



OCTOBER GENERAL MEETING 2016

ADHD in Adults

By Ellyn Goldstein

Susan Tschudi, MA, LMFT presented on ADHD in adults at our October general meeting. When she was in graduate school, Susan told us, she learned that ADHD was primarily a childhood disorder that was grown out of in adulthood. As she gained clinical experience, she found that this isn't necessarily true, and that ADHD continues throughout the lifespan. When she started to practice, Susan worked with many creative people, and observed that some of the symptoms she saw in her clients were similar to what is typically seen in children with ADHD

Susan states that ADHD affects 4-6% of the adult population. It is a lifespan disorder, with a genetic component (about 76% of adult ADHD has been attributed to genetics). Contrary to many prevailing ideas, ADHD is not caused by bad parenting,

too much TV, or the consumption of sugar.

ADHD is neurobiological in nature, involving a dysregulation of dopamine (which affects attention, focus, and staying on task), and norepinephrine. It affects multiple areas of brain function, including the function of the prefrontal cortex, impacting executive function.

Common characteristics of the disorder in adults include deficits in attention, impulsivity, restlessness, and distractibility. To make a diagnosis, the clinician should look for severity and frequency. In adults, not as much hyperactivity is seen as in children; it typically manifests as restlessness. People with ADHD tend to have a higher divorce rate and have a harder time engaging in and maintaining adult relationships.

Susan tells us that adult ADHD may be hard to diagnose because the symptoms can be subtle. There may be compensatory behaviors, which help the assessment process. You may observe the eyes wandering, leg jiggling, or toe tapping. Susan keeps a bowl of candy in her office as an assessment tool. The ADD adult may reach for a lot of candy. Adult toys, such as stress balls can also help to observe these behaviors. It may help to have input from a collateral source, such as a family member or another professional. Assessment tools such as the Brown scale may be used. The combined type is considered the 'classic' profile. With adult ADHD, co-occurring disorders such as bi-polar disorder, anxiety or depressive disorders may be seen. Co-morbidity is

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NOVEMBER MEETING 2016

Treating Addictions and Co-Occurring Disorders

By Ellyn Goldstein, LMFT

Dr. Walter Thomas, M.D., was the speaker at the general membership meeting in November. Dr. Thomas is board certified in both family and addictions medicine. Since the 1980s, when Dr. Thomas started practicing, the ideas about co-occurring mental disorders have changed. We used to believe that these co-occurring disorders were relatively uncommon, and that the addiction was the primary target of treatment. We now know that a very high rate of people with addictions also have a co-occurring disorder.

When Dr. Thomas first practiced, the convention was to wait twelve weeks to treat co-occurring disorders. Now the convention is to treat them immediately, along with the addiction.

If you they are not treated, symptoms can be triggered, and and make the disorder more progressive. In this talk, Dr. Thomas discussed both bi-polar disorder and PTSD as co-occurring with substance use disorders.

Substance Use Disorder is a biological illness, and 85% of people with the illness don't get treatment. It is an incurable, but treatable, life-long brain disease. Addictive drugs release eight to ten times more dopamine than other natural sources, stimulating the brain's pleasure centers. Brain changes take place through sensitization and tolerance, and the brain's communication system gets changed, causing dysregulation, depletion, and over-stimulation.

Dr. Thomas identifies three levels in the brain's pleasure center: 'I like it', 'I want it', and 'I need it'. When massive amounts of dopamine are released, you go immediately from 'I like it' to 'I need it', initiating the addictive cycle. Dr. Thomas states that one must abstain completely from all addictive substances, otherwise, they will go directly to level three, and the consequences that accompany it.

Addictive disorders are biopsychosocial in nature. They are typically stigmatized as a character flaw. Dr. Thomas emphasizes the necessity of educating people that it's a disease, it's not their

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JANUARY MEETING

FRIDAY, JANUARY 13, 2017

GENERAL MEETING LUNCH

11:15 am to 1:30pm

**Giselle Teller-Holt, Ph.D., MFT-Intern,
Certified Addiction Treatment Counselor
Compulsive Sexual Behaviors**

**Cost: \$20 / \$25 / \$30 (See below)
1 CE

FEBRUARY MEETING

FRIDAY, FEBRUARY 10, 2017

GENERAL MEETING LUNCH

11:15am – 1:30pm

**Speaker: Bette Levy Alkazian, LMFT
Parenting**

**Cost: \$20 / \$25 / \$30 (See below)
1 CE

MARCH MEETING

FRIDAY, MARCH 10, 2017

EXTENDED GENERAL MEETING LUNCH

10:00am to 2:30pm

**Speaker: Corliss Porter, LMFT
Recovery Model: Evidence Based Practice
for Health Care, Mental Health
and Substance Abuse**

**Cost: \$50 / \$60 / \$70 (See below)
3 CE's

INFORMATION FOR MEETINGS

LOCATION:

Spanish Hills Country Club
999 Crestview Ave., Camarillo, CA 93011

RESERVATIONS/CANCELLATION:

Pre-licensed Members: **\$20 / *\$50
Clinical & Networking Members: **\$25 / *\$60
Non-Members, Late Reservations
and Walk-Ins: **\$30 / *\$70

Cash or check only.

**For reservations, please
visit www.VC-CAMFT.org or
email vc_camft@yahoo.com**

You can now register ONLINE for events! Please visit our new website at www.VC-CAMFT.org and go to the Calendar tab to register for any future event.

Reservations/Cancellations must be made 7 days (Friday) prior to the meeting to qualify for MEMBER discounts. Please request a specific meal at time of reservation (Vegan, Vegetarian, Gluten-Free)

Completion Certificates will be handed to attendees at the end of the workshop, at which time course evaluations will be turned in. Continuation education credit does not include lunch, introductions, and announcements.

If a grievance regarding CEUs is brought to the attention of the VC-CAMFT Board the board will review it and will vote on the validity of the grievance. If the grievance is proven valid by the Board a full or partial refund may be given.

Please visit the Ventura County Chapter's website: www.vc-camft.org

From the President's Chaise Lounge Chair...

By Audrey Slaugh, LMFT

Wow, what a year 2016 has been! Our Chapter has seen some pretty amazing speakers, caught up with a lot of members through networking prior to meetings, brought a newly designed and refreshed website to life, brought other platforms of technology to light within the chapter, sailed through the application process to be a CE provider, enjoyed another wonderful Law and Ethics presentation, and had a record donation for the annual NAMI Walk. And this all was made possible by the Board Members who have given a record number of hours, expertise, and focus to these and many more projects. And mind you, this is just a glimpse into what your Board Members do to keep this Chapter moving forward. It has been my honor to witness the hard work and be a slight part of this year's accomplishments.

We have seen Trainees move into Interns, Interns become licensed,

and some very well deserved retirements this year. Our Chapter continues to grow and is focusing on the future of all of the members of VC-CAMFT.

This is where we need your support. We have many opportunities from serving on the Board to supporting some of the "behind the scenes" activity. Examples include volunteering to work the information table at the NAMI Walk, helping with centerpieces for monthly meetings, helping to decorate for the Pre-Licensed Forum, coordination of the Artist Corner at monthly meetings, supporting the coordination of the Law & Ethics annual presentation, etc.

As you can see some there are a variety of ways you can help out, learn more about the Chapter and be of service to others. Would you please consider giving a bit of your time to support us? I look forward to hearing from you! ☺



From the Editor's Desk

By Andrew Smith, MFT Intern

In this edition of The Communicator, we recap the useful information learned at our general meetings and highlight some exciting ways to connect in the coming year. Please take note of all the important 'Save the Dates' in this

edition. We hope you find the information helpful as you plan your calendar in the new year and that you will find time to be part of our many activities. ☺



COMMUNICATOR EDITORIAL POLICY

The Ventura County Communicator is a bimonthly publication (newsletter) of the Ventura County Chapter of CAMFT. Its purpose is to inform members of items of interest to Marriage and Family Therapists in the Ventura County Chapter. This includes, but is not limited to: Chapter Meetings, news about members' involvement in county- and state-wide programs, pre-licensed members' issues, continuing education, and local resources. Articles on topics of interest to the readership may be published on a space-available basis at the discretion of the editor. Articles and news published in The Communicator may be reprinted in other chapters' newsletters, and your submission of material hereby includes your permission to do so. The Communicator is not a professional journal, so articles should be in line with the newsletter format, rather than academic in nature. Paid advertisements, both display and classified ads, are accepted and encouraged.

Approved by Ventura County CAMFT Board on March 30, 1993.

Amended May 31, 2016



The National Alliance on Mental Illness (NAMI) is the largest grassroots organization in the United States that advocates for services for persons with mental illness and their family members. NAMI Ventura County is our local affiliate and their Mission is as follows:

"NAMI Ventura County exists to provide emotional support, education, and resources for families affected by mental illness. Through community collaboration and education, we advocate for a life of quality and dignity – one without discrimination – for all people affected by this illness."

The Vision for NAMI Ventura County is as follows:

"We envision a community in which individuals and families affected by mental illness receive support and access to the comprehensive range of services needed to achieve lasting recovery and wellness, without discrimination or stigma."

NAMI Ventura County is focused on three pillars of service. These are: ...Education ...Support ...Advocacy

NAMI is well known for their Family to Family program which is a 12 week class for family members or friends of people who have mental illness that is evidence-based. This class is offered in both English and Spanish. The focus of the class is to assist attendees with learning to understand their loved one's challenges, to help them support their loved one without enabling them, and to practice good self care.

NAMI also has a Provider Education class that is 5 weeks long which is designed to assist people who work in the treatment field or a related field to learn more about how to work with persons with mental illness. The class also helps people to learn about the resources available in Ventura County for persons with mental illness.

The Peer to Peer class is a 10 week class taught by two people with mental illness who are well grounded in their own recovery. It is for other people who are on a good path to recovery who can benefit from learning techniques they can utilize to stay focused on their recovery efforts. All three of the above named classes meet once weekly.

NAMI Ventura County offers three school-based programs that seek to educate teachers and administrators, students at the high school level, and students at the college level about mental illness. The Parents and Teachers as Allies presentation is designed for teachers, administrators and other staff members in school settings as a way of learning about the early warning signs of mental illness and how they can access resources for students they may be concerned about who might be displaying signs of mental illness. The Ending the Silence program teaches high school students about the early warning signs of mental illness and it also educates them about the importance of trying to erase the stigma associated with mental illness in our society. The In Our Own Voice program is a presentation provided to college students or other community members and it is provided by two persons who themselves have mental illness who have made tremendous progress in their own recovery.

NAMI offers family support groups at multiple locations in Ventura County in both English and Spanish. These groups are offered twice a month and they are facilitated by NAMI volunteers who are well trained in group facilitation practices. NAMI also offers a support group known as Connections for persons who have a diagnosis of mental illness. This group meets twice a month at the NAMI office in Camarillo and it is facilitated by a person who themselves has a mental health challenge.

NAMI also offers support through their Friends in the Lobby program which is offered at the Hillmont IPU and the Vista Del Mar IPU. NAMI has a table in the lobby at each of these sites where they offer resources, guidance, and support to persons coming to see family members or friends who have been admitted into the IPU. The NAMI volunteers who staff these programs have had family members or friends who have been at inpatient hospitals and they are well aware of the challenges associated with having a loved one who needs inpatient treatment. Some of the volunteers themselves have the lived experience of being hospitalized.

NAMI Ventura County also operates a Helpline Monday through Friday from 9:00 am to 5:00 pm. This is not a crisis line but rather a resource line where people can get information about where to get assistance for their loved one or for themselves.

NAMI Ventura County is highly involved in advocacy efforts at the local level meeting regularly with legislators to advocate for proposed bills that will increase services for person with mental illness. NAMI also has staff members and volunteers who attend meetings of the Behavioral Health Advisory Board, meetings of the Board of Supervisors, and other meetings throughout Ventura County where concerns about treatment services are discussed. NAMI Ventura County is very focused on providing advocacy for decent housing for person with mental illness, something which is in short supply in our county.

NAMI Ventura County is an organization that depends on the efforts of volunteers to teach classes, facilitate support groups, and to help with the special events that NAMI Ventura County holds each year. There is never any charge for any NAMI services and the reason that is possible is largely because of the annual NAMI Walk event that takes place in Ventura on the first Saturday in May. The 2017 Walk will be held at the Ventura Beach Promenade on May 6, 2017 from 9:00 am to 12:00 noon. The funds raised from the Walk represent more than 50% of the annual budget for NAMI Ventura County and it also serves to raise awareness about mental health issues and to help try to erase the stigma associated with mental illness. In addition to that, the Walk is a fun event that drew 1,500 people in 2016. NAMI Ventura County is seeking sponsorships and Walk teams to participate in the 2017 NAMI Walk event.

For more information please go to the NAMI Ventura county website at namiventura.org or call the NAMI office at 805-641-2426.

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OCTOBER GENERAL MEETING 2016 ADHD in Adults

the rule, not the exception.

Many clinicians see couples that are having problems stemming from the effects of ADHD. In treatment Susan uses a lot of psycho-education about ADHD and its effects. She tells both partners that they should become 'experts' on the topic. Stimulant medications can be helpful, and can function kind of like eyeglasses in improving the person's ability to focus. It is helpful to engage family supports. Organizations like CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) and ADDA (Attention Deficit Disorder Association) are also helpful supports. Exercise, especially morning aerobic exercise is helpful for the ADD brain. Susan recommends limiting the intake of sugar and simple carbohydrates.

ADD affects all dimensions of a person's life: the physical, emotional, personal, and relational dimensions. In the physical dimension, most people that are not properly treated will self-medicate with both legal and illegal substances, including cigarettes, alcohol, cocaine, and especially marijuana. These substances may help people to focus, and are readily available from about middle school on. As adults it may not be as socially acceptable to use marijuana, but many adults continue to use as a coping tool throughout life to help them focus. Many people engage in impulsive behaviors to self-medicate and to get the adrenaline boost.

On the emotional dimension, we often see depression, anxiety, irritability, frustration, and feeling that things don't work out for them no matter what they do. The ADD adult is frequently impulsive and distracted. Everything is a potential screw-up, and they are always called out for their screw-ups. They typically have a poor self-image, with cognitions like 'I'm a loser and I can't do anything right'. This experience has been reinforced their whole life, and becomes their self image and core belief. As a result, they have a lot of anger. This can have a

profound effect on their relationships. They feel normal when they use, depressed when they can't get anything done, and anxious when they feel they've screwed up or have been told they've screwed up.

On the personal dimension, they are always missing the mark. No matter how much success they've had, there are always things they've missed or forgotten. It's hard for them to function well in school or at work, and missing deadlines and meetings are common. Many ADD adults tend to get fired. They know they are intelligent, but have a distorted self-image. This is all experienced as exhausting.

On the relational dimension, individuals with ADHD have a harder time starting and maintaining interpersonal relationships. They have poor social skills, and are highly distracted and forgetful. They tend to get into relationships with people without ADHD to help them regulate. However, ADHD symptoms intensify the ordinary stressors of life, and there are many roadblocks to relational success.

Roadblocks can include over-helping by the non-ADD partner, which can result in enabling and an unhealthy dependency. The ADD partner may in turn be resentful for the over-helping. The non-ADD partner may be an excessive caretaker, and get worn down. They may be over-responsible, over-controlling, have problems asking for help, and not taking time for themselves. The results are poor relationships and poor communication patterns. When working with these couples, the focus is mostly on the non-ADD partner, who may have given up on expecting change, and may or may not be willing to make changes in their own behavior.

There may be learned helplessness on the part of the ADD partner, who looks for a non-ADD person to partner with in order to obtain structure. This diminishes the ADD partner's level of responsibility in the relationship, causing the non-ADD partner to get resentful. The ADD partner feels incapable, and the learned helplessness cycle continues.

The non-ADD partner approaches and relates to the ADD partner as

a parent, and treats him/her as a disobedient child. The ADD partner responds in a childlike manner, 'you can't tell me what to do'. This becomes an ongoing and escalating cycle with toxic consequences. Susan addresses this early on in treatment, helping the couple to re-phrase things and change non-verbal expressions, gestures and body language. It's important to help them to communicate as adults, and not get angry and demanding. Teach basic assertive communication skills, like 'I statements', avoiding absolutes, and using the 'broken record' technique (saying the same thing repeatedly in a kind way).

Help the couple to strengthen the relationship and establish role expectations. Know that the ADD partner will need more help and that the non-ADD partner will need to carry more responsibility. Help them to lower their expectations. Help them both to take responsibility by asking 'how did you help create this monster?' Help them decide what the division of labor should be, rather than the non-ADD partner doing everything, then feeling resentful. Work at getting rid of expectations. ☯

Susan Tschudi, MA, LMFT is in private practice in Westlake Village. Her specialty is working with adult ADHD. She is the author of Loving Someone with ADD, and a chapter in The Distracted Couple (a textbook for clinicians)

Continued from Cover

NOVEMBER GENERAL MEETING 2016 Treating Addictions and Co-Occurring Disorders

fault, but that they must accept the responsibility for having and treating the disease, and that they can't do it alone. They need medical, psychological, and social support systems.

Bi-polar depression is a commonly co-occurring disorder, is the oldest of psychiatric disorders, and is a disorder of extremes. Dr. Thomas states that its prevalence is seriously under-reported. It is difficult to identify and diagnose, so delayed diagnosis and treatment are common. Dr. Thomas predicts that

changes to the diagnostic criteria for bi-polar disorder in DSM-5 will facilitate diagnosis and improve prevalence statistics.

Many people with bi-polar disorder self-medicate, and many do so without even realizing that they have a diagnosable mental disorder. Approximately 60% of people diagnosed with bi-polar disorder also abuse substances during their lifetime, and both addictive disorders and bi-polar disorder are inherited conditions and share many genes. Bi-polar is a life-long illness, as is diabetes and heart disease. There is no cure for either one, and both must be managed throughout one's life, and worsen if left untreated. Relapse is part of the disease, and co-morbid conditions increase the risk of relapse. Dr. Thomas says that approximately 40% of bi-polar patients also have addictive disorders.

Other mental disorders that are commonly co-occurring with addiction include PTSD, anxiety disorders, and ADHD. Commonly co-occurring medical conditions include thyroid migraine, arteriosclerotic heart disease, diabetes

mellitus, and obesity

Dr. Thomas states that over 50% of the in-patient population in treatment for addiction also have PTSD, and 20-40% of people in outpatient treatment have PTSD. PTSD commonly presents as a substance use disorder, and PTSD symptoms drive many people to self-medicate. In spite of the high prevalence, it is difficult to diagnose in an inpatient setting.

There are also challenges to treatment in co-occurring substance use disorders and PTSD. Dr. Thomas observes that both abstinence and 12-step work may exacerbate PTSD symptoms. Relapse rates may be higher, as withdrawal symptoms can trigger PTSD symptoms. Substance abuse treatment centers are increasingly recognizing the high prevalence of trauma and PTSD, and are incorporating treatment for co-occurring PTSD. There is a better prognosis with early treatment and no pre-morbid illness

Dr. Thomas observes that deaths from heroin overdose have more than tripled, and that fentanyl is ten times more powerful than heroin. This is a

global crisis. There are some safeguards that are in place to help contain the crisis. Doctors in California are legally mandated to check the CURES report (Controlled Substance Utilization Review and Evaluation System), the prescription drug monitoring program, to see if a patient is already receiving prescriptions. There is also a Good Samaritan law, which exempts overdose victims from arrest and prosecution for minor drug offenses. It provides a take-home medical kit, available at police and fire station, for opioid addiction. ☺

Dr. Walter Thomas is board certified in both Addiction Medicine and Family Medicine. He is a member of the American Society of Addiction Medicine. Dr Thomas has served as medical director for numerous hospital-based and residential treatment centers. He has lectured extensively to both medical professionals and patients on the treatment of addictive diseases. He is currently the medical director of the Wildwood Treatment Center. Dr. Thomas maintains an office in Simi Valley.

SAVE THE DATES

Friday, March 10, 2017 EXTENDED GENERAL MEETING LUNCH

10:00am to 2:30pm

Speaker: Corliss Porter, LMFT

Recovery Model: Evidence Based Practice for Health Care,
Mental Health and Substance Abuse 3 CE's

\$50 Pre-licensed Ventura Chapter Members

\$60 for Clinical and Networking Ventura Chapter Members

\$70 for Non-Members, Late Reservations and Walk-ins

May 6, 2017



The 2017 Walk will be held at the Ventura Beach Promenade from 9:00 am to 12:00 noon. NAMI Ventura County is seeking sponsorships and Walk teams to participate in the 2017 NAMI Walk event.

Contact Bowie Hahn for more information:
805-402-0738 or BowieHahn@gmail.com



Welcome!

**VC-CAMFT would like to welcome
our new members...**

We are glad you're here!

Celisa Flores, PsyD, MA
Intern

Jeffery Millstone, MA
Clinical

Linda White, MS
Clinical

Mary T. Coyne, MS
Clinical

Elisabeth P. Stewart
Clinical



Do you have clients struggling with the following chronic pain related symptoms who are not responding to therapy, and could benefit from a higher level of care?

- ✓ Obsessive thoughts or behaviors
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- ✓ Inadequate pain relief
- ✓ Sleeplessness
- ✓ Unresolved trauma/PTSD
- ✓ Isolation tendencies
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- ✓ Medication management issues
- ✓ Unmanageable pain sensations
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Ventura County Mental Health Professionals Connect

<http://www.meetup.com/VCCAMFTconnects/>

By *Bowie Hahn*
Community Liaison Director
bowiehahn@gmail.com

Congratulations if you have joined and connected with our on-line professional community. In less than 1 year we have over 170 professionals attending, organizing, supporting, networking and marketing to one another. This site is designed for any and all mental health professionals to support, market, educate, and proliferate the connections to each other within our professional community. There is no cost or requirements to join this on line community but simply a tool to make each other aware of the; who, what, why and how of what is going on in the field of mental health in Ventura County.

To participate just go to the above website and sign up. You can limit how much contact you wish, but in general, e-mails are sent for all upcoming events on their announcement and/or once per month. Gatherings are only for mental health service providers and only your peers are viewing your information.

We are looking to add more and new professional gatherings for 2017. Potential connections are: educational presentations, case consults, topic panels, social gatherings, business ideas and marketing, professional support groups, all are welcome. If you have any ideas, space to host or an inclination to connect to and with your fellow professionals, please contact me your board representative and I can walk you through the process of how to let our community know who you are and what you do. ☺

VC-CAMFT COMMUNICATOR POLICY AND ADVERTISING RATES

There are two options for advertising to the members of the Ventura County Chapter of CAMFT: The Ventura County Communicator newsletter and/or an E-mail Blast. The Ventura County Communicator is a bi-monthly publication. All Communicator ads should be sent to the Ads Personnel by e-mail. Please make all checks out to VC-CAMFT and must be received by Newsletter Deadline.

Business Card (3.5" w x 2.0" h).....\$25
1/4 page (3.5" w x 4.75" h)\$50
1/2 page (7.5" w x 4.75" h)\$75
Full page (8.5" w x 11" h)\$100

Inserts (B&W) 1-Sided...\$100.....2-sided \$150
printed by VC-CAMFT "Paid Advertisement"

must appear on all inserts

E-MAIL BLASTS TO ALL MEMBERS

E-mail blasts (check payable to VC-CAMFT) ..\$30
Not bound by any deadline

Contact: Linda Klug, 805-526-2190
mariposa100@sbcglobal.net

Newsletter ADS

Contact: vc_camft@yahoo.com

License and Intern numbers required for all ads.
VC-CAMFT has the right to refuse to advertise for any individual, organization or agency.

Honor Awarded



In recognition of her years of service, involvement, and dedication, Dree Miller was established as a Member Emeritus earning her lifetime membership with Venture Country CAMFT. Co-President, Denise Dalgarn made the announcement at the November general meeting.

Birthday Notice



At our November meeting, we marked the birthday of a special attendee, Mocha. Mocha is a therapy dog that attends with member Lisa Mink-McGowan, LMFT, owner of Therapooch Family Counseling Center. Those gathered joined in singing Happy Birthday and celebrated the meaningful role service/therapy animals can play in the lives of our clients and ourselves. If you would like to know more about the roles animals could play in therapy connect with Mocha and Lisa at our next gathering.

Need to make an announcement!



For only \$30 your announcement can be sent to all VC-CAMFT members.

E-MAIL BLASTS are an excellent method for getting the word out to fellow VC-CAMFT members. The blast may pertain to an upcoming event, workshop, new training you have received or a room available for rent. The process is easy:

1. E-mail the text, as you wish it to appear online, to Linda Klug: mariposa100@sbcglobal.net
2. Send a \$30.00 check made out to VC-CAMFT to:
Linda Klug, MFT
1720 Los Angeles Ave. Suite 237
Simi Valley, CA 93065.

When these steps are complete the blast will go out. Please provide at least two weeks notice for processing.

VC-CAMFT has the right to refuse to advertise for any individual, organization or agency.



Ventura County Chapter

California Association of Marriage and Family Therapists
Post Office Box 373, Camarillo, CA 93011

2016 VC-CAMFT BOARD OF DIRECTORS

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- Committee Chair, Linda Klug:** 805-526-2190 mariposa100@sbcglobal.net
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- Helper-at-Large, Alice Richardson:** 805-231-0585 alicemft@gmail.com

SAVE THE DATE!!

FRIDAY, APRIL 28, 2017

Legal and Ethical Issues: "Shh, It's Confidential: The Legal and Ethical Requirements of Confidentiality" 6CE's

**David G. Jensen, JD,
State CAMFT Staff Attorney**
8:15am Check-in; 8:30am to 4pm
Spanish Hills Country Club
Camarillo, CA

Dave Jensen has been a Staff Attorney with CAMFT since April, 2002. He was born in Flint, Michigan, but was raised in Tustin, California. Dave graduated from Brigham Young University with a Bachelor's Degree in History, and he received his law degree from the Thomas Jefferson School of Law in San Diego, California. Dave passed the California bar examination in February, 1999, and he did it on his first try! Before joining CAMFT, Dave worked for Foley & Lardner, a large national law firm, where he regularly established and advised nonprofit organizations. As an attorney with CAMFT, he consults with its members regarding their legal and ethical dilemmas, and he is a regular contributor to The Therapist Magazine. Dave gives numerous law and ethics presentations to chapters, schools, and agencies, and his popular What Does the Law Expect of Me? series, which includes Parts I, II, III, IV, V, and VI, have helped therapists to better understand their legal and ethical obligations.

