



COMMUNITY NOTES

DIRECTOR'S MESSAGE



Dr. Robin Joy Berenson

Dear Friends:

I never cease to be inspired by how much can be accomplished when people come together. CIP itself is a prime example.

Founded more than 30 years ago to provide quality, affordable mental health services and a rigorous internship program, our success relies on the dozens of volunteers who donate their time and expertise — more than 80 mental health professionals among them — to carry out that mission.

Since 1991, CIP has joined with other agencies and institutions in the creation of outreach programs to serve special needs, among them our Schools Project for Students at Risk, our Homeward Bound of Marin, Ritter Center, and Helen Vine Detox Center programs, and our collaboration with Beyond Hunger. Most recently, we have been proud to provide counseling for youth at Canal Alliance and the Marin Youth Center.

(continued on page 8)

WHAT'S INSIDE

- The Training Program at CIP, 2
- New Youth Programs, 3
- New Treatments, New Hopes Conference, 4-5
- Seminars for Professionals, 6
- Study Groups & Classes, 6
- Professional Insight, 7
- Thank You, Donors, 8
- Rock'n Rendezvous Gala, 9
- Member News & Notes, 10
- Marin Alliance for Psychiatric Services, 11
- CIP Stories of Healing, 12

January 1, 2008

Dear Friends:

A CIP intern-therapist recalled the day the taxi driver picked him up at 1330 Lincoln in San Rafael and asked if he worked at CIP. When he replied yes, the driver told him, "You guys helped me!"

"That was all he needed to say," the therapist said. "It was a tribute to the quiet effectiveness of the work CIP does."

For more than 30 years, CIP has been working quietly and effectively to meet the mental health needs of our community. While the results of our work are not as tangible as a new building or playground, they are potent, affecting the well being of whole families, neighborhoods, and, in fact, *entire* lifetimes.

For more than 30 years, CIP has been here to help

- When a young man, now clean and sober, is ready to put his life back together.
- When a recent widow needs a compassionate ear and the support to find a new way.
- When a teen needs help battling depression and falling grades.
- When struggling parents come to therapy to hold their family together.

CIP is in schools and after school programs, helping youth make good choices for themselves. We partner with agencies serving the homeless and alcohol dependent. We reach out to people with special needs, such as single parents and survivors of childhood abuse.

CIP is here to help through the support of people like *you* whose contributions assure that our services remain affordable. Our sliding scale fees enable even the lowest income family to receive help. Because we are located in Marin, your donation remains here at home, strengthening our families, our workplaces, and our neighborhoods.

With your gift, CIP will be here to help hundreds of families, children, and adults in the coming year. Please give generously.

On behalf of those we serve, we thank you for your thoughtful consideration.

Sincerely,

Bob Sonnenberg
Chair, Annual Giving Campaign



THE TRAINING PROGRAM AT CIP

By Eloise Rivera, MFT, CIP Assistant Clinical Director

CIP is well known for providing an internship which offers weekly trainings of high quality on a variety of topics in the field of psychotherapy. When prospective interns interview for positions at CIP, they are very excited to learn about the exceptional and quite impressive variety and depth of the training program. The trainings address the needs of both less experienced as well as advanced interns and draw on the expertise of the agency director and core staff as well as a number of licensed clinicians who generously volunteer their time to teach our interns.



Assistant Clinical Director Eloise Rivera, MFT.

Interns at CIP are either currently in Masters level school programs, graduates of Masters programs with a goal of obtaining a Marriage and Family Therapist license, or are in Pre-Doctoral studies. Although the training offerings vary slightly from year to year, the first year MFT interns learn about the basics of beginning the work of psychotherapy, forming therapeutic alliances with clients, diagnosis, suicide prevention and crisis intervention, working with depression, and psychopharmacology, to name a few. They learn how to develop a case formulation to help them understand their clients and set treatment goals. Because CIP emphasizes a psychodynamic approach, several trainings focus on transference and counter transference as they impact the work of

therapy. This year they will also have training in the use of self in psychotherapy, an introduction to an inter-subjective approach, and dream assessment. Since therapy, as is true in other relationships, sometimes does not go smoothly, interns learn to recognize, work with and repair treatment ruptures.

Interns at CIP commit to their work with the agency for a period of two years, although some stay even longer. The second year MFT and the first year Pre-Doc interns attend advanced seminars, which address topics related to the assessment and treatment of complex cases and issues that frequently arise in long-term psychotherapy. The format includes didactic and clinical material. Typically they are exposed to theoretical approaches, such as Object Relations, Psychoanalysis, Inter-subjectivity, Jungian theory, Attachment theory, Internal Family

(continued on page 10)

INTERNSHIP APPLICATIONS CURRENTLY BEING ACCEPTED

CIP offers rigorous clinical internships for 20 to 24 graduate students in psychology, social work, and counseling. Our excellent training and supervision provides exceptional opportunities for individuals interested in working in a community-based environment with a diverse population and a wide range of issues. CIP is a CAPIC program and follows the designated application calendar for pre-doctoral positions.

Applications are currently being accepted for Internship Year September 2008 – August 2009. Interviewing will begin February 2008.

To apply, please submit the following:

1. Current Curriculum Vitae
2. Three (3) letters of reference
3. Brief personal statement

Please address your application to:

Community Institute for Psychotherapy
Internship Program
1330 Lincoln Avenue, Suite 201
San Rafael, CA 94901

For further questions, visit cipmarin.org or feel free to call (415) 459-5999, ext. 464.

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(continued on page 3)

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NEW YOUTH PROGRAMS ALREADY SHOWING BENEFITS

CIP believes that it is crucial to make mental health services accessible throughout the community and is eager to team up with other Marin based organizations to make this possible. In 2007, two new outreach programs, one at Canal Street Alliance and the other at the Marin Youth Center (the MYC), bring CIP intern-therapists on-site to provide weekly counseling services for youth.

At Canal Street Alliance, CIP interns see elementary school and middle school age children. The population includes youngsters from many cultures, however, a majority of those receiving services is Mexican American. Students make use of drop-in counseling services, and sessions range in length depending on the need of the client. Students are also invited to attend regularly scheduled appointments.

CIP interns provide a safe, confidential environment for the students to discuss an array of issues they may face, such as assimilating into another culture, school, and family related pressures. This particular outreach program focuses on prevention that is directly related to possible cultural conflicts. Treatment approaches include sand tray, play therapy, dream interpretation, and bonding time with the therapist. One of the intern-therapists working with Canal Street Alliance, **Chip Murray**, states, "We're there to listen. It's quite casual, which is a unique benefit of this environment." The program has had a vast effect on many children and their families already, Murray observes, concluding that it is quite inspiring to see "these children coming into their own."

The MYC is a community-based program that provides multiple services, ranging from the arts to technology, to support and enable young people to become empowered individuals. CIP works in conjunction with the MYC providing counseling services once a week. CIP intern-therapist **Kellie Beals** occupies the tea room, offering consistency and a presence, and providing a safe environment to discuss a multitude of issues. In some cases, students request services, while the MYC's director also refers adolescents for counseling who may be at risk. Although the program is new, its effectiveness is already quite evident.

Today's youngsters often face many pressures in their daily lives. It is imperative to have a warm, safe environment to discuss any possible problems that may arise. CIP knows that providing the support they need now will continue to yield benefits in the years ahead.



BECAUSE OF YOU, CIP IS THERE

CIP plays a vital role in the Marin continuum of care, and partners with other organizations to deliver needed services to those without other access to them. Such collaborative programs successfully leverage scarce community resources without duplication of services or added overhead costs.

- Beyond Hunger/EmBODY Power Body Image and Eating Disorders Prevention
- Canal Alliance Youth Counseling Program
- The Helen Vine Detox Program
- Homeward Bound Therapy for Homeless Adults and Children
- The MYC Afterschool Program
- Ritter Center Program for homeless and near homeless individuals
- Schools Project for Disadvantaged Students at Risk

All services are delivered free of charge to clients. We rely on donated funding to make these programs possible. You make the difference. Thank you for your support!

CONFERENCE OFFERS ANSWERS, ADVICE ON AD/HD, DEPRESSION, SUBSTANCE ABUSE

Ready with questions and eager for information, members of the public and professionals alike lined up to attend, “New Treatments, New Hope: Update for Families and Professionals on Treating Depression, AD/HD, and Substance Abuse,” on November 10 at the Marin Center in San Rafael. During morning and afternoon sessions, leading Bay Area specialists offered the latest findings on effective treatment strategies, risk factors, and outcomes on these common mental health disorders. The fourth and final presentation featured an outstanding five-student panel from the **Parents Education Network** speaking about their personal experiences with AD/HD.

Presented by CIP on behalf of the Marin Mental Health Alliance (see article, page 5), the conference was designed to answer the need for practical, reliable information. Two program tracks were offered, one for the public, which included parents, teachers, and other consumers, and one for professionals, who earned Continuing Education Credits.

Addiction & Dual Diagnosis

Speaking on “Recognition and Treatment of Substance Use and Dual Disorders,” **Scott Smolar, DO**, Director-At-Large for the American Society of Addiction Medicine, described how the brain becomes addicted to drugs. Addictive drugs, he explained, enter the brain quickly—through the “reward pathway,” causing the release of dopamine, which produces the euphoric effect—and then exit the body quickly, leading to the compulsion to use again.

There are many levels of drug use. Addiction is defined as compulsive, escalating use of a drug despite adverse consequences, loss of control, physical tolerance, and the organization of one’s time and money around the drug use.

Because behavior due to psychiatric disorders can mimic those due to drug use, it is often hard for professionals to make an accurate diagnosis. In addition, many physical illnesses can bring on psychiatric disorders, so treatment should



Scott Smolar, DO.

begin with a thorough medical work up. When a dual diagnosis is confirmed, both substance abuse and psychiatric disorders should be treated together.

The most common psychiatric disorders that occur with substance dependence are AD/HD, mood and anxiety disorders, as well as eating disorders, impulse control disorders, personality, and conduct disorders. Individuals suffering from one are most often suffering from one or more additional disorders. Among recent findings in the treatment of AD/HD, is that individuals who receive treatment for the disorder in childhood tend to have fewer and milder symptoms as they grow older.

Depression in Teens

At the outset of her presentation, “Treating Adolescence with Depression in the Age of the Black Box Warning,” **Susan Smiga, MD**, Interim Director of Child and Adolescent Psychiatry and Director of Children’s Center at Langley Porter in the Department of Psychiatry at UCSF, explained that she herself struggled with major depressive disorder (MDD) as an adolescent. When she was finally diagnosed and treated with medication, it felt as if “a cloud was lifted” and she experienced a world she “couldn’t even know of before.”

At any given time, Dr. Smiga stated, an estimated 8% of teens suffer with

major depression and two-thirds of those cases are not recognized by important adults in their lives. While depression is a treatable disease, 60 to 80% of sufferers do not receive treatment. Why does adolescent depression so frequently go unrecognized? Our society, she believes, focuses on academic performance and physical health at the expense of an emphasis on mental health. Often symptoms of depression are brushed off as “normal teen moodiness.”

Dr. Smiga stresses that parents are the “front-line” for detection of MDD in their children and intervention on their behalf. She advises parents, “Know your teen.” Validate their needs and behaviors, be curious about them and how they are doing. When depression is suspected, parents should get support, educate themselves about the disorder, and seek consultation as needed.



Susan Smiga, MD.

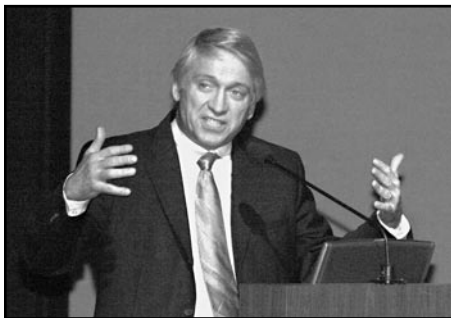
Regarding the FDA “black box” warnings that have caused many physicians and families to avoid anti-depressants for depressed youth, Dr. Smiga explained suicide is an inherent risk with depression; the risk of treatment should be weighed against the high risks of not treating the disorder. For years, as the number of prescriptions for antidepressants rose, the number of teen suicides went down. When the FDA’s “black box”

warnings came out in 2004, prescriptions declined and cases of suicide rose slightly.

One misunderstanding arises from the fact that the FDA warning states that teens taking the antidepressants should be monitored. In fact, monitoring is always necessary but not always performed: Many times antidepressants are prescribed by primary care physicians during a brief 10-minute appointment, without monitoring and follow-up. Instead, anyone prescribed with antidepressants should be monitored for improvement and adverse effects.

AD/HD

Dr. Steven Hinshaw, Professor and Chair of the Department of Psychology at the University of California, Berkeley, likened Attention Deficit/Hyperactivity Disorder to high blood pressure; symptoms of each disorder exist on a continuum. While people may experience symptoms of AD/HD to varying degrees, professionals have established levels of symptomatic behavior at which an individual can be said to have AD/HD.



Dr. Steven Hinshaw.

Presently, prevalence is placed at 5-8% of children, and perhaps 4% of adults. The rates are rising because diagnostic prevalence is rising. AD/HD is not confined to the United States but found in most cultures with compulsory education. Dr. Hinshaw described it as an “equal opportunity” condition affecting those of every ethnicity, socio-economic and intelligence level.

The fact that AD/HD is 60 to 70% inheritable does not mean that it is impervious to treatment or that parents can do nothing to help their children. In fact, the home environment and parents’ responses to their children with AD/HD have an enormous effect in children’s ability to cope with the disorder and its

impairments. While many different treatments are currently being studied, such as diet and biofeedback therapies, there are only two evidence based treatments for AD/HD: medications and behavioral treatments.

AD/HD is an “equal opportunity” condition that affects those of every ethnicity, socio-economic and intelligence level.

Dr. Hinshaw emphasized the need for integration of home and school components. In the home, parents can set manageable goals, hold reasonable expectations, offer extrinsic rewards, and establish “prudent” negative consequences. As a child grows older, extrinsic rewards can be curtailed, and parents and child can contract positive and negative consequences for behavior. In school, children benefit from teachers who are flexible enough to accommodate their needs but able to set clear limits.

Students Discuss AD/HD

The final presentation of the day was a student panel of five teens from the Parent Education Network: **Cole Benz** (Freshman at Stuart Hall High School), **Blake Rudolph** (Junior at METRO High School), **Dash Seerley Gowland** (Sophomore at STAR Academy), **Mike Dwyer** (Senior at Urban School), and **Elisabeth Rokke** (Junior at University of San Francisco). Each diagnosed with AD/HD, they spoke at length regarding their own successful strategies and personal experiences with managing their disorder.

All said they have benefitted from accommodations arranged by their schools and teachers. These included extra time on tests, being able to use a calculator, and having a note-taker. Sports and physical activity were mentioned by three of the students as being very helpful. Two said that they were permitted by their teachers to leave the classroom to run up and down the hall or stairways for five minutes to help them refocus their attention. Art and other creative expression were also mentioned as beneficial.

Their experience of the effectiveness of medication varied widely. Two

(continued on page 11)

ABOUT MAPS

Initiated in 2006 with funding from The California Endowment, the Marin Alliance for Psychiatric Services project is a collaboration between the four member agencies of the **Marin Mental Health Alliance: Catholic Charities CYO, Community Institute for Psychotherapy, Family Service Agency of Marin, and Jewish Family and Children’s Services**. The goal of the MAPS program is to provide access to comprehensive, culturally competent, community-based outpatient psychiatric and mental health services to Marin adults in need of such services who are without other means to obtain them.

By coordinating and expanding existing psychiatric and psychotherapy treatment, MAPS works to enhance the effectiveness of both therapies, and establish new levels of comparable standards of care and cost efficiency. Through collaboration, MAPS successfully leverages existing services and resources to create a new, cost-effective model of service delivery.

The Funding Challenge:

- Program cost is \$285 per hour of service. The average cost per client for one full year of treatment is \$1,000.
- While services to clients covered by Medi-Cal are reimbursed at the full rate, other third-party funders pay only fraction of the cost. *Grant funding is needed to supplement payment for services below agency cost*, limiting the number of clients in this category.
- \$60,000 needed by 4/1/08 to maintain current level of service (120 clients per year).
- An additional \$50,000-\$150,000 would allow the program to be expanded to serve about 300 low-income, uninsured individuals per year providing both psychotherapy and medication evaluation to people currently not being served.

All proceeds from the November conference sponsorships, donations, and fees will benefit MMHA’s Marin Alliance for Psychiatric Services program. For more on MAPS, see page 11 of this newsletter.

SEMINARS FOR PROFESSIONALS

TAMING THE BEAST — THREE PERSPECTIVES ON COUPLES THERAPY with Kristine Pfleiderer, DMH, Tim West, PhD, MFT, and Rob Fisher, MFT

Saturday, January 26, 2008, 9:00 AM – 4:00 PM

Location: Town Center Community Room, 770 Tamalpais Drive, Corte Madera



Join us for an exciting and stimulating workshop on Couples Therapy. In the spirit of collaboration and curiosity, three couples therapists and teachers will present and discuss their different approaches. The workshop will help participants focus on what actually works in the difficult and sometimes overwhelming task of helping couples in distress. Tim West will present on Emotionally Focused Therapy and the Gottman Approach, Kristine Pfleiderer will present on a Psychoanalytic/Object Relations point of view, and Rob Fisher will present on an Experiential approach. We will highlight differences as well as similarities in the orientations.

In the morning we will summarize important concepts in assessment and intervention from each orientation. In the afternoon we will view and discuss video tapes of couples who find themselves in stressful situations, apply the concepts from the morning, and invite audience members to ask questions of the three presenters.

Kristine Pfleiderer, DMH, is a psychoanalyst and couples and family psychotherapist in Marin and San Francisco. She is a member of the clinical faculty at UCSF.

Timothy West, PhD, MFT, is a couple specialist who has been in private practice in Marin County for over twenty years. He is the co-founder of the Marriage Clinic of Marin in Corte Madera, and a certified Gottman Couple Therapist.

Rob Fisher, MFT, is a psychotherapist, consultant and CAMFT certified supervisor in private practice in Mill Valley. He is an adjunct professor at JFK University and CIIS.

CIP Members: \$90 if received by January 10, or \$110 late registration.

Non-members: \$120 if received by January 10, or \$140 late registration.

6 CEUs approved for MFTs and LCSWs and 6 CEUs approved by the MCEPAA for psychologists.

INTEGRATING CONTEMPORARY INITIATIVES: THE PSYCHODYNAMIC DIAGNOSTIC MANUAL, EVOLVING THEORY, AND THE CLINICAL IMPLICATIONS OF RESEARCH IN ATTACHMENT, PERSONALITY, AND NEUROSCIENCE with Nancy McWilliams PhD

March 8, 2008

9:00 AM – 4:00 PM

Location: Guzman Hall, Dominican University, San Rafael



The Psychodynamic Diagnostic Manual construes psychological problems dimensionally and contextually rather than categorically. It addresses patients' subjective experiences (affective, cognitive, somatic, interpersonal) and the possible meanings of known syndromes. Rather than reifying psychopathologies in "disorder" categories, it conceptualizes psychological phenomena in adults, children, and infants as on a continuum from mental health to severe disturbance.

Dr. McWilliams will review the manual, describe the issues involved in its evolution, and relate its contents to clinical challenges familiar to practitioners. Case material will be included.

Nancy McWilliams, who teaches at the Graduate School of Applied & Professional Psychology at Rutgers, the State University of New Jersey, is author of *Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process* (1994), *Psychoanalytic Case Formulation* (1999), and *Psychoanalytic Psychotherapy: A Practitioner's Guide* (2004), all with Guilford Press, and is Associate Editor of the *Psychodynamic Diagnostic Manual* (2006). She is President of the Division of Psychoanalysis of the American Psychological Association, Associate Editor of the *Psychoanalytic Review*, and on the editorial board of *Psychoanalytic Psychology*.

CIP Members: \$90 if received by February 25, or \$110 late registration.

Non-members: \$120 if received by February 25, or \$140 late registration.

6 CEUs approved for MFTs and LCSWs, and 6 CEUs submitted to the MCEPAA for approval.

STUDY GROUPS & CLASSES

MINDFULNESS AND PSYCHOTHERAPY with Linda Graham, MFT

Tuesdays, February 5, 12, 19, 26,
March 4, 11

11:00 AM – 1:00 PM

Location: CIP, 1330 Lincoln Avenue,
Suite 201, San Rafael

Clinicians are increasingly discovering the usefulness of mindfulness practices to strengthen clients' capacities for self-awareness, self-reflection, self-acceptance and change. This course gives an experiential overview of integrating mindfulness into clinical work — for clients and for therapists. Didactics and readings explore important similarities and differences between the mindful awareness of Buddhist psychology and the observing ego of Western psychology. Case discussions and role plays help clinicians learn to use cutting edge techniques to incorporate mindfulness into their ongoing clinical work. Clinicians learn of the latest discoveries from modern brain science that validate the impact of mindfulness on brain functioning and thus the possibilities of therapeutic change.

Linda Graham, MFT, is an experienced psychotherapist, consultant and trainer with a full-time practice in San Francisco and Marin. She integrates 10 years of daily mindfulness practice into transformational depth psychotherapy. Linda leads ongoing consultation groups on attachment; presents to professional organizations on the integration of psychodynamic therapy, attachment, neuroscience and mindfulness; leads workshops on the emergence of the Whole Self.

CIP Members: \$180 or \$200 late registration; **Non-members:** \$240 or \$260 late registration.

12 CEUs approved for MFTs and LCSWs, and 12 CEUs submitted to MCEPAA for approval.

Certificate: \$5 MFT/LCSW; \$15 Psychologists.

TO REGISTER FOR SEMINARS, CLASSES & GROUPS

Visit www.cipmarin.org

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Space is limited!

ACCELERATING PSYCHOTHERAPY THROUGH MINDFULNESS

by Linda Graham, MFT

When Sue arrived for her regular therapy session, she was agitated and upset. Her son's bicycle had been stolen two days before; the washer-dryer had gone on the blink; and suddenly her car needed new brakes. As a single parent, Sue had budgeted barely enough to cover seeing me each week. Now, with these unexpected expenses, she felt had to stop therapy right *now*.

On hearing her desperation, I noticed the fear arise in me for my own livelihood. However, instead of slipping through that trapdoor into a pit of mixed motives, I immediately turned a mindful attention to the fear, allowing it to be there without condemning myself. My genuine concern for Sue's predicament took its place, and together we set out to apply this practice of non-judgmental awareness to her current panic.

Mindfulness, used to dis-embed ourselves from the afflictive ego states without beating ourselves up for getting caught in them, is the cornerstone of a new alphabet of therapies.

I invited Sue to simply sit with the waves of anxiety rising up from her gut to her throat.

"Does this feeling have any words, Sue?" I asked.

"There's no way out. We're doomed," she immediately responded.

"Whose voice is that? Have you ever felt that particular feeling of doom before?"

Sue reflected a moment, then looked up. "That was me when I was ten. My dad lost his job and my mom was sick. My parents saw no way out but for me to quit my piano lessons just weeks before an important recital. That's when I felt the doom."

Mindfulness strengthens the observing ego of psychodynamic psychotherapy: the capacity to step back from experience and observe it without being hijacked, flooded, or triggered into repression or denial. With mindfulness,

the implicit pattern Sue was confronting had come clear—no way out of financial catastrophe except to quit what seemed to be extra and nonessential. By bringing that pattern into awareness as a memory, without needing to believe it to be true now, Sue was able to arrive at a choice point about her dilemma and begin exploring her options in the present moment.

Psychologist Daniel Siegel in his latest book, *The Mindful Brain*, characterizes mindfulness as self-empathy, focusing attention on inner experience without judgment and coming to a clear and easeful acceptance of what is. He proposes that the intra-personal empathy of mindfulness and the inter-personal empathy of psychotherapy both harness the same neural circuits in the brain, each strengthening the development and functioning of the other.

A critical complementarity in therapy is that, while empathy clarifies a sense of a personal self with a personal history, mindfulness leads the client to an awareness beyond the personal, not caught up in the personal self. Sue could simultaneously pay attention to her response to a memory of fear and doom while holding it in a larger consciousness that created new perspectives and new choices. Mindfulness thus accelerates the therapeutic process.

Mindfulness, used to dis-embed ourselves from the afflictive ego states without beating ourselves up for getting caught in them, is the cornerstone of a new alphabet of therapies: Dialectical Behavior Therapy (DBT), Mindfulness Based Cognitive Behavioral therapy (MBCBT), Acceptance and Commitment Therapy (ACT). All of these modalities are gaining credence in mainstream psychology because of numerous empirical studies validating the efficacy of mindfulness in the generation of positive clinical outcomes, especially in addressing anxiety, depression,



substance abuse, eating disorders, OCD, and Borderline Personality Disorder. Clients resolve their own issues when they recover a sense emotional equilibrium and begin to reflect on their experience, and the causes of their responses, with clarity and self-compassion.

Sue could have abandoned therapy at a critical point in her process. Instead, she took steps to negotiate a fee payment schedule with me and thought through ways to shift household funds around to resolve the current cash flow crunch. In the process she recovered a sense of competence and resilience appropriate to the maturing adult she was, and created a more solid platform for her ongoing healing.

Websites:

www.mindfulnessandpsychotherapy.org

MBSR: www.umassmed.edu/cfm

DBT: www.behavioraltech.com

ACT: www.acceptanceandcommitmenttherapy.com

Linda Graham, MFT, is in full-time private practice in Corte Madera and San Francisco. She leads clinical consultation groups integrating attachment theory and relational psychology with mindfulness and neuroscience. She is writing a book Growing Up and Waking Up. Linda will be offering a 6-week course "Mindfulness and Psychotherapy" through CIP beginning February 5, 2008 (see page 6). To register, visit www.cipmarin.org or call (415) 459-5999 x101.



We invite CIP Members to submit articles for "Professional Insight" on topics of professional interest for publication in this newsletter.

Send articles 600-650 words, plus short bio and photo to:

CIP Newsletter
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San Rafael, CA 94901
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Edward Oklan
Karen Miran Park
Richard & Marjorie Park
John Pogue
William & Susan Pryor
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Marianne & Stan Stefancic
Molly Sterling
Victoria Vogel
Nancy Williams
Karen Yokouchi-Polvere

Grants

Allensby Charity Fund
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Nightingale Fund
Recommended by Nancy Warfield
Sadie Meyer & Louis Cohn Foundation
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“New Treatments - New Hope” Conference Sponsors

Featured Sponsor

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San Rafael Lodge #1108, in memory of
Silvio H. Cheda

Corporate Sponsors

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St. Joseph Health System — Sonoma County
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Contributing Sponsors

Marin County Mental Health Services,
MHSA Family Education Fund
Marin General Hospital

EXECUTIVE DIRECTOR

(CONTINUED FROM PAGE 1)

In 1997, CIP with Family Service Agency of Marin, Catholic Charities CYO, and Jewish Family and Children's Services formed the Marin Mental Health Alliance, to assure the availability of culturally competent mental health services for the most vulnerable residents in Marin County. This innovative collaboration led to the founding in 2006 of the Marin Alliance for Psychiatric Services, a program providing sliding scale medication evaluations and follow-up.

As we are all aware, prevention and early treatment for problems yields the best outcomes. For this reason, CIP on behalf of the Alliance, was very proud to present the day-long conference, “New Treatments, New Hope: Update for Families and Professionals on Treating Depression, AD/HD, and Substance Abuse.”

Please see pages 4 and 5 of this newsletter to learn more about this groundbreaking event.

AUCTION ITEMS WANTED!

We are looking for quality, distinctive items to make the Live and Silent Auctions at our 2008 Rock'n Rendezvous our best ever! Especially desirable donations are vacation homes, weekend getaways, adventure travel, outings, sports and entertainment events, spa visits, and restaurants.

Among the select items in the CIP auction on May 3 will be a week's stay in a private home located in the village of Borgo a Mozzano in the Lucca region of Tuscany, Italy (see photo at right).

To donate, contact Leslie at (415) 459-5999 x101.



SPONSORS WANTED FOR ROCK'N RENDEZVOUS GALA!

CIP's 2008 Sponsorship Committee invites Bay Area businesses to enjoy the benefits of sponsorship and the satisfaction of supporting CIP's quality services for families, individuals, and couples.

On Saturday, May 3, 2008, Rock'n Rendezvous sponsors and guests will take a ride back to the nifty Fifties at **Checker's** — a private Marin museum spotlighting a collection of rare and classic cars from 1924 to the present and highlighting great moments in automobile history. Dance to the rock'n roll rhythms of **Stork Raven Mad**, sip cool martinis, enjoy fabulous hors d'oeuvres by **Stacy Scott Fine Catering**, and top it all off with sundaes from the old-fashioned ice cream fountain. Throughout the evening there will be an array of distinctive items to bid on during the Live and Silent Auctions.



All proceeds from Rock'n Rendezvous will fund vital mental health services to those in need in our community. Sponsors, in turn, receive multiple benefits, including widespread community recognition, marketing opportunities, and complimentary tickets to the event. (See benefits below for details.)

As we go to press, dedicated Committee members have confirmed these Rock'n Rendezvous sponsorship pledges:

Corvette — **Perry D. Litchfield**

Cadillac — **Freitas Foundation**

Studebaker — **Bank of Marin, Melvin and Angela Dagovitz, First Capital Group, First Federal Savings & Loan Association of San Rafael, Friedlander Cherwon**

Capper LLP CPAs, Marin Independent Journal, Seagate Properties, and Wilson Markle Stuckey Hardesty & Bott

'57 Chevy — **Frank Howard Allen Realtors, Ron Andrews**

Medical Supply, Greene Building Co. Inc., Kaiser Permanente,

Minto & Wilkie Insurance Agency, and Payroll Resource Group.

Spearheading the Sponsorship Committee is Board member **Gregg Elberg** of Gregg Financial Services. Joining him in reaching out to community businesses are Board President **Lorn Dreitzler** of RBC Dain Rauscher; **Bob Sonnenberg** from Guide Dogs for the Blind; **Perry Litchfield**, CEO and Founder of Bayside Marin; and community volunteers **Barbara Jones** and **Susan Lachtman**.



Sponsor Committee Chair Gregg Elberg.

We thank this year's Committee Members for investing their time, talent and commitment to making our 2008 Spring Gala event better than ever and helping individuals and families in our community.

Don't worry! It is not too late to become a sponsor — or to join the Sponsorship Committee! A phone call to CIP's Fund Development Director, **Jean Coppock** at 415-459-5999, ext. 429 is all it takes.

Sponsorship levels:

\$20,000 Rolls Royce
\$10,000 Corvette
\$5,000 Roadster
\$2,500 Cadillac
\$1,000 Studebaker
\$500 '57 Chevy

Benefits include:

- Complimentary tickets to the Event
- Recognition in press and publicity materials, including CIP's quarterly newsletter (circulation 10,000)
- Display ad in the Event Program Booklet
- Acknowledgment during the Event

All sponsors have the satisfaction of knowing your support is helping individuals, healing families, and strengthening our community.

BOARD NEWS

CIP Board of Directors

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Dennis Covington
Jim Farley
Reverend Carol Hovis
Molly Sterling, PhD
Gail Theller

*Save the
Date!*

Saturday,

May 3, 2008

6:00 - 9:30 p.m.

*Rock'n
Rendezvous*

*at
Checker's*

TRAINING PROGRAM AT CIP

(CONTINUED FROM PAGE 2)

Systems, Dialectical Behavior Therapy, Control Mastery, Gestalt and Existential psychotherapy. They may study the work of a particular theoretician, such as Bion.

The advanced training program is quite intensive and includes training sessions on both Wednesday afternoons and Friday mornings. Some of the topics introduced in the first year, namely therapeutic alliance, transference and counter transference, and this year, dream work, are revisited from a different perspective. Some of the other topics interns will examine are mood disorders, character disorders, psychosis, issues of gender and sexuality, treatment of anxiety, neurobiology and a psychodynamic and experiential approach to work with couples.

When prospective interns interview for positions at CIP, they are very excited to learn about the exceptional and quite impressive variety and depth of the training program.

The second year Pre-docs are in a special intensive training program called Advanced Case Conference. This year different volunteer clinicians lead the case conference, generally for a period of five or six weeks. These advanced seminars focus on micro-analysis of psychotherapy sessions using process notes, tapes, or transcripts, along with some role playing of therapeutic interactions. Different techniques and topics relevant to long-term depth psychotherapy are discussed, based on case material presented by interns. In this rich exposure to the direction and feedback of different experienced clinicians, interns are encouraged to develop their own therapeutic stance and style.

Additional trainings in specialty areas are offered to all interns. Those who work with children, adolescents and families attend trainings, which cover a variety of relevant topics. They focus on working with young children from 0 to age 5, sand play, psychoanalytic therapy with children, working with adolescents, including adolescents

MEMBER NOTES & NEWS

Susan Pease, LCSW, and husband **Michael Gadoua, JD**, have joined forces to start their alternative dispute resolution practice, *Gadoua Mediation Guiding People to Resolution™*.

The Transition Institute of Marin has several divorce groups for women. A new Thursday afternoon group is forming in San Rafael now (1:15 – 2:45) and a co-ed divorce group is in the works for Monday evenings (6 – 7:30). All groups meet every other week. Cost is \$130 flat fee per month. Contact Susan Pease, LCSW (415) 257-0830.

Participate in Dream Groups offered in San Francisco and the East Bay to psychotherapists and psychotherapy trainees interested in tapping into the healing potential of dreams, both personally and professionally. Dream groups are structured using the Ullman method and run for 8 weeks. Cost: \$480. Groups are limited to 8 per group and led by **Dr. Linda Raab** (Psych Assist #PSY30750), supervised by **Dr. Gale Lipsyte** (PSY15315) and **Dr. Amy Bandera** (PSY 21333). For more information and to register, contact Dr. Linda Raab at (510) 869-4400.

Holly Seerley, MFT, in private practice for almost 30 years in Marin, also volunteers time to CHADD (Children and Adults w/AD/HD). Holly co-facilitates the Parent Share Group for CHADD of Marin and also assists in arranging appropriate speakers for CHADD and the greater community. She will be teaching a comprehensive 14 hour Parent to Parent Class for parents of children with AD/HD in early 2008 and another later in 2008. Holly is also available for consultation to therapists on the neurobiological influences, including AD/HD, on emotional and social behavior. Local CHADD groups, classes and events can be found at www.CHADDNorCal.org. Holly Seerley can be reached at (415) 924-6656.

Karla Clark, PhD, LCSW, writes: My new book of poems, *Calendar Art*, has been released. It can be purchased at Book Depot in Mill Valley or by contacting me directly: (415) 456-3138.

Jane Cunningham, MFT, is delighted to announce that **Deborah Dunning, MFT**, has been licensed. Deborah did her training at CIP and then worked as an intern in my practice. She works with children, adolescents, and adults. Deborah's orientation integrates Jungian perspectives including sandplay and dream work as well as contemporary psychoanalytic and attachment perspectives. She has offices in Kentfield and Mill Valley and can be reached at (415) 721-1888.

with substance abuse problems, the impact of divorce on children, and attention deficit hyperactivity disorder. With the focus on family, trainings are offered in family therapy, working with couples and co-parenting with divorced couples. Other specialty trainings that do not fall under the above categories include training in multicultural issues, gay/lesbian and transgender issues, and the principals and uses of Cognitive Behavior Therapy.

Finally, there are two major specialty training areas for interns who are interested in working with couples or working with clients with eating disorders. The interns in these

programs attend regular meetings which are both trainings and supervision throughout the year.

An intern who graduates from CIP has gained a very solid foundation in training and experience to pursue a vocation as a psychotherapist.

The agency could not accomplish its training goals and maintain such high standards without the support of a fine community of experienced clinicians who are dedicated to the profession and fostering the development of the next generation of therapists. Their value as supervisors and trainers at CIP is immeasurable.

CONFERENCE OFFERS ANSWERS

(CONTINUED FROM PAGE 5)

individuals had tried meds but decided against them. Another said that it took trial and error with six medications to find the right one, but now it really helps to calm and focus him, while without it, he feels anxious and off-track. They also credited their parents and teachers with supporting them. One boy said he relies on his friends who help him without being asked.

When asked what advice they would give to teachers, they replied, "Work with kids," "Listen to them," "Be patient and provide accommodations" for their special needs so that students can complete school assignments.

Resource Exhibition

Throughout the day attendees browsed the Resource Exhibition of tables offering literature and other resource materials staffed by Community Partners, some Event Sponsors, and the affiliate agencies of the Marin Mental Health Alliance: Catholic Charities CYO, CIP, Family Service Agency of Marin, and Jewish Family and Children's Services.



Parent Education Network panelists Elizabeth Rokke & Mike Dwyer talk about their experiences with AD/HD.

Community Partners were the Marin Community Mental Health Services, Marin Office of Education; Marin Interfaith Council; the Marin Mental Health Board; NAMI Marin (National Alliance on Mental Illness); and CHADD of Marin (Children and Adults with Attention Deficit Disorder).

Event Sponsors were the Benevolent and Protective Order of Elks, San Rafael Lodge #1108, in memory of Silvio H. Cheda; Janssen, L.P.; St. Joseph's Health System – Sonoma County; Visions – Adolescent Treatment Center; Marin County Mental Health Services, MHSA Family Education Fund; and Marin General Hospital.

THE MAPS MODEL

The result of an extensive planning process, the MAPS model represents standards of best practice by combining medication and psychotherapy in treatment.

- Two part-time psychiatrists together provide 14-16 hours/week. One coordinator works 30 hours/week.
- Referrals come from the four MMHA agencies and include mental health assessment and current status.
- Clients are adults (age 18+) receiving psychotherapy through one of the MMHA member agencies without access to psychiatry services in the community. Monolingual clients are seen with their therapists who provide translation.
- Close collaboration between psychiatric staff and therapists serves to coordinate mental health care for clients' benefit. Therapists are invited to

attend psychiatric appointments with clients, thereby maximizing quality of care and efficiency of service provided. Coordination also reduces number of failed appointments (i.e., "no-shows").

Outcome Data

From April 1, 2006, through September 30, 2007 (18 months), MAPS served 157 adults with 123 initial evaluations & 813 follow-up appointments. Clients were in therapy at MMHA member agencies, having received a minimum of three psychotherapy appointments.

Early data collected through Pre- and Post-Treatment Surveys revealed:

- 69% of clients reported reduction of symptoms
- 69% reported increased or stabilized academic or job performance
- 80% reported improved or stabilized family relationships & communication

- Overall hospital visits were reduced
- 91% compliance rate was seen among clients who received initial evaluations and continued to be seen for medication management for 12 months.

On a 5-Point Scale (1 being very satisfied):

- Satisfaction with therapist/psychiatric staff communication was rated 1.5 by clients and therapists.
- Satisfaction with access to psychiatry and psychotherapy from contact with single agency was rated 1.2 by clients, 1.4 by therapists.

Client Comments:

- "I couldn't be more satisfied with my care."
- "Staff are always supportive."
- "Excellent, I have no complaints."



COMMUNITY INSTITUTE FOR PSYCHOTHERAPY
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 SAN RAFAEL, CA 94901-2141
 (415) 459-5999

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WHO WE ARE

Community Institute for Psychotherapy (CIP) is a nonprofit, tax exempt center founded in 1977 to provide high-quality, low-cost counseling and psychological services to individuals and families who don't have the resources to pay full fees for professional help. CIP offers a full range of services designed to meet a variety of needs.

We at CIP believe that through psychotherapy, training, education, and prevention, we have a vital role to play in personal and global change. We believe the healing of the individual and the healing of the planet are inseparable.

Our work is accomplished in cooperation and coordination with a wide variety of public and private agencies and individuals throughout Marin County.

Visit us at www.cipmarin.org

CIP STORIES OF HEALING, STORIES OF HOPE

Because of your donations, CIP is here to help. We'd like to share some recent stories of what you make possible. The names and details have been changed to protect clients' privacy, but the hope and healing are very real.

Justin started therapy at CIP this past spring due to continuous thoughts of suicide. He was in grave crisis, having recently experienced multiple deaths in his family, which left him struggling with feelings of worthlessness and hopelessness. Treatment first included crisis intervention and a large amount of supportive work.

Now that Justin is no longer suicidal, his daily functioning has improved greatly. The therapeutic relationship with his intern-therapist is deepening and he is moving forward with his life. He has worked hard to create a healthy outlook on life, and this hard work is evident in his ability to now find enjoyment in his daily life.



Sixteen year old **Mary** sought help from CIP due to depressive symptoms that were interfering with her school-work and general ability to function. Her mother expressed serious concern for her. Treatment goals included a referral for a medication evaluation with a psychiatrist and helping Mary find ways to manage her illness.

After a year of treatment at CIP, Mary's grades have improved significantly and she has joined multiple school clubs. Mary is able to control her depression with weekly therapy, medication, and a large amount of motivation on her part.



Following a serious car accident a year ago, **Patrick** experienced trouble sleeping, was terrified to drive, and could not continue to work.

After several months, Patrick started seeing a therapist at CIP. In therapy, he has been working diligently on overcoming his irrational fears. To date he has experienced significant relief and now has the ability to re-enter the world with less anxiety.



Alicia sought services at CIP after her husband left her and she began experiencing multiple anxiety attacks and signs of depression over her grief at the loss of her marriage.

Through collaborative work with her therapist, Alicia has been able to gain insight into that relationship and to see how it was not working. Where before she had felt powerless in her marriage, this insight has helped her to find her voice. This has enabled her to define the life she wants to live, to voice her needs, and feel empowered in working toward her goals.