to target and would frequently side with Marissa in order to aid her in asserting her parental hierarchy when she explained why she expected certain behaviors. Jacob was able to give input about what rewards were meaningful to him, which helped him feel validated and facilitated joining between him and Marissa.

As more sessions passed, Marissa stopped trying to create a coalition against her ex-husband. She would talk to me at the beginning of sessions alone if she felt she needed to talk about frustrations from the divorce. She would even set up appointments to come in alone to discuss her frustrations without Jacob present knowing that it was inappropriate for him to hear it.

Jacob’s behaviors continued to get better as a result of the targeted behavior chart and as a result of mom discontinuing trying to create a coalition against his dad. The pair was able to create appropriate boundaries and structure which also helped them to address future difficulties.

Aaron Anderson is the Secretary on the CAMFT Board of Directors. He is the owner of The Marriage and Family Clinic in Westminster, CO. He also writes for various websites about creating healthy marriage and family relationships.

References:
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WHAT MAKES KIDS TURN OFF BAD BEHAVIOR? ENCOURAGING IT, OF COURSE.

By Kerry Stutzman, MSW, LMFT

THE YOUNGEST OF MY THREE BOYS spent the first six years of his life as a screamer. You name it, he could pitch a fit about it. Not a single consequence that I tried worked to squelch this behavior. It drove me nuts. One week, I became desperate. We were going on a trip in three days and I was certain that no one else on that trip was interested in listening to my 6-year old scream over and over throughout each day. I had to think differently if I was going to put an end to this nasty behavior.

Instead of trying to squash my son’s bad behavior, I had to go 180 degrees with an approach I call “Expand and Contain.” Every time Landon burst into angry yelling, I said with empathy, “Wow, it looks like you’ve got some screams to get out of your system. That’s understandable.” I took him up to his room and told him that in order to come out, he needed to scream really good and hard, kicking and waving his arms 10 times. I cheered him on to scream longer, kick harder, do it louder. After about four good screams, he was losing steam but I told him he could do it, keep going, get it all out of his system. For the next three days, every time he screamed, I’d take him up to his room and have him “get it all out.” Sometimes I even laid down next to him and screamed and kicked alongside him. We went on our trip and those eleven days of vacation were the first eleven consecutive scream-free days of Landon’s life.

WHAT IT MEANS TO RESPONSIBLY ENCOURAGE BAD BEHAVIOR
“Expand and Contain” means to expand an irritating behavior to comic proportions and then contain it by setting a limit on it. Looking back at my son, I realize now that what I wanted was for him to be happy and quiet. But what this little guy actually needed was to be allowed to be hoppin’ mad. He had just been through a lot of hard changes in his life and didn’t have many good skills for expressing himself. “Expand and Contain” gave him permission to feel strongly and to do it in a supported, safe way without losing love and connection. I love paradoxical interventions and this most certainly was one: if he screamed as I instructed, he was complying. If he didn’t scream, he was doing what I hoped for.

TAKING REGRESSIVE BEHAVIOR TO THE EXTREME
When Maggie was 5-years old, she acted like a baby. It drove her no-nonsense mother nuts. For months, her mom tried to get Maggie to “act her age” and nothing worked. When she got to her wit’s end, Mom “went 180 degrees” and decided to honor and meet her daughter’s need to act like a baby. Mom told Maggie she would “play baby” with her every day for 20 minutes. Mom expanded it to comic proportions and gave Maggie loads of choices: she could be rocked, drink from a bottle, suck on a pacifier, be sung to, cuddled, wrapped in a blanket, suck her thumb. After three days of this, Maggie was done. Her need had been met. Battle over.

HANDLING BATTLES AROUND THE DINNER TABLE
For kids who struggle with bad table manners, a “bad manners night” can do wonders. Parents can expand the bad manners to comic proportions by requiring that everyone chew with their mouths open, talk with their mouths full and make as many slurping and smacking sounds as possible. Not only is this fun and shocking to the kids, but some kids have come to the conclusion that they are glad their parents normally make them use good manners. The same concept can be used daily by letting the food-smacker eat a few bites as loudly and obnoxiously as possible before the meal in order to get it out of his system.

I think our job as therapists when we work with parents is to teach ways to create emotionally healthy, safe and supportive environments for children.

Sometimes the best way to create that is to “think 180” and try the opposite of what comes naturally. Rather than focusing on getting rid of a bad behavior, we can help parents figure out how to meet the child’s need for that behavior in the first place. The bonus is that it can be fun and entertaining for the parents as well as being compassionate and honoring of the needs of the child.

Kerry Stutzman, MSW, LMFT, has a private practice specializing in parenting in Southeast Denver. She teaches Love and Logic Parenting Classes and is President of the Board for Denver Family Institute. Kerry has three sons, two stepsons and one stepdaughter between the ages of 9 and 18, so she has ample opportunity to practice parenting in ways that keep her sanity and sense of humor intact. One of her favorite quotes is: “If you want world peace, go home and love your family.” – Mother Theresa
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HIGHLIGHTING ARTICLES IN THE MOST RECENT JOURNAL OF MARITAL AND FAMILY THERAPY (JANUARY 2014, VOLUME 40, ISSUE 1), A PUBLICATION OF AAMFT

The Therapeutic Pyramid: A Common Factors Synthesis of Techniques, Alliance, and Way of Being is an article by Fife, Whiting, Bradford, & Davis that presents a unique meta-model (model of models) to further the understanding of what makes therapy effective. The authors acknowledge the importance for therapists to master models and techniques, but propose that therapist effectiveness is founded in the quality of the therapist-client alliance, which in turn is grounded in the therapist’s way of being. The concept of a “way of being” is viewed as the foundation for effective therapeutic change and is defined by how a therapist conveys to a client that they are a valued and unique human being. A therapist’s way of being is developed and demonstrated through their relationships with other people – both in and out of the therapy room. In essence, who we are is who we are with other people, and this fluid process requires change from moment to moment and person to person.

Studying Circular Questions “In Situ”: Discourse Analysis of a First Systemic Family Therapist Session is an article by Diorinou & Tseliou which utilized discourse analysis to examine the use and function of circular questioning in a first session. The two circular questions analyzed in the session were “What is the problem, in your opinion?” and “How do you explain the other’s behavior?” Analysis indicated that the circular questions were effective in triggering shifts in the way problems were viewed by individual members. An example of this occurred when the father initially used “we” to describe the problem at the start of the session, and eventually shifted to using “I” to describe the problem by the end of the session. The initial “problem definition” question seemed to unbalance family norms in a way to allow for individual members to introduce their own view of the problem. By validating and legitimizing the existence of multiple viewpoints and positions through circular questioning, therapists can help families to celebrate different viewpoints and better understand the organization of patterns in the system.

Interpersonal Forgiveness in Emotion-Focused Couples Therapy: Relating Process to Outcome is a research study by Meneses & Greenberg that examined the role of guilt and shame in the process of forgiveness. Results from the study supported the position that shame has an adaptive and fundamental role in the process of forgiveness, which accounted for 50% of the variance of change. Specifically, forgiveness occurred when the injuring partner communicated genuine suffering and empathetic distress for the injured partner’s pain. This in turn helped to evoke a more empathetic/softened response from the injured partner. Because shame is considered a “master emotion” that underlies feelings of shyness, humiliation, failure, lack of confidence and even rejection, the expression of shame in a relationship seems to be the action mechanism that brings couples closer together and heals severed bonds. Overall, the results provide additional empirical support for the effectiveness of Emotionally Focused Therapy (EFT) to repair couples’ relationships.

The Divide Between “Evidenced-Based” Approaches and Practitioners of Traditional Theories of Family Therapy is an article by Dattilio, Piercy, & Davis which explores factors contributing to the historical disconnect between therapists and researchers and provides suggestions to help both sides work more effectively with each other. The primary suggestions for researchers include utilizing qualitative and systemic methods of data collection, focusing on practice-based evidence and common factors, and writing articles with less statistical jargon and more user-friendly prose. Suggestions for therapists include being open to accepting “parts” of evidence-based models without accepting the whole, learning common factors across successful approaches, and broadening the perspective on what constitutes “evidence-based.” The authors also encourage family therapy educators to begin fostering a research-friendly culture at their programs by accepting students who have inclinations towards research, advertising the program’s value of a research/practice connection, and incorporating evidence-based research more deliberately into their programs.

Jesse Sperry graduated from the Denver Family Institute with a certificate in marriage and family therapy and is currently on the Board of Directors to facilitate evaluation and research. Jesse also has a private practice and specializes in providing intensive in-home therapy to families and couples.
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BOOK REVIEW: THE PURPOSE OF BOYS: HELPING OUR SONS FIND MEANING, SIGNIFICANCE, AND DIRECTION IN THEIR LIVES

BY MICHAEL GURIAN

Michael Gurian (of the Gurian Institute located in Colorado Springs) has had a long and seasoned enough career in teacher training and family counseling to ponder the needs related to the guiding and mentoring of male youth. In his 2009 *The Purpose of Boys: Helping our Sons Find Meaning, Significance, and Direction in their Lives*, he lays out a thoughtful and exhaustive work gleaned from the most recent pertinent research of sociology and developmental biology, anecdotes from his work with families, and bits of anthropological wisdom taken from timeless cultural traditions throughout human history.

Gurian makes a compelling case for the unique plight of a boy growing up in a contemporary society increasingly devoid of the cultural markers which used to make for strong communal identity and, consequently, a development and growth driven by vocation and meaningful purpose. Through the course of the book, he offers practical ideas for making use of the resources in a family’s life—extended family, existing mentors such as teachers and youth pastors—to (re)construct a “three family system.”

Gurian does not much endear himself to postmodern thinkers who endorse a more social constructionist lens—the book takes for granted that “boys are boys” and “girls are girls.” But neither does he advocate for “roles” prescribed by age-old traditional patriarchy. Instead he focuses on the making of meaning, bringing in the cross-disciplinary data and folk wisdom to make a powerful demonstration for reclaiming a culture of male child/adolescent-rearing in a communal context.

Gurian covers bases as far as cross-cultural applicability. What is conspicuously lacking is any depth of exploration of the growing-up experience of a boy, for example, identifying as gay, transgendered or questioning. As the book came out only a few months ago, this does not detract from its overall value.

*The Purpose of Boys* makes a formidable resource for parents, teachers, coaches and administrators working in schools, mental health professionals, or any other mentoring figure with the task of guiding male youth through the increasingly uncertain torrents of today.

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**John Richardson, MDiv, is a Licensed Professional Counselor in Colorado, and has worked with youth and families in classroom, community mental health, foster care, residential and day treatment settings for nearly ten years in both Oklahoma and Colorado. He is in his first year of doctoral studies in School Psychology at the University of Northern Colorado hoping to do research in violence and trauma among, continuum of care, attachment and meaning-making among youth.**

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BOOK REVIEW: SOULS UNDER SIEGE: THE EFFECTS OF MULTIPLE TROOP DEPLOYMENTS AND HOW TO WEATHER THE STORM

BY BRIDGE C. CANTRELL, PH.D.

“I do not wish to make this a book of doom and gloom, but rather one that educates and gives hope for all those involved.” – Bridget C. Cantrell, Ph.D.

Graduation is just a few months away, and one of the highlights of my Master’s in education has been my internship. Due to my interest in counseling military families, I have been fortunate enough to be part of an organization that works with preschool-aged children on a local post. This experience has brought me in touch with not only the young children, but their families as well.

It is through these varied connections on post that I have found the discussion of multiple deployments, and its effects on our troops and their families, as highly relevant. *Souls Under Siege: the Effects of Multiple Troop Deployments and How to Weather the Storm*, written by Bridget C. Cantrell, Ph.D., is an informative and valuable bibliotherapeutic tool due to its attention to this very topic. In its pages, the book addresses in honest and simple language the challenges that come from multiple deployments and the consequential emotional change and upheaval in the military family.

Dr. Cantrell not only sheds light on the experience of deployment as seen from a soldier’s viewpoint, but translates it into the experience of that same soldier coming home and trying to plug back into a lifestyle that couldn’t be further from the experience of war. The disengagement that can occur between not only the couple, but the entire family, is sometimes startling.

It is not surprising that ultimately the need for sharing and open communication is necessary for reconnection. In her book, she encourages couples to sit down and work through some of the most obvious issues that surface upon return after deployment, and offers tools that can be practiced and utilized to rebuild and support new and improved relationships.

I found *Souls Under Siege* to be a quick and informative read. It shared tools for the military family to both acquire and then put into practice in the immediate future. I would highly recommend this book for all mental health practitioners, as well as military spouses, as it provides multiple relationship tools can be applied to both military families and any other population of families that are put under stress and trauma on a regular basis.

Adrienne Myers Klokinis is finishing up her Master’s of Arts in Counseling this Spring at Regis University. She is interested in working with adolescents and women of all walks of life. She is completing a certification, alongside her MAC degree, in counseling military families so that she can successfully support the women of this population to the best of her ability.
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LOOK AT WHAT’S BEEN HAPPENING WITH

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2014 AAMFT LEADERSHIP CONFERENCE UPDATE

By Dr. Jenn Matheson, Ph.D., LMFT, Approved Supervisor, CAMFT President-Elect

THE 2014 AAMFT LEADERSHIP CONFERENCE was attended this year by CAMFT President Dr. Darin Wallis and CAMFT President-Elect Dr. Jenn Matheson from March 13-16, 2014 in Arlington, VA. The purpose of this annual conference was to bring together AAMFT Division leaders from every state and province to learn, share, and advocate for the members in their Divisions.

This year there were more attendees than ever before in the history of the Leadership Conference. Besides our Division leaders, most of the leadership team of AAMFT were there to share their insights and train us in various skills we need to best run our Colorado Division. Our Association is here for you, our members, and we are committed to providing outstanding services to you as Colorado marriage and family therapists or trainees.

Colorado is proud to be considered a “large division,” so we spent a lot of time learning from other large divisions such as California and Pennsylvania during the Leadership Conference. One of our favorite activities of the weekend was our trip to Capitol Hill to lobby two of our Colorado Congresspeople. We spoke to them about the issue of supporting upcoming legislation to ensure that LMFTs across the US will be eligible for reimbursement for Medicare beneficiaries. We know we have a lot of seniors in Colorado, many of whom live in areas where there are few mental health professionals. Adding LMFTs to the list of eligible mental health professionals who Medicare beneficiaries can see will help not only with access, but will provide them with the option of choosing a systemically-focused mental health professional for their care.

Congresswoman Diana DeGette’s and Congressman Cory Gardner’s staff members were open and curious about our perspective on this issue. We are hopeful that this bill will pass both the House and Senate in 2014 so that LMFTs will soon be eligible for Medicare reimbursement as is every other mental health profession.

Darin and I felt inspired by the activities in which other Divisions are engaged. For example, one plan of ours to use more technology in the Division as a way to better link into our membership in Colorado. One way in which we hope to make this happen is to provide our Annual Conference by webinar for those who are unable to reach Aurora, CO in person. We will provide information in the upcoming months as we test out how this might work this year and in the future.

Another idea I tested out with the Division Leaders at the Conference was the idea of starting a Conference Book Club. We plan to announce soon the book that we will invite all CAMFT members to read in preparation for Dr. Dick Schwartz’s keynote address at our 2014 Annual Conference. Those who have joined the Book Club will then meet during the conference over lunch to discuss the book we read. Following the conference, we’ll read a second Dick Schwartz book and again meet to discuss that book. I hope to arrange these meetings in at least three different parts of the state and one using technology such as gotomeetings.com so that a large number of our members can get even more out Dr. Schwartz’s presentation on September 19.

CAMFT MARCH MEMBERSHIP MEETING

By Jamie Leach, MA, NCC

ON SATURDAY MARCH 29, THE CAMFT ANNUAL MEMBERSHIP MEETING took place at the Colorado State University Denver Center. Dr. Darin Wallis, President of CAMFT, began the meeting by stating his gratitude to the CSU Denver Center for allowing the meeting to take place free of charge, and then announced CAMFT’s annual awards.

Erin Venters was selected as Student of the Year. Venters is a graduate student in the marriage and family program at Regis University and was nominated for her leadership and passion in working with children and couples as exemplified by her strong presence in the program, as well as her desire to work with military couples throughout her career.

Dr. Jay Martin, LMFT, is the CAMFT Therapist of the Year. An instructor at Regis, Jay was described as easygoing, talented, ethical, and involved in his professional community.

Stephanie Seng, LMFT, was the recipient of the Supervisor of the Year award. Stephanie works as a supervisor at the CSU marriage and family program and was nominated by several supervisees who have benefited from her expertise and wisdom.

The last award went to Michael Lopez-Jensen, LCSW, for CAMFT Educator of the Year. Michael has served the Denver University Social Work program as well as the students of Denver Family Institute with great thought, creativity, and dedication.

Denis Lane, Colorado attorney and writer of The Legal Guide for Practicing Psychotherapy in Colorado, announced the release of the updated 2014 version of this essential guide to help clinicians navigate the legal aspects of practicing in Colorado. Lane then presented several changes that are occurring in Colorado law; effective July 1st, 2014. Mandated reporting is now required for abuse of elders 70 and older if the mandated reporter has seen the abuse occur, or is sure that it did happen. Lane explained that abuse can involve physical abuse, neglect, and financial abuse. Therapists should report abuse to law enforcement, rather than Adult Protective Services.

The second change expands and clarifies the criteria for reporting “dangerous behavior” to include substantial risk of physical harm to self or others, recent events of...continued on page 17

continued on page 17

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Jenn Matheson, Ph.D., LMFT is an associate professor in the MFT program at CSU in Fort Collins. Jenn is the Director of the Center for Family and Couple Therapy at CSU and is an award-winning teacher in her college. Her research centers around substance abuse treatment on college campuses, as well as qualitative methods. She has dozens of publications and has received NIDA funding for her research. Jenn is also President-Elect of CAMFT. Outside of work, she enjoys cooking, driving, spending time with family and friends, and meditation.
Coming this Fall... “Gaining Traction, Getting to Softenings in E.F.T.”
Key Moves for Effective E.F.T. with Jim Thomas
Based on a series of conversations with Dr. Sue Johnson, E.F.T. Research and what works in E.F.T. to focus sessions and build momentum.

Jim Thomas, LMFT, EFT Supervisor, Therapist
and ICEEFT Trainer
Jim offers not only knowledge but also inspiration for those learning EFT/EFFT. He provides training, supervision, consultation, and his well-regarded live session consultations for EFT Therapists in person or via Skype. For more information, please send an email to JimThomas@ColoradoEFT.com.

The Colorado Center for E.F.T. supports the Denver Family Institute Low-Fee Relationship Clinic with two locations in the Denver area. DFI’s clinic provides supportive, strength-based services to hundreds of individuals, couples and families every year.

For more information on E.F.T. programs and training, please visit www.coloradoeft.com

Mark your calendars
For the Denver Family Institute’s upcoming
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Our Saturday Series is a once-a-month workshop featuring the DFI community of therapists who share their specialty! Come and learn with us on Saturday mornings from 9-1 each month! Each workshop is just $40 and earns 3.5 CEU Clock Hours! Proceeds benefit the low-fee mental health clinic at DFI!

✓ May 10, 2014  Generational Differences in Counseling, Supervision, and Culture with Dr. Betsy Nesbit, PhD, NCC
✓ June 14, 2014  Using the constructs of Appreciation, Responsibility, and Transparency as clinical tools for working with couples with Clinton J Nunnally, LPC and Julia Munson, LCSW
✓ Sept. 27, 2014  Family Sculpting with Janna Phillips, LCSW, LAC
threats or violent behavior, or recent conduct that has placed others in a state of reasonable fear. For more specific details on these changes consult the previous Winter 2014 issue of the CAMFT newsletter, as well as securing a personal copy of the updated 2014 Guide.

Lane also noted that the M1 form for instituting a mental health hold is available in his book. The M1 form must be transported by law enforcement or emergency medical responders along with the client. In addition, Lane recommended that therapists begin to include a note about conducting welfare checks and informing law enforcement about safety concerns in disclosure statements. Full text is available in the Legal Guide.

The main event of the annual meeting included a panel of four Colorado therapists who each shared their stories on how they came into the profession and how they were able to build successful practices, sharing their helpful tips they learned along the way. After each panelist presented there was an opportunity for audience questions and answers with discussion.

Laura Cross, MFT Candidate, was first to share her process in opening her private practice in Colorado. Cross spoke genuinely and thoughtfully, sharing her “vulnerability” in the process. She is still new in developing a private practice and explained that she has started seeing clients on a full-time basis last month, establishing her presence as “normalizing” for audience members also starting their practice. Cross opened her private practice while also working as a therapist for the Denver Family Therapy Center full-time after moving from Washington D.C. She was able to consolidate her time last month by switching to full-time private practice. Cross is passionate about working with clients who have a medical component to the distress they experience, and her heartfelt presentation allowed the audience a chance to exhale and view the process of opening a private practice with self-compassion and strength. Her main phrase was “If you do the right thing, the right happens” and she encouraged clinicians to allow that to be backbone for referring, marketing, and ultimately being true to themselves as a therapist and doing what they are comfortable with. For more information, you can visit Cross at her website, www.individualrelationshipcenter.com.

The next speaker was David Blair, LCSW, CACIII, the co-owner and founder of Denver Family Therapy Center (DFTC). Blair also works as a professor at the University of Denver Graduate School of Social Work and is a faculty member at the Denver Family Institute. Blair describes DFTC as a private group mental health practice consisting of 15 therapists and a number of programs including intensive outpatient adolescent substance abuse, as well as being a clinical presence with the Adams County Probation Department. Blair has extensive experience in working with insurance and court-ordered clients. He spoke of how DFTC began and “grew systemically” from the start when Blair and his partner started DFTC after both working in the Department of Social Services. As a social worker, Blair discussed his passion for working with the disadvantaged and impoverished. He described that opening DFTC allowed him the freedom to see the same clients he desired to help, without dealing with the negatives of bureaucracy. He described that the key to being successful in private practice as a business model is that you need to be a “freedom junkie.” He went on to say that “the freedom is exhilarating, I never missed my kids’ track meets for example… [private practice] is hard work, but the flexibility is worth it if you can hang in there.” For more information, you can visit Blair’s website at denverfamilytherapycenter.com.

Third to speak was Lisa Pendelton, LMFT, from Fort Collins, and the owner of the Neurofeedback Clinic of Northern Colorado. Pendelton is an Alaskan native, earned her degree in business, and initially worked in the oil fields of Alaska. She then spent ten years as a stay-at-home mother, and during that time came to the decision to begin graduate school and become a trained therapist. Pendelton found her passion for working with...
in discovering the power of neurofeedback in working with clients who have experienced trauma. Pendelton was trained in neurofeedback and starting utilizing the method with her clients. Soon, she had a waitlist of over 25 people due to her clients improving and referring. Pendelton suggested that to be successful as a therapist, you need to find “what it is that motivates you as a therapist and what your passion is based on what you already know inside of you” and “give that passion 100% as well as your self-care 100%, because often the things that motivate us are also the things we have also experienced as a challenge.” For more information, you can visit Pendelton’s website at www.ncnoco.net.

Our last speaker was Jenny Glick, LMFT, owner of the Counseling Center at Cherry Creek. Glick started her education by receiving a Master’s degree in women’s studies. Glick realized she wanted to work in the field beyond academia, and through her experiences of working with adolescents found she wanted to be a therapist. She then went back to graduate school to become trained in marriage and family therapy. Glick began working at agencies in Colorado Springs, and through this she started a private practice on the side which soon became a self-described “hobby practice.” Glick realized that she wasn’t running her practice like a business. She moved to Denver less than two years ago and opened her private practice just over a year ago. She had limited contacts, but started to look for free coaching online to help her learn how to run her private practice effectively. Glick described her investment in education and felt at the time that she “had a fancy car, and no engine to help it run.” Glick committed to investing in a coach. After working with a coach, Glick described going from approximately “800 dollars per month to now over 10,000 dollars per month” in her practice. She now owns a successful practice and recently hired one contract therapist. Glick also works as a coach to help other clinicians build their private practice as a business. For more information, on coaching or her practice visit beawealthytherapist.com or www.counselingcenterofcherrycreek.com.

Jamie Leach, MA, NCC graduated from Denver Seminary and is working to complete her MFT certificate at Denver Family Institute. Jamie is passionate about working with couples, and particularly enjoys working with pre-engagement and premarital cases. She holds a private practice in Denver, CO. In her free time, Jamie enjoys being with her husband, friends, and family as well as pursuing recreational activities outdoors. She also enjoys photography and other artistic pursuits.
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GUIDELINES FOR NEWSLETTER BOOK REVIEWS

1. Books should be published within the last five years.

2. Reviewers should not have a current or past relationship of a personal or professional nature with the author of the work to be reviewed.

3. Reviews should be between 300-500 words.

4. Times New Roman, 12-point font is preferred. Please avoid using all caps, special fonts, right justification, or double spaces after periods. Please submit single space copy electronically.

5. The review should convey a clear sense of the work’s intent and content. Please provide an evaluation of the book’s quality, including writing style, accuracy, originality, relevance, importance, etc.

6. Other aspects of style (capitalization, punctuation, quotations, bibliography) will follow the APA Style Guidelines. Note: it is not necessary to make page references following quotations from the reviewed book. Please do not use footnotes.

7. Reviewers are responsible for the accuracy of statements included. Reviews will be edited for grammar, style, and length.

CAMFT newsletter conference reviews should follow the above listed guidelines as well. Pictures are a welcome addition and will be included depending on space available.

CAMFT NOTES & More

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Please contact the Newsletter Editor at racheltgall@gmail.com, 303-720-6154, or the CAMFT office at 303-792-3966 with any questions.

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CALL FOR VOLUNTEERS

CAMFT is always eager for volunteers. We need people with interest in creating new networking relationships, contacting conference sponsors, and working on the Finance Committee. If there is another area you are interested in, please let us know—we will find a place for you! Contact camftco@hotmail.com, any Board member (contact information listed on page 2) or by calling 303-792-3966.

UPCOMING ELECTION

Enclosed in this issue is a nomination form to elect soon-to-be open positions on the CAMFT Board. Board positions will begin January 1, 2015. Please take the opportunity to nominate yourself. A ballot will be included in the summer newsletter and results posted in the fall issue. Take an active part in your association and get involved today! Thank you.

The CAMFT newsletter is a publication of the Colorado Association for Marriage and Family Therapy and is provided automatically with membership. Its purpose is to link the CAMFT leadership with the members, to promote communication within the Colorado Division, to provide information of current interest to the membership and to serve as the “voice” of CAMFT to the broader professional field.

The CAMFT newsletter, by its content, promotes and supports the Vision and Mission of the Association:

Vision: CAMFT is a leader in helping Colorado families be safe places for people to grow and develop because every family, couple and individual has the skills and tools needed to meet challenges and strengthen relationships.

Mission: To be a dynamic, vibrant division of AAMFT that supports, provides resources, links people and advocates effectively for its membership and its larger constituency: the individuals, couples and families whose mental health and relationships are a primary concern.
SAVE THE DATE

CAMFT ANNUAL CONFERENCE

Friday, September 19, 2014
Arvada Center for the Arts and Humanities
Arvada, Colorado

featuring
Richard Schwartz, Ph.D.
and his Internal Family Systems (IFS) Method of Treatment

Even if you are not familiar with the IFS approach, you may be aware of Dr. Schwartz’s many publications within the profession of marriage and family therapy, including the “Essentials of Family Therapy” editions, which many of you studied while you were in your graduate program.

Complete details and pricing information will be available soon!
Mark your calendar and make plans to attend this event.