

# ASSOCIATION OF FAMILY THERAPISTS

Sept.

# OF NORTHERN CALIFORNIA

2005



## NEW PRESIDENT'S COLUMN

*By Roger Lake, MFT*

In my first column as President of AFTNC, I want to talk about the "vision thing." I believe that we have come a long way, but I see that we are

at a critical time, and want to inform the membership about the directions that this council is intending to take us.

As things stand now, the governance of AFTNC is a volunteer subset of the organization's membership, and doesn't stand for election. We don't really have "an accountability moment," in the sense that the membership gets to pass on our performance at the ballot box. You vote by your interest and participation in the events of AFTNC. Those in the membership who are dissatisfied with our direction are responsible

for bringing that to our attention. I invite any member to email or call me directly if you have concerns that you wish us to address. That might mean you get invited onto the Council, where you get to have a real voice, and responsibility for making things happen.

While I'm on that topic, let me say that one of the most far-reaching changes we've made in the new century is the inclusion of students in the membership. We have come so far along that path that at our most recent Council meeting, we agreed to add student members to all of the Council's committees. Our student representatives are working on that project right now. If you are a student reading this, and want to volunteer for one of our committees, please contact one of the student representatives listed on the first page of this newsletter.

Before getting on with the vision thing, let me talk about the money thing. The Council voted over the summer to increase dues from \$50 to

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\$75 for professional members, and from \$10 to \$25 for student members. Why? It's simple. Prices have gone up. After we looked at our treasurer's report, the Council had to face the fact that we have never, in my 20+ years in AFTNC, increased dues. We felt that the time had surely come, and that the amount of the increase would not add significantly to any individual member's burden. Our increased membership over the last several years has involved increased costs for office services, website maintenance, and activities related to our training objectives. We hope that everyone will accept this in stride, and that you will renew your membership. As usual, membership means a substantial savings on Fall Conference registration.

Back to the vision thing. I do think that it helps us to have a vision of what it is that we are trying to do with AFTNC. It is the sense of the current Council that we are engaged in the development and training of professional clinicians (across the life-cycle) in the systemic perspective that we know as Family and Community-based practice.

A vital part of that effort is to more actively reach out to graduate schools and training sites to identify faculty and staff who are interested in and in need of quality information and training in the systemic perspective.

We take that stance because that is the niche we have most successfully occupied in our 40+ years of existence. Alan & Eva Leveton's delightful retrospective at our April meeting drew a tremendous crowd of old-timers, and reminded us all that this association began with the first real glimmerings of family practice on the West Coast.

Earlier this year, I sent Peter Frankel's Networker article: "Whatever happened to family therapy?" to the listserv. That has been the subject of discussion for some time, and I have certainly editorialized about it. In our most recent Council meeting, Bart Rubin helped me

put it into perspective. He talked about how mainstream "family therapy" has become in the community. Services to families are mandated in many programs. As Peter noted in his article, what happened to "family therapy" is that it got incorporated into clinical practice. We made it. It is also clear (check out Terry Patterson's contribution in this Newsletter) that few students are being trained in systemic work. So here's the irony: now that family therapy is mainstream, it would be nice if there were some trained family therapists around to do it where it's being delivered.

It becomes our purpose to be a resource for that project in the Bay Area. We do this through our Annual Conference, our existing training faculty (formerly the PGTP, but that designation is currently in transition) and the programs that they develop, and through our regular programs, which have always relied on our core asset: the clinical experience of our professional membership. Efforts to engage all of our members in activities that promote AFTNC and the systemic view are part of our commitment to maintaining the relevance of this organization in the lives of our long-term members.

The Council will work to identify members who are available to give talks or a pro bono training, and you will note the announcement in this Newsletter of a mentorship program that has been organized by Mariah Feld, a student representative already on the Council. I think that this work is at the heart of AFTNC as a community that is surprisingly warm and open. I don't think my career path is particularly unusual. After working at places called (fill in the blank) House, then places called (fill in the blank) Hospital, or (fill in the blank) Clinic, I finally found my niche in private practice. Over the years, that has become increasingly secure, and increasingly predictable. Doing some pro bono consultation for Bart at Family Institute of Pinole over the last year has simply been fun for me. I really want to invite the members of my

## NEW EDITOR'S COLUMN

*By Mary T. Cronin, MFT*

generation (particularly those who showed up for the Leveton's event but otherwise haven't been much involved for some time) to think about ways to reconnect through mentoring, offering a program or training that you'd be willing to do (just contact me or the Program Committee), or just showing up for meetings and participating. Certainly you should all plan on attending this fall's amazing conference with AJ Franklin and Nancy Boyd-Franklin.

There are other projects in the works. One that several of you have commented on is the development of our website. I must say, I've been very pleased with our simple listserv, and how much communication it enables inside this group. Although I've used a PC for most of my professional life, and sat through many sophisticated, excited, sometimes even manic presentations by various clients over the years, I'm not really on top of current technology. I'm sure that I'm not alone in that, but I'm equally sure that our membership has some very sophisticated techies. I would love to form an advisory group about the website composed of members who'd like to help us develop a face for AFTNC that really helps us make it clear who we are and what our professional purpose really is. There are lots of psychotherapy institutes out there, and lots of places to get CE credits. We are, in fact, quite unique, and will grow as we clarify that through our activities and communications.

I'll close by saying that being in this position, as President of the Council, is a bit freaky for someone who still feels (and consequently thinks) like a simple hippie. What works for me is knowing that the Council, in particular, and the membership at large are basically cool people who share similar perspectives about what matters, and why we do this work. All we really want is Peace, and Freedom. ■



I begin to write this first column for the AFTNC Newsletter with gratitude to the contributors who have made this edition. Their cooperation and patience have been remarkable. Thank you.

Next, an invitation is extended to future contributors to join us – send us something for the next edition. As family therapists, we have much to say about the times in which we live and the impact on the families we treat. The Newsletter is a forum for us to share our thoughts and experiences.

Because of the economic and political challenges families are facing today, articles on a variety of topics will be of interest to AFTNC Newsletter readers. Contact me at [mary.cronin@earthlink.net](mailto:mary.cronin@earthlink.net) if you would like some ideas to get you started.

Book and video/DVD reviews as well as event reviews are of interest here, too. Letters to the Editor are welcome, particularly in response to articles published in the Newsletter.

September 18th, AFTNC presents the eminently qualified Timmen Cermak, M.D., and the subject, "Marijuana: What Family Therapists Need to Know." Dr. Cermak has treated Bay Area families for many years. He is frequently quoted in the press as an expert in the field of addiction.

October 15<sup>th</sup> & 16<sup>th</sup>, Nancy Boyd Franklin and A.J. Franklin will be the presenters at the AFTNC Annual Conference at Westerbeke Ranch in Sonoma. Their topic is "Multicultural Issues in Couple & Family Therapy: The Treatment of African-American Clients and Families." With the Franklins, AFTNC continues the outstanding quality of training available at the Annual Conference.

Announcements for the above events are included in this issue of the Newsletter.

Please note the student participation AFTNC is enjoying these days. Mariah Feld's initiative in creating the Mentor Program is an example, and Keith Sutton's recruitment of students to assist council members brings a renewal of energy to the organization. As Newsletter Editor, I am grateful for the support provided by Ha Le Cao, second year graduate student at CSU East Bay, who generously responded to Keith's invitation for student participation in the efforts of the AFTNC Council.

**Ed. Note:** For those who are reading this, but have not yet become members of AFTNC, or for members who have not yet renewed their membership: AFTNC Members receive a generous discount when signing up for the Annual Conference. Contact Membership Chair [coryabrown99@yahoo.com](mailto:coryabrown99@yahoo.com). Membership renewals are due before October 1, 2005. ■

## MEMBERSHIP CHAIR REPORT

*By Cory A. Brown, Psy.D.*

I am pleased to announce my excitement in taking over as AFTNC Membership Chair. We would all like to thank Ryan Kolakowski for his devotion and hard work as the Membership Chair over the past few years. I am happy to say that our membership is continuing to grow strong as we are renewing our outreach efforts to community counseling agencies, mental health services providers, and scholastic communities throughout Northern California.

I would like to encourage anyone interested in becoming involved in our outreach to contact me at my office number at Xanthos Alameda Family Services, (510) 530-8339, or to e-mail me at [coryabrown99@yahoo.com](mailto:coryabrown99@yahoo.com). We are looking for both professionals and students to help in our plans to have AFTNC event and membership promotion contacts located at a variety of agencies and psychotherapy school locations. Anyone interested would simply assist us in making membership materials and AFTNC event announcements more easily available to professionals and students at your own work or school site. This could also include inviting other members of our family therapy community to visit and speak at your site.

The goal is to make therapists and psychology students aware of the benefit of our association as the popularity of family therapy interventions is on the rise. This process, as well as the growing benefit of our listserv and website to members, makes me very excited to become involved as the Membership Chair at this time and place in AFTNC's history. ■

**AFTNC STUDENT EVENT  
FEBRUARY 2005  
AND  
FUTURE MENTORING PROGRAM**

*By Mariah Feld*

The field of psychology is becoming an increasingly competitive market for entering psychologists. As psychology graduate students, it is an everyday challenge to navigate the twists and turns of professional development. While students have supervisors, peers, and professors that provide guidance and advice, unanswered questions still remain. In February, Keith Sutton and I facilitated the annual AFTNC student event, which focused on careers in couple and family therapy. The attendance of students at the event exceeded expectations, reaching over 50 participants. This sends a message that students have an interest in the field of couple and family work and are motivated to receive guidance in developing careers in this area.

During the last AFTNC board meeting, there was a lively dialogue around efforts to maintain and expand the interest and involvement of student members in the organization. Discussions included such topics as frequency of student events, student scholarships to the annual conference, student representatives from all the Bay Area professional schools, and mentoring.

The idea of developing a mentorship between AFTNC members and student members resonated with me. In thinking about the process of my own search for answers, I recalled my past work as a mentor coordinator for a local non-profit. I have witnessed the powerful effects of mentoring relationships through the matches I helped create, and, first hand, through my

personal experience of mentoring several adolescent girls. Mentoring matches often grew into mutually beneficial relationships in which both participants fully enjoyed their experience together.

It occurred to me that applying a mentoring model in the context of the AFTNC organization could nicely meet the needs of its student members, while furthering AFTNC aspirations for greater involvement of student members, the family therapists of the future.

**Mentor Program Involvement:**

- Willingness and availability to share knowledge and experience related to the field of family therapy with a student;
- One year commitment;
- Minimum of once a month contact, preferably in person, plus e-mail and phone contact as needed;
- Attendance at an organizational group-mentoring event. (TBA)

I would like to match people based on theoretical orientation, specialization of interests, practice settings, or any other special requests.

If you are interested in participating in the mentoring program and would like further information, please, contact Mariah Feld @ (707) 695-2728 or mariahfeld@hotmail.com. ■

**Mariah Feld** is a third year graduate student at the Wright Institute and a Student Representative on the AFTNC Council

*AFTNC PRESENTS:*  
**MARIJUANA: WHAT FAMILY THERAPISTS NEED TO KNOW**  
*Timmen L. Cermak, M.D.*

**Date:** Sunday, September 18, 2005   **Time:** 6:30 – 9:30 PM  
**Location:** One Beach Street, Ste 100, Room 202, San Francisco, CA 94133

**PRESENTER:** Dr. Cermak is Board Certified in Psychiatry, with a Certificate of Added Qualification in Addiction Psychiatry. He is also certified by the American Society of Addiction Medicine (ASAM). He served on the Executive Council of the California Society of Addiction Medicine (CSAM) from 1992-1995 and chaired CSAM's task force on medical marijuana. Dr. Cermak is also a member of the American Academy of Psychiatrists in Alcohol and Addiction (AAPA). He is the author of a number of books, some of which are *A Primer on Adult Children of Alcoholics*, *Diagnosing and Treating Co-dependence*, *A Time to Heal*, and *Marijuana: What's a Parent to Believe?*



**DESCRIPTION:** The presentation focuses on the new neuroscience of marijuana and how to integrate recent discoveries into clinical and family therapy practice, with a special emphasis on the adolescent brain/mind. Dr. Cermak will also discuss the “spiritual” meaning of marijuana and how it activates many of the same portions of the brain that such practices as mindfulness meditation and other spiritual exercises activate, with an exploration of the pros and cons of relying on psychopharmacology to achieve enlightenment. Come for refreshments and socializing at 6:30 PM; Dr. Cermak will begin his presentation at 7:00 PM.

**CE UNITS:** Attendees at this event will be eligible for 2 CE units for licensed psychologists, MFTs, and MSWs. To sign up for these units at the door, there is a \$10 per person fee (must be paid by check made out to “AIU” or credit card, not cash) for doing the CE paperwork. There will be the usual CE sign-in/sign-out time requirements so please arrive 5-10 minutes early if you are interested in CEUs.

**DIRECTIONS**

From Berkeley, Richmond and points north, or San Francisco, Marin and Points west: Take I-80 W towards Bay Bridge. Take the first San Francisco Exit – Harrison Street (located on the left) and make a right at the base of the ramp. Continue straight and at the second traffic light, make a left on Embarcadero. Continue straight on Embarcadero until Pier 41. The school is located in a three-story brown brick building on Beach Street right across from Pier 41.

From Contra Costa County and points east: Take the 980 West freeway to 580 West. Take I-80 W towards Bay Bridge. Take the first San Francisco Exit – Harrison Street (located on the left) and make a right at the base of the ramp. Make a left on Embarcadero and continue straight until Pier 41. The school is located in a three-story brown brick building on Beach Street right across from Pier 41.

From Hayward & the South: Take the 880 freeway north to I-80 W towards Bay Bridge. Take the first San Francisco Exit – Harrison Street (located on the left) and make a right at the base of the ramp. Make a left on Embarcadero and continue straight until Pier 41. The school is located in a three-story brown brick building on Beach Street right across from Pier 41.

Public Transit: The school building is located right across from San Francisco's Pier 41 and the Aquarium by the Bay situated between Pier 39 and Pier 41. Safe and secure parking is available in the public garage located on Stockton Street (nearest cross street Bay Street).

ASSOCIATION OF FAMILY THERAPISTS OF NORTHERN CALIFORNIA

## 42ND ANNUAL CONFERENCE

*with Nancy Boyd-Franklin, Ph.D. and Anderson J. Franklin, Ph.D.*

**Saturday, October 15th &  
Sunday, October 16th, 2005**

Westerbeke Ranch Conference Center in Sonoma, CA  
www.westranch.com

### **MULTICULTURAL ISSUES IN COUPLE & FAMILY THERAPY: THE TREATMENT OF AFRICAN-AMERICAN CLIENTS & FAMILIES**

This two-day workshop will present a comprehensive program of clinical interventions for working with African American clients and families. Emphasis will be placed on the utilization of cultural strengths in the family treatment process including the involvement of extended family members, kinship care, survival skills, spirituality, religion, and resilience in the face of racism. Child-rearing and parenting concerns, especially fears for the safety of Black male children, will be discussed. Gender issues in African American families will be explored. The invisibility syndrome will be presented as a clinical model for understanding the issues facing Black men and the consequences for relationships with women, couple and family dynamics.

The second day will focus on the Multisystems Model as a framework for interventions with poor, inner-city African American families. The impact of outside systems such as schools, courts, police, juvenile justice, child welfare, health and mental health programs will be explored. Alternative community-based interventions such as therapy groups for Black men, violence prevention programs, and school-based services will be presented.

**THE PRESENTERS:** Dr. Nancy Boyd-Franklin and Dr. Anderson J. "A.J." Franklin are two of the nation's leading authorities on multicultural issues in family therapy and clinical psychology, and are both very dynamic presenters.

**Dr. Nancy Boyd-Franklin** is an African American family therapist and a Professor at Rutgers University in the Graduate School of Applied and Professional Psychology. She is an internationally recognized lecturer and author who has written numerous articles on issues such as ethnicity and family therapy, the treatment of African American families, extended family issues, spirituality and religion, home-based family therapy, group therapy for Black women, HIV and AIDS, parent and family support groups, community empowerment and the Multisystems Model.

**Dr. Anderson J. Franklin** is Professor of Clinical and Social Personality Psychology at The City College and Graduate School of The City University of New York. He is a psychotherapist in private practice having a specialty with African American males. He is Past President of The Society for the Psychological Study of Ethnic and Minority Issues, a Division of the American Psychological Association. For the last several years he has been Co-PI with Dr. Ann Zauber on a research study investigating barriers and facilitators in colon cancer screening for African Americans as part of the CCNY/Memorial Sloan Kettering Partnership. Dr. Franklin lectures and consults with a variety of domestic and international organizations on diversity issues.

Among their many publications are:

Boyd-Franklin, N. (2003). *Black families in therapy (2nd Ed.): Understanding the African American Experience*. New York: Guilford Press.

Franklin, A.J. (2002). *From brotherhood to manhood: How black men rescue their relationships and dreams from the invisibility syndrome*. New York: Wiley.

Boyd-Franklin, N., & Bry, B. (2001). *Reaching out in family therapy: Home-based, school, and community interventions*. New York: Guilford Press.

Boyd-Franklin, N., & Franklin, A.J. (2000). *Boys into men: Raising our African American teenage sons*. New York: Dutton Books.

Boyd-Franklin, N., et al. (Eds.) (1995). *Children, families, and HIV/AIDS: Psychosocial and therapeutic issues*. New York: Guilford Press.

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### CONFERENCE SCHEDULE:

#### **Saturday, October 15, 2005**

8:30 am - 9:00 am Registration

9:00 am - 12:00 pm Session A

12:00 pm - 2:30 pm Lunch

2:30 pm - 5:30 pm Session B

6:00 pm Dinner

#### **Sunday, October 16, 2005**

9:00 am - 12:00 pm Session C

12:00 pm - 1:30 pm Lunch

1:30 pm - 4:30 pm Session D

4:40 pm Adjourn

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#### **Session A: NANCY BOYD-FRANKLIN**

Utilizing Cultural Strengths in the Treatment of African American Clients and Families

The Therapist's Use of Self in the Treatment of African American Families

**Saturday Lunch:** Student lunch with Dr. Nancy Boyd-Franklin and Dr. Anderson Franklin

#### **Session B: A.J. FRANKLIN**

The Invisibility Syndrome of African American Men

Working Effectively with African American Men in Individual, Couple, And Family Relationships

#### **Session C: NANCY BOYD-FRANKLIN**

The Multisystems Model in the Treatment of African American Clients and Families

#### **Session D: A.J. FRANKLIN**

Innovative Community-Based Interventions

Therapy Groups for Black Men

Violence Prevention and School-Based Interventions in the African American Community

**CE UNITS:** Attendees of this event will be eligible for 12 CE Units for licensed psychologists, MFTs, and MSWs.

**COST:** See registrstion form on next page

**CONTACT & REGISTRATION INFO:** See registration form on next page. Complete registration materials will be available at <http://www.aftnc.com/conference.htm> by September 2005. For further information, contact the conference co-chairs Lori Ono (EMAIL: [lori.j.ono@kp.org](mailto:lori.j.ono@kp.org)) or Shawn Giammattei (EMAIL: [sfshawn11@mac.com](mailto:sfshawn11@mac.com)).

**AFTNC's 42nd Annual Conference**  
**Saturday, October 15<sup>th</sup> & Sunday, October 16<sup>th</sup>, 2005**  
**at the Westerbeke Ranch Conference Center in Sonoma, CA**

Sign me up for Conference & Lodging @ Westerbeke Ranch!	Sign me up for Conference ONLY! I'll find my own lodging
<p><b>Received by 10/01/05:</b></p> <p>AFTNC Members:       \$326   \$ _____</p> <p>Student Members:       \$276   \$ _____</p> <p>Non-Members**:</p> <p style="padding-left: 100px;">\$433   \$ _____</p> <p style="padding-left: 100px;">CEU's *: \$10   \$ _____</p> <p><i>The above costs include shared cabins with baths (some shared cabins can include up to 5 people); pool &amp; hot tub use; Saturday lunch &amp; dinner and Sunday breakfast &amp; lunch.</i></p> <p><b>Received after 10/01/05:</b></p> <p style="padding-left: 100px;">Add \$35   \$ _____</p> <p style="padding-left: 100px;">TOTAL:   \$ _____</p>	<p><b>Received by 10/01/05:</b></p> <p>AFTNC Members:       \$206   \$ _____</p> <p>Student Members:       \$156   \$ _____</p> <p>Non-Members**:</p> <p style="padding-left: 100px;">\$313   \$ _____</p> <p style="padding-left: 100px;">CEU's *: \$10   \$ _____</p> <p><i>Meals: Saturday and Sunday lunches are included in above costs. If you'd like to join us for Saturday dinner and Sunday breakfast,</i></p> <p style="padding-left: 100px;">Add \$39   \$ _____</p> <p><b>Received after 10/01/05:</b></p> <p style="padding-left: 100px;">Add \$35   \$ _____</p> <p style="padding-left: 100px;">TOTAL:   \$ _____</p>
<p><b>WE HAVE A LIMITED NUMBER OF SHARED CABIN ROOMS AT WESTERBEKE RANCH available for AFTNC Conference Participants on a First Come-First Served basis! Register EARLY to guarantee yourself a room!</b></p>	

**Auxiliary Requests**

Please call Lori at (925) 295-6487 if you need auxiliary aids or services to assist you during the conference. We will make every effort to accommodate your requests.

**Cancellation Policy**

Please contact Lori before October 1, 2005 to receive your refund less \$35.00 administration fee if you cannot attend the conference. Be advised that cancellation of your accommodations at Westerbeke Ranch after October 1<sup>st</sup>, 2005 will result in a payment penalty of one night's room rate.

**Registration**

To avoid a late charge, registration is **due by 10/01/05**. Fill out and mail this form with your check made **payable to AFTNC**:

**Mail to: Lori Ono**  
**621 43rd St.**  
**Richmond, CA 94805**

**Questions???**  
**Call Lori (925) 295-6487**  
**or email [lori.j.ono@kp.org](mailto:lori.j.ono@kp.org)**

**Name:** \_\_\_\_\_ **License# & Type** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **AFTNC Member? Yes \_\_\_ No \_\_\_**

**Telephone: Home** (\_\_\_\_\_) \_\_\_\_\_ **Work** (\_\_\_\_\_) \_\_\_\_\_

**Roommate preference:** \_\_\_\_\_

\* AFTNC is an approved MCEP provider, #ASN004. We are currently awaiting course approval to offer 12 CEU's to Ph.D.'s and Psy.D.'s. This course meets the qualifications for 12 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences.

\*\* If you would like to become a member of AFTNC go the AFTNC website at [www.aftnc.com/membership.htm](http://www.aftnc.com/membership.htm)

*Reflections on AFTNC's 40<sup>th</sup> Anniversary:*  
**The Past and Present State of  
Family Therapy in the Bay Area**

*Terry Patterson  
patterson@usfca.edu*



*Terry Patterson is a licensed psychologist in California and a diplomate of the American Board of Family Psychology. He is formerly Director of Training of the doctoral program and currently a Professor in the MFT & School Counseling Programs at the University of San Francisco. He is also in independent*

*practice, specializing in couple therapy in San Francisco. He is proud to be on the AFTNC advisory council.*

Two things by way of full disclosure: first, if you continue to read this, you will end up with more questions than answers; second, this is not an academic but an opinion piece, even though I am an academic. My basic premise is that the history and current status of family therapy in the Bay Area parallel each other and are intertwined, as is everything that is based on systems theory. I will focus mainly on training, as that is where everything begins and ends.

OK, I lied already. Family therapy in the Bay Area (San Francisco, Berkeley, Palo Alto, and Marin, primarily) actually took root around 1970, but true to its nature, defied any form of organization until later in the decade. The historical context is that Haight Street and Telegraph Avenue were happening, the Vietnam War was at its apex, and the Human Potential Movement was in full swing. Esalen was the mecca for anyone looking for meditation, massage, hot tubs, and growth on the edge of the continent. Behaviorism and psychoanalysis were anathema to anyone not involved with formal University-based training, and the Marin Family Therapy Institute (Kirschenbaum, Luthman, and Maliaño), the San Francisco Family Therapy Center (Alan & Eva Leveton & Ben Handleman), the Shaws' Center in Berkeley, Mt. Madonna in Watsonville (the

McLendons) and MRI (Watzlawick, Weakland, Fisch, etc.) offered comprehensive, sequential coursework in family therapy, often leading to a certificate at the beginning, intermediate, and advanced levels. Gestalt, psychodrama, strategic, and solution-focused approaches were part of the mix in what could loosely be described as an overall Humanistic approach to psychotherapy with individuals, couples, and families. Virginia Satir, Carl Whitaker, Fritz Perls, Jay Haley, and numerous other leading lights were ubiquitous either as residents or frequent visitors. The culmination was probably at the 1985 AAMFT national conference in San Francisco when Satir, Minuchin, Whitaker, Papp and others interviewed many of our client families before large audiences and recorded them for posterity.

So what's not to like? The climate throughout the 70s was indeed fertile and luxurious for anyone who wanted exposure to humanistic approaches, and in particular, to family therapy. This was undoubtedly the densest concentration of family therapy training to occur anywhere over an approximate ten-year period, and during the 70s the number of MFCC licenses grew by leaps and bounds. As one who trained at three of the leading centers, I feel free to comment on what it was like: personal, intense, and personality-based. One's personal and professional lives were a focus of training, demonstrations were often dramatic, and there was little theory involved. The bywords were catharsis, growth, and balance, and although these can be driven by various theories (not all humanistic), few names were mentioned other than Maslow, Perls, Erickson, Haley, Reich, and sometimes Rogers and Jackson. The local presenters were typically disciples of the original gurus, and live demonstrations were usually quite dramatic. The message was to use one's self, go with the flow of energy, and basically do what the masters did. Trouble was, few of us were prone to the dramatic, or knew how to apply these techniques differentially, much less to assess couples or families who presented with a wide range of disorders. It

often became quite messy to follow up with our clients after a dramatic presentation by one of the masters, local or visiting. Although not all teachers were flamboyant and dramatic, those who were attracted the most attention. This was my impression of much of the training in the 70s almost from the moment it happened, and it appears even more so to this day, each time I review it.

Nonetheless, I feel privileged to have been around in those heady times, and training with such focus or intensity has not been so readily available in the Bay Area since then (some graduate programs and the current AFTNC efforts notwithstanding). Numerous efforts were made to revise and broaden those initial training programs, but results have been inconsistent and limited.

In 2005, there are over 27,000 MFTs in California (nearly as many as the national AAMFT membership), graduate programs are everywhere, and CAMFT has the largest membership and greatest impact on the public image of mental health in the state outside of medical environments (sorry, my fellow psychologists, but *MFT's rule!*). So what's wrong with this picture? Simply stated, with no identifiable, sequential (non-doctoral) training program focused on couple or family therapy in the Bay Area for most of the last 20 years and many, if not most MFT trainees interested in generic counseling rather than family therapy practice per se', the graduate schools offering MFT programs are, in fact, training programs in generic counseling rather than family therapy. In reviewing the MFT curricula at Bay Area graduate schools, one is hard-pressed to find a program with the BBS-required courses in which trainees have more than one couples course, a family course or two, and perhaps a systems-oriented course in a specialty area. Students who are interested in family therapy often go begging for traineeships or internships that offer experienced, ongoing supervision in clinical work with couples and families, and *the BBS now allows the 500 hours with couples, families, and children to be done exclusively with children* (just where is the clinical training

in the graduate programs in child therapy, anyway?)! Thus, trainees and interns spend most of their hours required for licensure seeing children (often in schools, where they are seen as school counselors), individual adults, groups, and in related activities.

I am essentially asking us Northern Californians: *Where is the real tofu in family therapy training? Is MFT in California truly a profession distinct from others disciplines regulating psychotherapy? Has the MFT license become a generic counseling credential for most practitioners? Do we really care about the status of MFT training and the direction the license is going?*

I promised you more questions than answers, and undoubtedly unsettling ones if you see even a grain of truth in them. Along with a few bright spots such as AFTNC and the Family Institute of Pinole brightening the training picture at the moment, Kaiser Walnut Creek and a few others are offering internships to MFTs. There is a growing movement to establish a license in California for generic counseling, similar to the LPC (Licensed Professional Counselor) that exists in most other states. While most professional organizations are opposing this movement, I think it has great potential for re-establishing the identity of MFTs more clearly, and allowing those with no interest in our specialty to design training programs that are appropriate to them. More on potential solutions at another time, but first I welcome your comments, pro, con, and in-between via e-mail and in person, and perhaps together we can re-focus our training and practice on the systems approach and the clients whom we believe in so strongly. ■

*For additional background, please refer to:*

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## **“DUAL DWELLING DUOS” MAKES IT TO THE CHRONICLE**

*By Judy Hess, Ph.D.*



**Judy Hess, Ph.D.**  
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in Clinical Psychology  
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She has been on the  
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active in the Northern California Group Psychotherapy  
Society and the American Group Psychotherapy  
Association where she has led numerous workshops on  
“Interpersonal Gestalt.”*

Some of you may remember an article I wrote for the Journal of Couples Therapy in 2001 with my colleague from the California Institute of Integral Studies, Padma Catell, entitled “Dual Dwelling Duos, An Alternative for Long-Term Relationships. In this article we proposed an alternative form of relationship in which each member of a couple chooses to retain their own separate domicile while still being in a committed, monogamous and loving relationship. We termed this life style the “Dual Dwelling Duos” or DDD’s.

In the last three years, the concept of the “Dual Dwelling Duos” has been quoted in a number of places including the recent book by Bay Area writer Sasha Cagen, “Quirky Alone: A Manifesto For Uncompromising Romantics” (published by Harper San Francisco in 2004), and in the Long Island newspaper, Newsday. (2/12/05)

On June 29, 2005, the idea of living separately though married or in a long-term relationship, i.e. DDD’s made it to the San Francisco Chronicle in an article by Adair Lara. In her

article, Lara liberally quotes from our article in the Journal of Couples Therapy, interspersed with interviews from several married couples that express satisfaction living this life style, and mentions some famous literary figures and movie stars who are known for living in this fashion.

Lara begins by writing, “Virginia Woolf dreamed of a room of one’s own, but there are larger dreams: a house of one’s own.” She continues, “It’s almost a trend. A 2003 census report found that 3 million married couples lived in separate residences. Some live in different units in the same apartment building; some in different cities; some just divide up the house they have into two addresses with one electric bill.”

Examples of the rich and famous who favor this lifestyle are “British novelist Margaret Drabble and her husband, writer Michael Holyrod, who put a flat between them; Mia Farrow and Woody Allen who, when they were married, put a large urban park between them; Simone de Beauvoir and Jean- Paul Sartre who had a part of Paris between them.” So how does this pertain to the ordinary couples with more limited incomes?

From Lara’s interviews with a number of such folks, including yours truly, as well as from the Letters to the Editor, which appeared in the Chronicle the following week, it seems that there are quite a number of “ordinary people” who are choosing to live the DDD lifestyle and making it work for them, despite any increased costs. These couples mention as some reasons why this kind of lifestyle works well for them, such things as their “different tastes in décor”, their “liking of their own space,” their separate friends, and their “spiritual independence.” They mention how living apart “captures the feelings of dating,” of excitement and freshness in coming together from their own spaces. One couple that reports living happily in their respective inexpensive rentals expressed, “Getting together on weekends is like having a

continual honeymoon.” The folks who seem to favor living in this fashion seem to be very independent, and in the words of the great poet Rainer Maria Rilke, are willing “to give to one another the great gift of standing guard over one another’s solitude.”

One of the hardest things about living apart from your beloved may be explaining it to others. The husband in one of Lara’s couples reported, “When others first hear of our arrangement, they look at me and my wife “the way King Kong looked at Fay Wray when she was first in his palm, with that “What is this?” look.

And perhaps this is what we, as therapists, need to take from this article. Because the notion of married people living together is so much a part of our culture, many folks for whom this DDD lifestyle could actually work, are afraid to go against the mainstream values to really live it. They are afraid of what others may think of them, their relationship and their life choices. If we as therapists have similar judgments around such arrangements being “an avoidance of intimacy,” or some other form of psychopathology, this will come across to our clients.

No one is saying that the DDD lifestyle is appropriate or desirable for all couples. However, it is clear that more and more couples are starting to consider alternative spatial/emotional arrangements for their relationships, whether it takes the form of having their own bedrooms, own bathrooms, own houses or just taking more space for themselves in their lives without feeling guilty

about it. When a couple comes in for therapy and complains about having difficulty with their current living arrangement, alternative ones may need to be considered. Believing that there is only one healthy way to have long-term relationships, and repeatedly failing at it, leads to a lot of pain and to feelings of failure for one or both partners. As therapists, we need to question society’s prejudice that people who love each other and want to be life partners must live under one roof.

Judging from the letters to the editor in the Chronicle the week following Lara’s article, many people are needing support and reassurance for their alternative choices. One woman wrote in, “The article greatly reassured me that this new twist in our relationship will be of great value to us, and reading it gave me a feeling that someone was there holding my hand as I embark upon the adventure of living alone, something which I have not done my entire adult life.” Another one said, “I am going to print out multiple copies of the article to pass out every time someone asks me why we don’t live together. I agree, it definitely keeps our twelve-year relationship, fresh.”

We as therapists need to realize that if there were more options available for long-term relationships and these options were considered healthy and desirable, some of our clients (or ourselves) could be spared the trauma of divorce or break-up of their relationships. The time has come to experiment with coupling in alternative ways rather than hold fast to the narrowly defined dictates of mainstream society. ■

## RELATIONAL EMPOWERMENT: A NEW MODEL FOR COUPLES AND COUPLES THERAPY

By Terrence Real, Ph.D.

*Reviewed by Emily Britton  
January 8, 2005*



**Emily Britton** has completed her second year of clinical psychology graduate studies at the Wright Institute. She is commencing family therapy training at the Family Institute of Pinole, having just completed training at Vallejo's Youth and Family Services. E-mail her at [embritt@comcast.net](mailto:embritt@comcast.net).

Funny, controversial, grandiose, and potentially offensive—these are some of the adjectives I'd use to describe Terrence Real's lecture and demonstration on Relational Recovery Therapy presented at the Berkeley City Club on January 8, 2005, to an audience of about 150. Less surprisingly, the day was also interesting, thought provoking, and inspiring.

The "buzz" before the lecture was one of enthusiasm and high expectations, for Dr. Real's reputation and humor preceded his arrival. The Julia Morgan-designed setting was elegant and spacious, making socializing and re-connections easy. After several eloquent introductions, Dr. Real started his lecture off with a bang, drawing laughs and nods from an attentive audience. At break, the only comments I over-heard were positive ones. However, as the day wore on, and Real's techniques were examined more closely, I began to realize that perhaps my ears had caught only the positive comments. Perhaps there had been just as many negative ones. I was aware of Dan Wile's presence, as he sat just a few rows ahead of me, and I wondered how he, a veteran and well-regarded expert of couples therapy, was receiving Real's theories. When the live demonstration started and I was struck with skepticism for the authenticity of the female partner, wondering if she were an

actress, my analysis started. I looked around: "Does anyone else think this might be fake?" Questions from the audience focused on Real's blunt and sometimes crude language, and some members attempted to find connections to other populations—how would his work be interpreted for a female therapist? How would Relational Recovery Therapy (RRT) translate for same-sex couples that don't present with gender-opposite characteristics? How does his theory of women's development translate to women of color, who may not "dissociate" (as Real and Carol Gilligan termed it) from their needs during adolescence? This question-and-answer period was the disappointing portion of the day, for Real's answers were unsatisfying, and I began to wonder how solid his theory was. I was increasingly curious how other audience members were feeling about the lecture and demonstration, so I began to ask around.

First, others echoed my suspicion about the couple—perhaps they were *not* meeting Real for the first time. If they were authentic, they deserved the awe and respect that they received for daring to share their feelings as openly as they did. Additionally, if the couple *was* authentic, Real's techniques appeared effective. Real succeeded in creating a "break-through" moment for the couple, and in such a short amount of time, this was incredible, I thought. Dan Wile noted: "It was a startling experience to see him produce such quick positive change (in the demonstration) while violating psychotherapy principles that I hold dear. He would take sides, jump in with judgments, cut the partners off rather than let them have their say, and tell them to stop behaving the way that they were."

Secondly, I discovered that one of Real's "basic assumptions," involving Carol Gilligan's theory of gender difference and development, was highly debated, as illustrated by other audience members. The assumption states that girls are allowed to maintain "authentic connection and intimacy" until about age 10 or 11, whereas boys are only allowed to remain in this state

until age 3, 4, or 5. As girls enter womanhood, they lose their voice. Each sex is “halved,” as Real calls it. As attendee James Mensing, J.D., Ph.D., noted: “I have a lot of issues with his theoretical background, as I think Carol Gilligan’s work has a few major flaws in it. She has been criticized, correctly I think, for perpetuating stereotypes about women, the thinness of her data, and the applicability of her developmental trajectory to people other than the relatively upper class white people she originally studied. (Development was my specialty, and I presently conduct research on the court system and custody cases...)”

In Relational Recovery Therapy, the therapist takes sides. Real believes that when women enter couples therapy with complaints about their husbands, the therapist should not “play men like fish”, but fully acknowledge that the wife is correct. Real believes that men *do* need to be more “relational,” and it is the therapist’s job to offer to help the husband become so. The goal of RRT, therefore, is to get men to become more relationally skilled. Real stated that RRT is not transference-based, and is a little more like coaching, or 12-step counseling. Real believes that the therapist may freely speak with “I”: “If you come from a dysfunctional family, so do I. . . . I am a narcissist in recovery, I, too, need to learn how to relate.” Real posits that intimacy is a practice, akin to mindfulness. It takes attentional practice, or the development of a second consciousness. “RRT is about finding and giving support to the second consciousness.”

In this description of RRT, Real gave one of his many bold statements that the audience reacted to with a mixture of feelings: “We’ve [us therapists] done a miserable job of moving people down from grandiosity.” Real believes that empowering the individual has been detrimental, in many ways, and what needs to happen is “relationship empowerment”.

Real cited Pia Mellody’s influence in his theory of grandiosity versus shame, and I was open to

accepting such a theory, for there is not much to argue against. Grandiosity exists, and where it is high, shame (or expressed shame) may be low. However, I wondered about the validity of such a blanket statement—do all couples therapists really spend their time empowering the individual, and ignoring the relationship? Does Dr. Real cite research to prove such a trend?

Ned and Marta, the couple who generously offered to participate in the demonstration, presented with anger and resentment towards each other. Dr. Real started the live session by asking the couple: “If this (demonstration) were to go incredibly well, what would you like the result to be?” Each was given the opportunity to state their goals, and Dr. Real re-stated them. Early in the session, Dr. Real demonstrated one of his main techniques – moving things along by cutting in, even interrupting a client mid-sentence, if necessary, and stating his observation or interpretation bluntly and plainly. Dr. Real invites the couple to discount his observations, but challenges them if their attempt is weak.

Dr. Real asked Ned how he had learned his contemptuous and judgmental manner of treating Marta. Real labeled Ned’s “one-upping” of Marta as grandiose, and through further questioning, Ned revealed the source of such an attitude – his mother’s coldness. When Dr. Real suggested that Ned was holding his wife to the same harsh standards that his mother held him to as a child, Ned began to fight tears, and Real invited him to let ’em rip. Dr. Real judged Ned’s mother: “Do you realize that she was mean?” – and asked Ned if he were treating any of his children in the same way. In front of 150 people, Ned admitted that he had, a little, to his son. The silence in the room was deafening. The most suspect moment in the demonstration came after this moment, I thought – Marta disclosed that that Ned’s family had treated its children the same way for many generations. Reportedly, five generations ago a mother contracted tuberculosis and the father sent the children to an orphanage rather than take care of them some

other way. Real asked Ned: “Do you understand that it’s the same story?” – followed by: “How strong is your wish to keep that from happening in the future?” By “bringing him into shame,” Real illustrated the oft-told theory that people will change for their children, or at least they will promise to do so. The moment was a perfect illustration of a technique mentioned just about an hour earlier. Dr. Real then switched his attention to Marta.

Real noted Marta’s indignation, and suggested that because she felt like a victim, she seemed to believe she could pound away at Ned, and that she deserved to do so. Unfortunately, while Marta was attempting to shame Ned and bring him down from grandiosity, Ned continued to stonewall her. Real introduced his technique of making “transactions” for just such a moment – the couple should come up with a signal, and when one partner (usually the wife) makes the signal, the partner must stop and breathe, calm down, and say something reparative. If something reparative is said, the initiating partner must accept it. Real ended the session with the demand for such an acceptance from Marta – she must “quit getting him to get it. He got it.”

Outcome and applicability were two main issues raised in examination of Real’s style of therapy. Some attendees saw advantages to his style, and others doubted its long-term maintenance. Mensing stated: “I found it to be very authoritarian, and I have questions about how much he was leading the couple, and how effective that is long-term. I would be interested

in seeing the data on the long-term results of his therapy. If they are good, that would be wonderful, but sitting there during the demonstration, and knowing his theoretical orientation, I was left wondering if it would be effective in the long-term.” Cheryl Johnson, M.S., saw the worth in such an authoritarian style: “Although I don’t fully subscribe to his theoretical basis, I think there is a lot of merit in the way that men are emotionally connected in relationships versus the way women are. I think there are many more influences in our society. So although Dr. Real can appear quite authoritarian, what makes him effective, is that there has to be someone brave enough to direct the couple to the third position (the relationship), and he demonstrates that through his work. The only shortcoming is that he didn’t look at cultural issues around couples, which is very relevant. The theory itself should look at those as well.”

Real acknowledged that he was not an expert in cross-cultural couples therapy, but the audience clearly craved proof of applicability to other populations. Such proof helps substantiate theories, as attendees also clearly realize. I suppose we may take the lecture for what it was—a glimpse into Real’s work. Although he made sensational remarks which were off-putting, especially to a Berkeley audience, (the doozie: “911 killed feminism!”), Real was highly entertaining, interesting, and thought provoking. I recommend any future lectures by him, provided you can ignore such sensational remarks!■

# THE PERSON AND VOICE OF THE FAMILY THERAPIST

By Yoel Elizur, PhD

*AFTNC Postgraduate Training  
Workshop Series*

*Reviewed by Mary T. Cronin, MFT  
January 22, 2005*

Becoming conscious of one's own personal style in working with clients is a focus of Dr. Elizur in his Family Therapy Workshop. Studying and observing the many theoretical branches of family therapy is an important foundation for doing the work but the seasoned therapist brings a unique self into the therapy room. Awareness of the unique self supports the development of an effective therapeutic relationship.

According to Dr. Elizur:

Findings from Michael Lambert's review and analysis of different factors that have impact over therapy outcome (in Norcross & Goldfried, 1992) reveal:

- 40% - due to client's variables and context
- 30% - due to the therapeutic relationship
- 15% - due to positive expectations (placebo)
- 15% - due to specific factors

Technique cannot take the place of a positive emotional connection between therapist and client. Success depends on the therapist's ability to develop and maintain an emotionally positive alliance with all members of the system in treatment.

After the third session, the working alliance can be evaluated. The capacity to connect with the client and convey an adequate level of competence, together with the instillation

of confidence and trust are essential factors in treatment success. Pacing and leadership are needed.

Congruence with clients' expectations flows from an understanding of socio-economic and ethno-cultural factors. Clients may prefer active therapists, neutrality may be perceived as too passive and too little involved.

Success depends on repair of therapeutic alliance ruptures. There is a rupture/repair cycle to be monitored: resolve clients' negative emotions and therapist's own counter-transference/reactivity.

The therapist maintains a differentiated self even when clients pull therapist to take on a role. The therapist feels the pull, resists and remains differentiated. The therapist can integrate emotionally and cognitively - otherwise, the therapist is "acting out." Dr. Elizur refers to this as "the inside and outside of therapy." This ability furthers the goal of therapy to expand the repertoire of the family; emphasizes development; and change in self to change relationship. This use of self models "the growing edge." The therapist's flexibility in closeness and distance demonstrates the challenge of therapy.

Dr. Elizur recommends "*Heart and Soul of Change*," Hubble, Duncan, Miller, which can be downloaded from the Internet. ■

**Yoel Elizur, Ph.D.**, is the co-author (with Dr. Salvador Minuchan) of "*Institutionalizing Madness*." He recently completed a new book, "*Holding Their Own*," a study of people with serious mental disorders and how they survive. Dr. Elizur is a professor at the Hebrew University of Jerusalem, Israel.

Reviewer **Mary T. Cronin, MFT**, is Editor of the AFTNC Newsletter. Mary, who earned her M.A. in Psychology at New College of California, sees individuals and families in her private practice in the North Beach area of San Francisco

## **VIDEO/DVD LIBRARY REPORT**

*By Mary Coombs, Ph.D.*

This is just to update the membership on our video library. As you all may know from our website, we have a good collection of family therapy tapes, some old, some new. I am in the process of (little by little) converting our most utilized videos to DVD format, for durability and safe keeping. Eventually our tapes will be available either in VHS or DVD form.

The procedure for having videos SENT to you has changed from what is described on our website. Soon, I will be updating our description of the video library on the web, but am waiting for a few additional tapes to be added to our collection. For those whose work or home is convenient to the East Bay, in-person pick up and return of tapes is the most expedient method for borrowing. You may take out 2 tapes at a time, and keep them for up to two weeks, with a \$5 penalty per week for each tape returned late. Pick up and return is at my house located in Kensington, CA, 8 minutes north of the UC Berkeley campus.

For those who cannot pick up tapes in person, but wish to borrow them, you may have a tape sent to you. You must send me a pre-addressed, bubble wrap, video-safe envelope, with sufficient postage on the envelope to cover

travel between your location and mine (Mary Coombs, 227 Amherst Ave., Kensington, CA 94708). Please list 4 choices. Once I receive your pre-addressed and pre-stamped envelope, I will send out one of your requested choices. You may keep that tape for up to two weeks, and then must send it back with the same careful packing. I have found through experience that this method of loaning out tapes has caused the most wear and tear on them, as not all members are careful about the envelopes they return them in, despite recommendations. Most of the time, this has not been a problem, and AFTNC members have been making excellent use of the video library.

Please e-mail me if you have questions, and in any event e-mail me when you plan to use the library, either with in-person pick up, or through the mail, as I need a record of your name, contact address and phone numbers, as well as your requests. And, if any of you have good ideas for tapes that you would like to see in our collection, please let me know.

Our most recent acquisition, thanks to Alan Leveton, is a tape (and DVD) of "How the West Was Won," which is a tape of the wonderful presentation that Alan did at our April 17, 2005 AFTNC get-together, on the history of the AFTNC. ■

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