

camft

COLORADO ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

A Division of the American Association for Marriage and Family Therapy

Summer 2011

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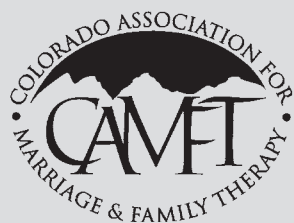
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All Eyes on the Gottmans!

by Barbara Stratton, MA, LMFT, CAMFT President

We, as members of CAMFT and all mental health professionals in Colorado are privileged to get the rare opportunity to receive the most comprehensive and all-encompassing couples training directly from John and Julie Gottman. The Colorado Convention Center in downtown Denver on **Friday, September 16 and Saturday, September 17 is the PLACE TO BE!**

Voted as one of the Top 10 Most Influential Therapists of the past quarter-century by the *Psychotherapy Networker* and world renowned for his work on marital stability and divorce prediction, **John Gottman** has thirty-five years of breakthrough research on marriage and parenting, thus earning him numerous major awards. His book, the bestselling *The Seven Principles for Making Marriage Work* is the standard text in couples therapy programs and is on book shelves of all practicing marriage counselors. **Julie Schwartz Gottman** is a highly respected clinical psychologist, Clinical Supervisor for the Couples Together Against Violence study and is sought internationally as an expert advisor on marriage, sexual harassment and rape, domestic violence, gay and lesbian adoption, same-sex marriage, and parenting issues.

Together, Drs. John and Julie Gottman bring three decades of research with over 3,000 couples, identifying the communication patterns, friendship basis, and conflict management dynamics that characterize intimate relationships.

This is a training NOT to be missed! Here's why:

- In this two-day workshop, Drs. John and Julie Gottman present illuminating and informative films from their clinical office.
- This is a truly rare opportunity to receive Level 1 training directly from John and Julie Gottman – one of only three trainings in North America in 2011 provided by the Gottmans.
- After just two days, you will receive a Level 1 Training Certificate from the Gottman Relationship Institute AND 12 CE units AND go home with a 300-page training manual.

- This top-notch workshop provides you with research-based professional instruction and resources that you can use immediately to inspire transformation in your work with your clients.
- You may use the Level 1 Training to vault you into the full three levels of training, resulting in certification as a Certified Gottman Therapist.
- Add more accountability and success to your clinical work than ever before.
- Elevate your professional reputation and enjoy the rewards of business improvement through affiliation with The Gottman Relationship Institute.
- Work with greater clarity and focus. Gottman Method Couples Therapy provides a powerful structure to work with couples and prevent relapse.
- This training makes it easy to enhance your current skill set and help meet and exceed your career goals.
- **BONUS:** The Gottman Institute Store, on location at the conference site will offer attendees a discount on the Level 2 Home Training Course.

Several mental health associations in Colorado and surrounding states are promoting our conference among their members because they realize this extraordinary opportunity. Don't risk losing your seat. Don't risk losing this once in a lifetime chance to learn directly from the master researchers and therapists.

It's the Gottmans from morning to night – two days in a row. Watch for their names in lights on the marquee at the Colorado Convention Center – “brought to Denver by the Colorado Association for Marriage and Family Therapy.” This is an event you can be really proud of. Take credit for your association and promote this among your colleagues. But first, register yourself! CAMFT has grown to 700 strong! We could fill the place all by ourselves! I can't wait to see you there!

REGISTER BEFORE AUGUST 12 to take advantage of the best prices! (A registration form can be found on the back page of this issue.) ■

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COMMITTEE / TEAM MEMBERS

CAMFT Teams need new ideas and energy. **If you would like to become more involved in your association**, please contact Barbara Stratton, CAMFT President. **WE HAVE A PLACE FOR YOU AND YOUR TALENTS!**

“**Alone we can do so little; together we can do so much.**”
— Helen Keller

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

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

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

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

The opinions expressed in the articles contained in this newsletter are those of the authors, and are not necessarily the views of CAMFT, nor should be used as legal advice.

conference opportunity

Calling All Approved Supervisors

CAMFT would like to extend a very special invitation to all Approved Supervisors who attend the CAMFT-Gottman Conference September 16 and 17. All Approved Supervisors will be personally acknowledged and have the opportunity to promote themselves as an AAMFT Approved Supervisors.

Your Part:

- Register for the conference.
- Attend the conference.
- Bring your business cards, practice brochures and marketing material for any of your programs or projects.
- Contact your supervisees and encourage them to attend the conference.

Our Part:

- Provide a special name tag for you.
- Mention of your name during a special acknowledgment segment of the conference.
- Provide space for your promotional material in the Sponsors' area.
- Named in the Fall 2011 newsletter in the “Approved Supervisors at the Conference” article (photo op!)

Here's your chance to let hundreds of MFTs and other mental health professionals know who you are and what you have to offer. You, as an AAMFT Approved Supervisor are a needed and valuable asset to our profession and the entire mental health community. We are proud to have you and want to give you the acknowledgment you deserve at this special event.

Don't miss this special opportunity. REGISTER NOW! ■

your association needs you

HAVE YOU “LIKED” CAMFT TODAY?

Look us up on Facebook and follow the great conference information coming up. Also follow CAMFT on Twitter and find us on LinkedIn.

CALL FOR VOLUNTEERS

CAMFT is always eager for volunteers. The newsletter is growing and we need people with interest in soliciting advertisers and creating new networking relationships. If there is another area you are interested in, please let us know—we will find a place for you! Contact blair@blairskinner.com or cbstratton@aol.com for more information.

calendar at a glance

CAMFT Annual Conference – CAMFT PRESENTS THE GOTTMANS!
September 16 & 17, 2011 • Details in this issue and at www.coamft.org.
Register early and save!

CAMFT Board Meeting – Members welcome! No fee.
Please take note of location:
Friday, October 21, 4:00-6:00 pm
2095 W. 6th Avenue, Broomfield • Main conference room.

AAMFT Annual Conference
September 22 & 25, 2011 • Ft. Worth, Texas

Visit www.coamft.org for current CAMFT events and updates.
You can also find us on Facebook, Twitter and LinkedIn!

What You Need to Know Before Renewing Your License

by Janna Phillips, LCSW, CAMFT Legislative Committee

Some of you may be worried or wondering what needs to be done this renewal period given the legislation passed for continuing professional development requirements for most mental health professionals. DORA has developed recourses to help us get through the process. This article isn't meant to be a full how-to, but will help you find all the step-by-step knowledge you need to be in full compliance and easily get your license renewed.

An important website to have in order to start this process is www.dora.state.co.us/hppp. Through the links on this website, you will find a Power Point copy of the full how-to webinar, step-by-step help guides, frequently asked questions, who needs to fulfill this requirement, and how you will know when everything is completed. The Continuing Professional Development (CPD) Program has been on this website since July 1 and you will have plenty of time to finish what needs to be done **prior to August 31st**.

The following steps need to be completed by all LMFTs (and other licensees):

1. Create a secure User Account on the CPD Portal.
2. Complete the Professional Practice Survey or Professional Practice Rubric. (Accessed from your user account.)
3. Draft a personal Learning Plan. Your Learning Plan may be completed on your user account. Your Plan is changeable up to the day you renew your license in 2013.

These are the only requirements in addition to renewing and paying the renewal fee as we have always done. **REMEMBER: We do not need to do ANY hours of our professional development this cycle. We are only planning what we will do before renewal cycle 2013.**

If you weren't already excited about our upcoming Gottman conference, keep in mind that this one week-end conference will fulfill your required Professional Development hours for licensure renewal. So make your planning easy — register for the CAMFT Annual Conference featuring John and Julie Gottman! ■

CAMFT is interested in our members' opinions on items affecting our profession. Please contact Wendy Leu, CAMFT Past President, at wendy22mak@hotmail.com, or Barbara Stratton, CAMFT President, at cbstratton@aol.com with your thoughts.

Legislative Update

by Jeff Thormodsgaard, CAMFT Lobbyist

SUNSET BILL SIGNED INTO LAW

The Marriage and Family Therapists worked very hard all session long on Senate Bill 187, which was the bill that reviewed all of the rules concerning the mental health professional rules and regulations. After almost a year of coalition meetings, and a very long few months of negotiations with the Legislature, the Governor signed the bill on June 2nd, 2011. Below is a list of the final provisions added to the mental health statues, representing a victory for all the professional groups involved, especially the MFTs.

The mental health professionals included in the Sunset Bill (SB 187) are: psychologists, social workers, marriage and family therapists, addiction counselors, licensed professional counselors and "unlicensed" psychotherapists. The bill does several things including the following:

- Creates the state Board of Addiction Counselor Examiners.
- Changes the name of "unlicensed psychotherapists" to "registered psychotherapists."
- Changes the name of the Grievance Board for unlicensed psychotherapists to the State Board of Registered Psychotherapists.
- Creates a candidate license for marriage and family therapists and licensed professional counselors.
- Authorizes the oversight boards to impose an administrative fine of up to \$5,000 per violation on regulated mental health professionals for certain violations.
- Authorizes the boards to enter into confidential agreements to restrict the practice of a mental health professional who has a mental or physical illness that affects his or her ability to practice and specifies that such an agreement is not a disciplinary action.
- Allows oversight boards to order a mental health evaluation of regulated professionals to determine ability to continue practicing under a confidential agreement or restricted license.
- Eliminates the exemption from regulatory oversight provided to a mental health professional acting as a court-appointed child and family investigator in cases involving child custody and child abuse/domestic violence.
- Modifies the membership on the oversight boards to replace a member of the public with a representative of the regulated profession.
- Creates a peer assistance program after July 1, 2012 developed in conjunction with affected mental health professionals.

Editor's Note: More detailed information about changes resulting from the Sunset Bill will be covered in the Fall 2011 newsletter. We encourage you to write to the editor (blair@blairskinner.com) with questions about the bill. ■

Senator Linda Newell Honored by CAMFT

Several CAMFT leaders attended a reception on June 29 in honor of Senator Linda Newell to thank her and celebrate her commitment to child welfare and mental health during the 2011 legislative session. The event was hosted, in part by Jeff Thormodsgaard, CAMFT lobbyist and co-hosted, in part by Barbara Stratton, President of CAMFT. CAMFT donated \$200.00 to Citizens for Linda Newell from the Small Donor Committee fund in acknowledgment of her work and dedication. ■



Pictured from left: Barbara Stratton, CAMFT President; Senator Linda Newell; Janna Phillips, Legislative Team; and Dr. Pat Covalt, 2011 Therapist of the Year.

Denver Family Institute's

3rd Annual Affordable Family Therapy Workshop

Unlocking the Keys to Effective, Engaging Therapy: Across Models and Modalities

Friday, November 4, 2011 • 9:00 a.m. to 4:30 p.m.

Holiday Inn Select Cherry Creek, Denver, Colorado

Co-Sponsored by MHCD, CAFCA and DU-GSSW

6.0
CEU's

Presented by

**Jim Thomas, LMFT, AAMFT Clinical Member, Approved Supervisor,
CAMFT "Supervisor of the Year," Director, DFI, Former CAMFT President**

A powerful and engaging day, attendees will learn about the latest findings in psychotherapy effectiveness through "Evidenced-Based Relationships," "Common Factors" research and the importance of therapy alliance and therapist flexibility across models, populations and intervention modalities.

It can be confusing integrating conflicting clinical research. Which model is the best model? Is it really just about the presence of the clinician and relationships? Do some clients need a different approach than others? How can I be most effective?

This engaging workshop builds on your own clinical strengths to enhance, expand and invigorate your work.

- Enhance your work by including relationship factors.
- Understand and implement leading edge clinical ideas and research.
- Integrate specific therapist behaviors and qualities that promote a facilitative, effective therapy relationship.
- Develop strategies for adapting interventions/models to specific clients.
- Individualize your treatment approach balancing therapy relationship, treatment methods, patient characteristics, and your own personhood.

- Discover the power and importance of your "relationship" to your therapy model in effective work (congruence of model and therapist self).
- Experience the value of transparency in contrast to grad school training.
- Apply these ideas across cultures and with respect for client spirituality.
- Learn to ask a few key questions that will augment your current work.
- Use CEU's towards new DORA continuing competency requirements.



"Jim is a natural and gifted presenter."
- Sue Johnson, PhD, author, *Hold Me Tight*

"Jim Thomas is one of our field's practice innovators. I'd go out of my way to hear what he's up to these days."
- Bill Doherty, PhD, author, *Soul Searching*

Net proceeds support low-fee services at DFI's clinic.

Early Registration available online at www.denverfamily.org

until August 31, 2011 for CAMFT members only:

\$85 for Associate and Clinical members, \$70 for Student members by August 31, 2011.

Register online or download registration form to make payment by check or money order.

Please help us spread the word about this important training event.



Legal Topic of Interest

ETHICAL ISSUES IN COUPLES THERAPY

by Denis K. Lane, Jr., Attorney at Law

Principle II of the AAMFT Code of Ethics emphasizes that MFTs “respect and guard the confidences of each individual client.” The informed consent process for a couple must disclose to the members of the couple the “possible limitations of the clients’ right to confidentiality” in compliance with Section 2.1 of the Code of Ethics. MFTs need to comply with Section 2.2 of the Code by obtaining written authorization from both clients in the couple before disclosing any treatment information.

Many MFTs have a “No Secrets” policy for couples counseling, and obtain a blanket authorization for disclosure to the other partner of information that may be shared in the therapist’s judgment. This can lead to problems on occasion, when information is provided privately by one member of the couple to the MFT, and the client expects that feelings or statements disclosed to the therapist will not be shared with the partner. In order to avoid any misunderstanding, best practice for MFTs is to check with a client each time the therapist meets privately with that individual to see if any of the information shared with the therapist should not be shared with the other member of the couple. This ensures compliance with Section 2.2 of the AAMFT Code and also prevents misunderstandings with clients. Because the Code of Ethics does not contain provisions regarding “No Secrets” policies, therapists need to be careful to protect the confidentiality of information shared by an individual in private during the couples counseling process.

Couples counseling can lead to questions regarding billing. I am sometimes troubled when I hear therapists say that they have been billing marital or couples counseling under health insurance which covers one of the members of the couple, using ICD diagnostic codes on bills which identify that the treatment was provided for depression, anxiety, or an adjustment disorder. Some health insurance policies do provide coverage for couples counseling. I believe very strongly that there are situations where clients should pay out of pocket for treatment, when health insurance is not applicable. We all know that relationship issues and marital problems do lead to situational depression, anxiety, and adjustment problems. Nonetheless, a bill to an insurance carrier which identifies only one client and not the couple seems misleading to me. I have not seen this issue addressed in any AAMFT publications. If an insurance company is aware that depression, anxiety, or an adjustment disorder is being treated through couples counseling, and that this process relieves an individual’s symptoms of stress, etc., and the insurer is willing to pay for the treatment, knowing what the treatment process consists of, then there is no potential fraud being committed. However, HCFA billing forms must accurately identify the treatment process used in treating the client’s symptoms.

One final issue needs to be addressed which relates to couples counseling. Legal and ethical conflicts frequently occur in circumstances when marital counseling did not save the marriage, and the couple ends up in family court. Either the husband or wife will issue a subpoena to the MFT, seeking testimony in court. If the testimony relates to couples counseling, then the permission of both members of the couple is required, before the therapist can testify, or before couples counseling records can be disclosed pursuant to a subpoena. In such situations, one of the members of the couple may seek individual counseling from the MFT. When the other member of the former client couple learns that the therapist has agreed to provide individual counseling to the other spouse, this leads to conflict. I have even heard psychology board members refer to such a situation as a “dual relationship.” Such problems are foreseeable, based upon my experience. Be careful out there. ■

Send questions or suggestions for this column to:

Denis K. Lane, Jr., Attorney at Law
1912 W. Colorado Avenue
Colorado Springs, CO 80904
719-636-1017

Editor’s Notes

by C. Blair Skinner, LMFT

We are eager to create a newsletter you both look forward to getting, and will use as a resource! One of the objectives is to present themes or topics for each issue—and to tell you in advance so that CAMFT members can help write the newsletter! Each issue will have a couples, family, child or professional development focus. Our Fall issue will be coming out after our exciting CAMFT Annual Conference featuring the Gottmans, so look for some photos and highlights! This next issue will focus on working with military families. If you have expertise in this area, please contact me—your contribution is greatly valued!

I’m pleased to say that this issue offers multiple new authors and advertisers. Our organization is getting noticed—it’s an exciting time to be involved!

If you are interested in writing an article, providing a book review, writing a letter to the editor, or helping to solicit advertisements—or even advertising yourself—please contact me at blair@blairskinner.com.

Respectfully,
Blair Skinner

Your Feedback is Requested

We are asking for member’s response to this issue’s special section: **Latest Trends in Couples Therapy** on our Facebook page or write a letter to the editor to share your thoughts. Our Fall issue will include the special section: **Working with Military Families**. We are looking for contributions. Please contact the editor with your ideas: blair@blairskinner.com.

CAMFT Office Notes

PLEASE KEEP INFORMATION CURRENT

Please make sure your address and email are up-to-date by contacting AAMFT. The data lists used by the Colorado office are generated by AAMFT. Email blasts and mailing addresses are used to contact CAMFT members of important events. The CAMFT office cannot make updates or address changes for members. ■



Family Therapy

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Child and Family Investigations

September 8, 9, 10 and 11 or September 10, 11, 24, and 25
9:00am-5:00pm • at the Colorado School for Family Therapy
Tuition: \$1,000.00

Expressive Arts Psychotherapy Training

September 9 & 10 • 9:00am-5:00pm
at First Plymouth Congregational, 3501 S. Colorado Blvd., Englewood
Tuition: \$150.00

All education counts for DORA Professional Development and
Other Continuing Education requirements.

To register or view a complete list of our courses, please contact us.

Online: www.familyplaytherapy.net

Phone: 720-859-0464 E-mail: Familytherapyregistrar@yahoo.com

Women's Retreat 2011

**Explore reaching sexual potential
and personal development!**

Loveland – October 20 – 23, 2011

Retreat to the serene Sylvan Dale Guest Ranch!

For all ages, marital status, and sexual preference—the Women's Retreat builds on the powerful energy, self-challenge, and camaraderie that can occur when women gather together in shared interest of personal growth. Hear new ideas, challenge old assumptions. Reach new clarity about who you are, and who you want to be.

Presented by world-renowned licensed psychologist and licensed sex therapist Dr. Ruth Morehouse. Therapists, this is an excellent resource for your clients and colleagues. Many therapists also attend this workshop to enhance their own development.



Ruth Morehouse, Ph.D. of Evergreen, Colorado

Crucible® Institute

For information: visit www.crucible4points.com/womans-retreat-2011 or call 303-670-2630

Exciting Trends in Colorado Couple's Therapy

by Jim Thomas, LMFT, Certified EFT Supervisor, AAMFT Approved Supervisor

One might have thought just a few years ago, that couples and family therapy might fade into the background in the therapy field. It was often talked about as adjunct therapy for people relying on medications to address mental and emotional disorders. However, growing evidence indicates that inter-relational therapies provide effective and efficient help for a wide range of presenting problems. Couples therapy is taught in all the COAMFTE programs in the state. A number of models of couples therapy are alive and well in our state, each of which are being used with diverse couples throughout Colorado.

Colorado's own, Dr. David Schnarch and Dr. Ruth Morehouse, Evergreen, Colorado, developed and promote the Crucible Model in couples therapy. Arising from a focus on sexuality and sex therapy, the Crucible Approach is grounded in differentiation; couple's sex lives serve as a powerful isomorph for the entire relationship. The therapist honing in on the sexual dynamics of the relationship helps partners see their fusion or emotional reactivity to each other. David and Ruth offer trainings in the Crucible Approach. This approach as David says, "Is the first to integrate sexual therapy and couples therapy." From their website, it "differs from conventional couples therapy by emphasizing personal growth rather than communication skills, empathic listening, or compromise and negotiation. Couples can't stop communicating – their problem is they can't stand the messages." Differentiation-based Crucible Therapy teaches couples to tolerate the anxiety of hearing and saying difficult things. Each partner learns to soothe their own emotions. In this approach, the focus is on helping partners become less emotionally "fused," rather than trying to get them more attached.

On the other end of the spectrum, there is a growing Emotionally Focused Therapy (EFT) community in Colorado. EFT is an evidence-based approach recognized by the APA. EFT views couples relationships not as bargains or negotiated agreements, but rather as emotional bonds. Autonomy in this view comes from secure adult attachment. Through the exploration of primary emotions, partners access deeper attachment needs and learn to share those needs from a more vulnerable, open emotional place. Research indicates that this generates "bonding events" in session which result in powerful changes for couples with long-lasting, robust results. EFT research foundation continues to expand, it has been used to help firefighters after 9/11, combat veterans, those with depression, and with gay and lesbian couples.

EFT, based in attachment theory and experiential in nature, received a huge boost in interest when Dr. Sue Johnson presented in Colorado in 2009. There are now several Certified EFT Supervisors in Colorado. Jim Thomas, a past president of CAMFT, and soon to be Colorado's first Certified EFT Trainer states, "EFT is based on the new science of love and emotions. Based on empathic attunement, it provides a map for the therapist to work collaboratively with couples to generate a new level of connection and intimacy with long-lasting, robust results."

As EFT and Crucible Model proponents debate whether we first need to differentiate and then create adult intimacy, or if autonomy arises from secure attachment, Michelle Weiner-Davis represents a "do what it takes" approach to working with couples on the brink of divorce. Michelle, based in Boulder, says "I am a big believer that what couples get when they seek professional help is much more than a theoretical orientation; they get the person behind theory. Our values, beliefs about marriage and divorce greatly influences the work we do with couples AND the outcomes." Michelle leads three-day intensives that help therapists gain insight into the very subtle ways

they gear sessions toward marriage-strengthening beliefs or towards the dissolution of relationships. Michele has developed approaches to help 11th hour couples recover from complicated problems such as infidelity, sex-starved marriages, communication breakdowns, and emotional flatlines. She shares with the Crucible Approach and EFT, a belief in giving couples a fighting chance by fighting with them for their relationship.

In the field of addictions, Behavioral Couples Therapy, or BCT, has a growing body of evidence supporting its use with addictions and substance abuse. Heather LaChance, PhD, LMFT, and CAMFT member, has been involved in this research. Dr. LaChance says that, "Over thirty years of research have demonstrated that BCT outperforms individual-only treatments for alcohol and drug abuse. It has also been successfully tested with domestic violence, health-related behaviors, and medication compliance. BCT targets the relationship factors conducive to abstinence, such as social support, constructive communication, and positive emotion. These relational factors consistently predict abstinence over time." Dr. LaChance at National Jewish Health in Denver, has adapted the BCT approach for couples in which one individual is smoking. Nicotine, per milligram dose, is the most addictive substance known to man and innovative treatments are needed. She compared BCT to individual-only treatments and has found better outcomes for smokers when partners are involved in the quitting process. She also contributed to the Colorado Quitline an online service for Coloradans wanting to quit smoking.

We would be remiss not to mention the work of Howard Markman, PhD, Scott Stanley, PhD, Directors at the University of Denver. Best known for the development of the PREP program, Dr. Markman and Dr. Stanley are leading researchers in the marital family field. PREP teaches marital and pre-marital couples essential skills in how to communicate effectively, work as a team, solve problems, manage conflict, and preserve and enhance love, commitment and friendship. It is used widely by couples therapists throughout Colorado.

These approaches to working with couples share a commitment to helping people grow stronger together. We also see the expansion of couples therapy to treat presenting problems such as addiction with BCT and trauma and depression with EFT. Truly, these are exciting times for couples therapy in our state. ■

For more information on this author, please see ad on page 9.

Lisa Thomas

LCSW, LMFT, DAACS

Licensed Marriage & Family Therapist
Treating Individuals, Couples & Families

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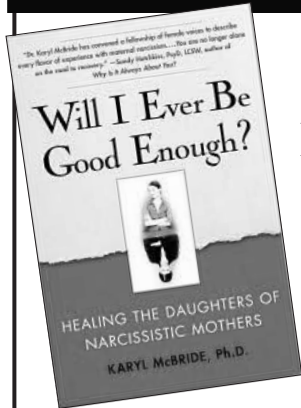
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Email: lisa@OnlineCouch.com

Website: www.OnlineCouch.com

Karyl McBride Ph.D., P.C.
Licensed Marriage and Family Therapist



HEALING THE DAUGHTERS OF NARCISSISTIC MOTHERS WORKSHOP

Dr. Karyl McBride, author of *Will I Ever Be Good Enough? Healing the Daughters of Narcissistic Mothers*, presents her five-step recovery model for daughters of narcissistic mothers.

A 2½ day workshop –
October 7, 8 and 9, 2011
Denver Inverness Hotel

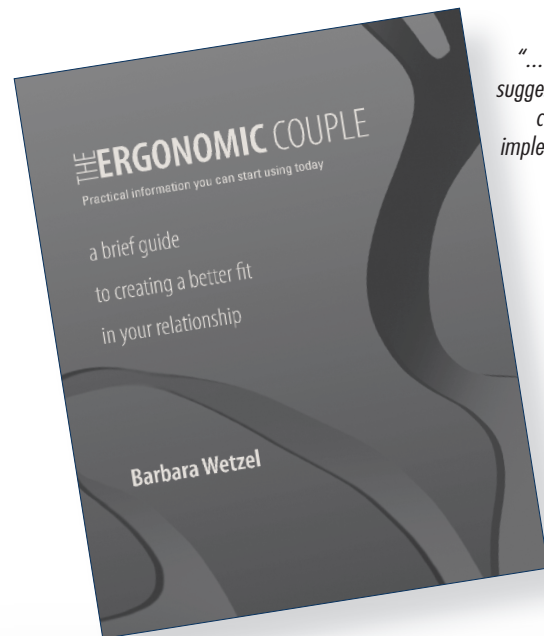
For you and your clients the five-step model includes:

- Learn how to accept your mother's limitations.
- Gain assistance in the grief process required for healing.
- Recognize the importance of separation/individuation and the significance to building your own sense of self.
- Work on becoming your authentic self.
- Discover how to deal with your mother and have healthy interaction with appropriate boundaries.
- Learn how to deal differently with narcissistic family dynamics including fathers and siblings who don't understand.
- Stop the legacy of distorted love in parenting, love relationships and friendships.

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or call 303-420-9565.

THE ERGONOMIC COUPLE



"...a quick read with suggestions any couple could immediately implement...refreshing perspective and concrete tools..."
— Joanna Pepin, M.S., L.M.F.T.A.

This book is different because of its minimalistic style:

- Concepts are stated briefly and to the point
- Chapters are as brief as possible with bolding and lists for easy reference

It is written for different brain types:

- the more verbal as well as the less verbal processor,
- the kinesthetic processor
- worksheets for the more detailed writer as well as
- analogies and useful quotes for memory aids

The designer Kerrie Lian at www.MacGraphics.net is gifted. She manifested the minimalist and accessible concepts with her graphic design for both the interior and the cover.

The book is 214 pages, however the text probably takes up less than half of the book

Topics include:

Communication, Conflict, Balance, Play, Emotional & Physical Intimacy, & Finances

Barbara Wetzel

...is a respected marriage & family therapist, instructor & AAMFT supervisor in Fort Collins, CO.



photography by Lucia De Giovanni

If you work with couples and especially if time management is an issue I believe this book may be helpful to both you and your clients. I joyfully encourage you to check out the book. You can learn more at the website:

theergonomiccouple.com

Using Physical Intimacy to Reconnect Couples

by Lisa Thomas, LCSW, LMFT, DAACS

Many couples we see in our practices struggle with physical intimacy in their marriages. It's no secret that relationship satisfaction is often correlated with the quality of a couple's physical relationship. The use of sex therapy can help reconnect couples. Couples therapy often begins with rebuilding the marital friendship and overcoming anger and resentments that are poisonous to the relationship. Next it's time to start reintegrating a healthy sexual relationship.

I use a few guidelines to help couples rediscover how satisfying their sexual relationship can be. I also help them reengineer their sexual script or the way they are being sexual with each other in their relationship (kissing, foreplay, intercourse). Having a sexual script that isn't working can lead to sexual dysfunction, dissatisfaction and low frequency, whereas having a working sexual script can move a couple's intimate relationship to a new level. Also, remember that sexual scripts need to be updated in relationships over time to keep the physical relationship vibrant.

Kiss for Five Minutes – Kiss slowly, cup your partners face in your hands, and enjoy this step. It is surprising how many couples completely skip the kissing part. Kissing helps to us get aroused, connected and warms up our bodies to move into intercourse. People who struggle with erection difficulties or arousal issues should pay particular attention to this step as it helps them to get ready for sex. Kissing also helps reduce anxiety as it relaxes us as we move into more intimate and sexual touching.

Don't Skip Foreplay and Take Turns Giving and Receiving – Foreplay is the most intimate step of the sexual process. It is the opportunity to feel sought after, desired and pleased by your partner. Foreplay is the part of the sexual script where partners take turns pleasuring one another. Couples who skip foreplay are doing their relationship a disservice because they miss the opportunity to learn what they like sexually and to tell their partner. Oral or manual stimulation are great options for foreplay. If you don't currently engage in foreplay with your partner, try talking about it outside the bedroom as an idea you would like to explore.

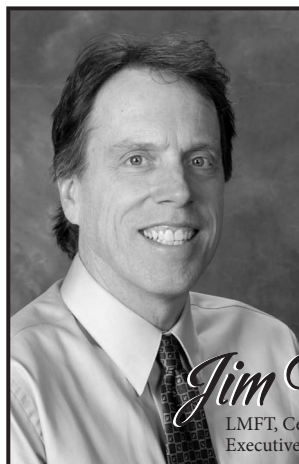
Give Your Partner Feedback – Say "that feels good" or make a gesture to signal you like what they are doing or the way they are touching you. Everyone likes a different type of touch; it is as unique as your fingerprint. Women are often socialized to be quiet during the sexual process but many partners complain that they don't know what type of touch feels good and want to know if what they are doing is working. Giving your partner pleasure also helps build your sexual confidence. Provide feedback during and after the process on what you liked, or show your partner if they can't seem to grasp what you are asking for so they can mimic the moves you enjoy.

Look at Each Other While Being Sexual – Open your eyes and look at your partner. An advanced move is to open your eyes and look at your partner when you are having your orgasm. Many couples report feeling closer after sharing such an intimate experience. Looking at each other pushes couples to grow sexually by confronting their sexual selves, taking a risk together and taking ownership of being sexual with their partner.

Try Something New – Trying something new sexually is good for you and good for your relationship. Some desire problems stem from sexual boredom and the prescription is sexual risk. You don't have to do something that you find distasteful. When was the last time you tried initiating, experimenting with a new position, different lighting or using a sexual aid (toy) or lubricant. Even trying to bring each other to orgasm during foreplay instead of during intercourse could be a nice change. Doing something different often connects couples by having them share an intimate and exciting experience.

Use these guidelines to write or rewrite your couple's sexual script for maximum satisfaction and connection. As we age and our bodies become less responsive it becomes particularly important for a couple to connect over kissing and foreplay rather than being intercourse focused. Stay pleasure oriented rather than focusing on performance and appreciate being sexual as a tension reducer and a way of reconnecting in your relationship. ■

For more information on this author, please see ad on page 7.



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CAMFT is accepting nominations for the following position on the Board of Directors:

Election Committee Member

Nominees for the position of **Election Committee Member** must be an AAMFT Member (any level) and willing to serve a three year term. The Election Committee Member will confirm nominees' qualifications and willingness of nominees to stand for election, count received membership ballots and report the election results to the CAMFT Board via the CAMFT President.

Nomination requires the full name, telephone number and e-mail address (if available) of the Nominee in order for the Election Committee to confirm the eligibility and willingness of each Nominee to stand for election as required by the CAMFT Bylaws. Election Committee will also obtain a brief biography and candidate statement, for the election ballot, which will be placed in the Fall 2011 issue of the CAMFT newsletter.

PLEASE CONSULT WITH THE PERSON YOU ARE NOMINATING TO VERIFY THEY MEET THE ELIGIBILITY REQUIREMENTS AND THEY ARE WILLING TO BE ELECTED TO THE CAMFT BOARD. YOU MAY ALSO NOMINATE YOURSELF FOR THE AVAILABLE POSITIONS.

Person making nomination: _____

(In case the Election Committee needs to contact you regarding your nomination.)

Your phone number: _____

E-mail: _____

Your AAMFT membership level:

Clinical Member Associate Member Student Member Affiliate Member

Nominee for the position of ELECTION COMMITTEE MEMBER: _____

Nominee is an AAMFT: Clinical Member Associate Member Student Member Affiliate Member

I have the Nominee's permission to nominate him/her? Yes No

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2011 Annual Conference

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Check-In 8:00 – 9:00 a.m. Friday

Conference 9:00 a.m. – 5:00 p.m. Friday & Saturday

Presented by

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TRAINING DESCRIPTION

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OBJECTIVES

Combining lecture and video from Dr. John Gottman's research with couples, and film clips from the Gottmans' clinical practice, you will learn effective methods to utilize immediately in your practice.

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- Help couples process their fights and heal their hurts.
- Discover techniques for couples to deepen intimacy and minimize relapse.
- New assessments and effective interventions revealed to help understand couples' struggles.

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WORKSHOP SCHEDULE

(This is a general outline, times may fluctuate.)

DAY ONE

- | | |
|------------------|--|
| 8:00 - 9:00 am | Registration Check-In |
| 9:00 - 10:25 pm | The Research: What Makes Relationships Succeed or Fail?
• Research and Theory
• Love Lab: Films |
| 10:25 - 10:45 am | Morning Break |
| 10:45 - 12:00 pm | The Sound Relationship House
• Assessment Overview: How to Assess a Relationship
• When is Couples Therapy Contra Indicated?
• What is the Nature of Couples Conflict and Friendship? |
| 12:00 - 1:15 pm | Lunch |
| 1:15 - 3:00 pm | The Assessment Sessions and Learning to Use Assessment Questionnaires
• Session 1 :Oral History Interview, Sampling Couple Conflict, Preparing Couple for Individual Sessions, No Secret
• Assessment: Written Questionnaires
• Session 2: Individual Sessions
• Session 3: The Therapeutic Contract |
| 3:00 - 3:15pm | Afternoon Break |
| 3:15 - 4:00 pm | Film: Live Session: Assessment |
| 4:00 - 5:00pm | Clinical Q&A |

DAY TWO

- | | |
|------------------|---|
| 9:00 - 10:10 pm | Introduction to Intervention - Constructive Conflict
• The Philosophy of the Therapy
• Rapoport Intervention |
| 10:10 - 10:30 am | Morning Break |
| 10:30 - 12:00 pm | Introduction to Intervention continued
• Eliminate the Four Horsemen
• Dreams-Within-Conflict: Move From Gridlock to Dialogue
• Aftermath of a Fight |
| 12:00 - 1:25 pm | Lunch |
| 1:25 - 3:15 pm | Building Friendship and Shared Meaning
• Build Love Maps
• Turn Towards: The Stress-Reducing Conversation
• Build Rituals of Connection
• Create Shared Meaning |
| 3:15 - 3:30 pm | Afternoon Break |
| 3:30 - 4:30 pm | Process of the Therapy and Summary |
| 4:30 - 5:00pm | Clinical Q&A |

REGISTRATION IS UNDERWAY! SEE BACK PAGE AND SAVE YOUR PLACE TODAY!

Couples are Watching Closely

by Cindy Wander, MA, LPC, LMFT

Recently I spoke with a woman who had done tremendous work in couples counseling. While we discussed how their burst of understanding, connection, and healing occurred, I asked her what couples therapists need to know. Her answer reminded me of this simple truth: couples are observing their therapists and are looking for hope.

There used to be this idea that regardless of the skill level, competency, or theoretical orientation of the therapist, half (or more) of the couples who came through our doors would split up. We were told couples enter therapy as a last-ditch effort, and we therefore should not take on too much responsibility for the outcome. I used to agree. Not anymore.

I now believe most couples in my office will get better and that I am an important catalyst in this process. Couples may disguise their intentions by blaming one another and even threatening to leave each other. Sometimes, one person seems to lack emotional presence, as though they have already left. No longer fooled, I now have a framework from which to work and I realize couples come to therapy to be together.

Couples are looking to see if we can be fair and balanced in our reflections. They notice if we seem hopeful for the future of their relationship and when we question their commitment, they question themselves. They feel it if we shame them for how they have gotten to such a dire place, and they wait to see if we will join them in their hardest moments. The woman with whom I spoke said helpful therapists “lead [her] into knowledge.” Couples know intuitively if we have something to offer that makes sense for them. For me, an attachment framework like Emotionally Focused Couples Therapy (EFT) works well. I can help lead people to recognize their own behaviors without judgment and notice the impact they have in their relationship. Individuals can see their efforts as attempts to connect. All perspectives in the room are valid and contribute to the growth of the relationship and the individuals, which is the next point my client made.

Couples therapists, she said, should know and ensure that “nobody is the victim.” Each perspective needs to be valued and understood by the therapist. Partners may struggle to describe their own experience and may feel they are in the dark about the experience of their partner. What my client wisely noted was that neither person has to be victimized, as each experience is valid and understandable. The therapist is instrumental in casting light upon both perspectives equally and building confidence that they can learn to do this as well. Almost any behavior, thought, or emotion can be understood within the context of attachment. If love is a survival system, then our couples are really fighting for their lives and for their relationships. It may not be pretty, but it’s understandable and our job to find this clarity.

Finally, my client reminded me that couples are trying to incorporate new information about their partner in sessions. Distressed couples say and do hurtful things, so when partners begin to see that these actions are actually because the other person wants to be closer, it may not be easy to accept or believe. This is another opportunity for us to be with couples in a way that helps. We can acknowledge that they are trying and will make changes when it is safe to do so. If a person cannot believe their partner just yet or does not change their behavior, we have the chance to recognize there is probably a good reason they are not ready. We have an opportunity to maintain a compassionate presence so they can see we are there with them, always trying to understand. When they doubt themselves and cannot understand one another, it is more important that we be with them in the process of that moment, than try to fix the problem. In fact, as we do our jobs, we see that couples are excellent problem-solvers when they feel securely connected.

When I started this article, I wondered about my impact on couples. I thought about the trends I see in my work and considered the message I would like to send readers. I realized the therapist’s influence mirrors the influence partners have on one another. We can absolutely impact couples and the more we believe this, the more hopeful our work becomes. Couples are looking for hope and we have plenty to offer. ■

For more information on this author, please see ad on page 15.

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Marriage Marketing Dance

by Elizabeth Doherty Thomas

For most therapists there is nothing more jarring than the contrast between the joy of working with couples in therapy and your stomach pit of misery at the idea of marketing to find them. The good news is couples offer great energy in session and in your marketing. Let's reframe marketing to couples and give you very concrete ideas on how to attract them.

Branding Yourself – When I say “brand” I mean that sense someone would have of your therapy practice and your personality. It could be considered a “high energy, humorous, secular focus on newlyweds”, or it could be having a long career and expertise in helping couples on the brink of divorce. The point is the more you figure out who you are and how to express your passion, the more likely clients are to be attracted to you! Too often therapists are desperate to be neutral but that backfires in marketing. Energy, passion, values, and explaining why you love working with couples is going to make you stand out. And for the love of therapy, do not mention theories, modalities, or anything that your 8th grader wouldn't understand! Save your Gottman love for your colleagues and instead focus on empathizing with the prospective couple.

Why Therapy? – Relationships are probably the hottest area of psychology, which means you aren't just competing with local therapists but with books, programs, websites, religious institutions, and family or friends of couples in distress who offer advice. When a couple seeks therapy it's usually a heavy decision. The more you express all the various ways therapy can help their marriage, the more likely you are to get the skeptical partner to agree to see you.

Remember your bullet point list of marital distress on your website is someone's entire universe-destroying situation. When you list reasons couples seek therapy, consider making each bullet point link to a new page that goes more into depth, offers hope and an understanding of how you can help! Put yourself in the shoes of the spouse who finds out at 3:00 a.m. their partner has been having an affair. They vomit, they toss and turn and call in sick to work the next day. When they finally wake up after fitful sleep, they go online to find answers, help, coping, and hope. You are their online marital 911.

Serving the Couples Needs – When you've got two people it just adds to the chaos of getting to therapy. Do they see you near her work,

his work, their home? How do they handle childcare? Who does the therapist search and how do they communicate the “top contenders” to their spouse?

The first thing you should do for Google searching is to list ALL the neighborhoods nearby. Depending on how well your website is respected by Google, you may attract more couples searching for the town five minutes away from you because you had that town name physically listed on your site. Make sure you list on your homepage any unique offerings: evenings, weekends, intensives, workshops or support groups. Those are going to help a client decide to contact you instead of the therapist next door (or worse, not even seeing a therapist).

The most interesting way to help prospective clients share your website is to have a social sharing button. This does not mean you have to be on social media yourself, but with various easy buttons (that are free and take seconds to set up) you can let couples print your contact/directions page, Facebook, Tweet, email, or otherwise share your page in one of the countless ways there are to share websites. For you it's really cool to see the backend – how many people are sharing your website! I think of it as invisible social proof that what you're saying, or who you serve, are liking you. Two of the many free services out there I use are addthis.com and socialtwist.com. You or your webmaster can easily add the small piece of code to every page on your website.

Hopefully you've learned something new and can go back to your website and make some changes or additions. Not being neutral about marriage is probably one of the simplest, most powerful marketing tools you've got. My MFT husband has a great couples therapy practice and most of his new intakes say they came because of his views of marriage commitment. I encourage you to stick your foot out a bit and see what happens. ■

Elizabeth Doherty Thomas is starting graduate school in the fall to be an MFT. Since 2005 she has been helping connect therapists with clients seeking their help online. In 2008 she launched her MFT husband's private practice on a shoestring budget with her technology skills. Her mission is to educate, empower, and enthuse therapists to do more online. For more information on this author, please email info@elizabethdohertythomas.com.



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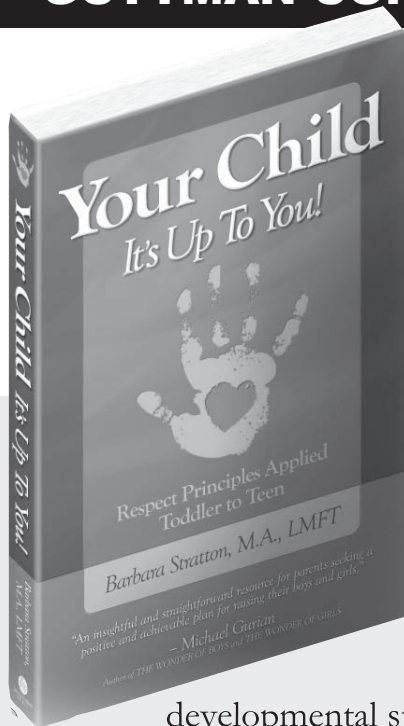
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Barbara Stratton is a Licensed Marriage and Family Therapist in Colorado, with almost 25 years of experience in private practice, specializing in couples and family relationships. She is an experienced instructor and presenter and may be contacted through her website.

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Kerry Stutzman, MSW

is a parenting expert and individual and family therapist who specializes in working through the many challenges of parenting. Kerry teaches Love and Logic Parenting classes throughout the Metro Denver area.

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Animal Assisted Couples Counseling

by Linda Chassman, PhD, LMFT

For the last 14 years I have been working with my cat, Norman, in counseling sessions with couples and families. Recently I have also incorporated my therapy dog, Rupert, into my work. Working with an animal as a co-therapist adds a new dimension to the process that is enlightening and fun for the couple and the therapist.

Before getting into some practical application, there are some essential ethical guidelines to consider whenever introducing an animal into your clinical practice.

- Animals who help in therapeutic environments are working, which can be stressful and tiring for the animal. It is imperative that the therapist work with their own pet, so they know that animal well. The therapist must also know how to recognize both calming signals and signs of stress and fatigue in their pet and be willing to let the pet stay home or quietly rest when necessary. Ideally, a therapist and their pet should get training and certification, allowing someone outside the therapy team to evaluate them for safety. Professional Therapy Dogs of Colorado is the only certification organization I am aware of that certifies professionals with their dogs; all others, including Delta Society, certify volunteer pet partners.
- Not all clients want or will benefit from the addition of an animal to therapy. Some people don't like animals, will be distracted by the animal, have fears of certain animals, or have allergies or other health conditions that could be compromised by animals. Therefore, before introducing any animal the therapist must discuss and get consent from the clients. We have every client sign a detailed consent form that includes rules about how they may and may not interact with the animals and warnings about bites and scratches.
- Animal Assisted Therapy (AAT) is a specialty modality, much like DBT or EMDR. In order to practice with competence, the therapist should receive specific training and supervision before working with an animal. Animal Assisted Therapy is a powerful intervention, and like any other intervention, if misused can be harmful to all involved.

The simplest intervention with an animal is simply to allow that animal to be present and to interact freely with the clients. A good therapy animal will approach the individuals equally and enjoy being pet. Therapy cats, like my Norman, will enjoy sitting on laps, and he has a keen sense of when a client needs a little kiss (he'll gently touch his nose to their nose or lips). These simple interactions with clients have been clinically shown to help reduce the anxiety and stress; they can also help provide a calm therapeutic atmosphere.

I have also found that having an animal in the room lowers the emotional temperature and that couples fight less and listen to each other more when an animal is in the room. A good therapy animal will act as a mirror and react to stress, high anxiety, loud voices, or excessive anger by retreating to a safe place. This provides the therapist an opportunity to draw attention to the animal's behavior and ask the couple to interpret what caused it. The therapist can then bring these observations back to the couple, asking them to reflect on how that behavior impacts others in the family. The couple can then practice new ways of talking and interacting with the goal of keeping the animal around. If they can have a serious, intense discussion while Norman sits calmly between them, they have learned new ways to manage their emotions, while still being able to effectively communicate. Of course, throughout this process, the therapist is participation to help improve the communication and assist the couples in recognizing the issues they need to work through together. In other words, if the therapist is using Emotion-Focused Couples Therapy, that approach still applies and the AAT acts as an adjunctive modality.

This article has described a fairly basic intervention for an animal co-therapist. For a couple that enjoys working with the animal, there are many other ways that the animal can help. If you think that AAT is a modality that you would like to use in your practice, I would encourage you to seek out a good training program to develop your competency before you undertake the risk of including an animal in your practice. ■

For more information on this author, please email lchassman@aatpc.com.

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Colorado ranks as one of the lowest in the nation for state financial allocations to mental health needs in general, which includes the populations served by Marriage and Family Professionals. We need a **LOUDER VOICE**.

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We are establishing a **NOT-FOR-PROFIT-CORPORATION** for the show. If you are eager to find another tax deduction, this is it! All contributions gratefully accepted.

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OTHER WAYS YOU CAN BE INVOLVED IN THE SHOW:

- ✕ **HELP** us find sponsors and advertisers.
- ✕ **ASK** to be interviewed on an area of your expertise.
- ✕ **APPLY** to be a guest or co-host.
- ✕ **SUGGEST** topics to be addressed on the show.
- ✕ **CALL IN** and encourage others to call in to promote your cause.

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Review: "What Smart Couples Know"

by Jennifer Meyer, MA, LPC, NCC

As a practicing therapist, I'm always on the lookout for books that add to my professional toolbox. "What Smart Couples Know" by Dr. Pat Covalt is such a tool and provides a fresh perspective on an old subject. This book is a "must" for anyone who is or hopes to be in a loving adult relationship, as well as those who professionally work with that population. It is ground-breaking in that it comprehensively applies the eminently important principles of Emotional Intelligence to couples and couples therapy.

Dr. Covalt drew on and expanded upon the work of others. Most people have read or are familiar with Daniel Goleman's book "Emotional Intelligence" (1995) and his later, but equally valuable "Social Intelligence" (2006). As she wrote "What Smart Couples Know," Dr. Pat Covalt was inspired by Goleman's work to apply the key principles of EQ to adult love relationships. An experienced, Licensed Marriage and Family Therapist, the author was also influenced by the field of Positive Psychology, which emphasizes strengths or potential, and minimizes "pathologizing." There is clearly a resonance between this positivistic view and the use of Emotional Intelligence in couples relationships.

"What Smart Couples Know" was endorsed by leaders in the marriage and family field, including Harville Hendrix, who says this is "an encyclopedia of what couples need to know to become smart couples," and Susan Heitler, who says Pat Covalt "guides readers along the path of emotional maturation."

Dr. Covalt emphasizes a number of characteristics of Emotional Intelligence in her book that readers should aspire to. The first five she considers "core competencies":

1. Be self-aware. Know yourself. Be self-honest. (Translates to living and relating consciously and mindfully.)
2. Understand and use or express your emotions appropriately. (Your mate is sure to appreciate this.)
3. Empathize and be attuned to or "tuned into" your mate – especially at an emotional level. (Works wonders.)
4. Be hopeful, optimistic and positive in your general attitude and especially in your relationship. (Change negative thoughts and experiences into positive ones.)
5. Don't allow stress and distress to run your life. (Drags your relationship down.)
6. Hang in there when the going gets tough. Accept the inevitability of some failure or defeat. (Persistence pays off!)
7. Believe that you are the master of your own ship. (Don't be a victim – either by yourself or with your mate.)
8. Avoid the immediate gratification trap of "I want what I want when I want it." (Don't eat the marshmallow. This does not work well in relationships.)
9. Light your own fire. Manage you emotions to face your responsibilities and meet you own goals. (Don't wait for your mate to motivate you.)

The author applies these "components" to the issues of finding out how we came to be the persons we are today, friendship, intimacy, love, sex, conflict, expressing needs, self-esteem, health and fitness, and spirituality. Her book is loaded with exercises and checklists and concludes with a lengthy section devoted to providing readers with specific tools for developing EQ for their love relationships.

"What Smart Couples Know" was on *The Denver Post's* Best Sellers list and received five stars on Amazon. Dr. Covalt has and continues to be repeatedly quoted in the popular media. It will soon be published in Spanish for international distribution and is available on Kindle. ■

Review: "Mating in Captivity"

by Rachel Groman, MA, NCC

Esther Perel is a couples therapist in New York City. She speaks nine languages and is a provocative, fiercely intelligent woman who is more eloquent and poetic in English than we monolinguals could ever hope to be. As the daughter of Holocaust survivors, Perel has taken the joy, vitality, and triumph her parents instilled in her and has made it her life's work to save the world from boring marriages. Luckily for us, she put her thoughts down in the witty, elegant, and sexy book that is "Mating in Captivity."

Perel starts us off with her basic theory: we have equally important and yet conflicting needs of love and eroticism in our relationships. Love represents safety, comfort, and predictability, while eroticism represents vitality, energy, creativity, and aliveness. It is pleasure for pleasure's sake. She says wisely, "too often, as couples settle into the comforts of love, they cease to fan the flame of desire. They forget that fire needs air." She redefines marriage as not only comfort and security, but reminds us that playfulness and eroticism are not an "infantile fantasy or fear of commitment."

Perel challenges the notion that sex is a barometer for the health of relationships, saying, "You can often 'fix' a relationship without doing anything for the sex." She believes that often what nurtures one, stifles the other. Family life thrives on consistency and reliability, the very things that stifle eroticism. Perel's work seamlessly encompasses and expands both the intimacy-focused Emotionally Focused Therapy and the differentiation-focused work of David Schnarch.

Perel encourages us to find the balance between love and eroticism. Each chapter highlights a different way relationships can lose their sexiness, and offers suggestions for improvement. Affairs, time, family history, and shame regarding fantasies and sexuality can all contribute to loss of eroticism.

Drawing from brain research, feminism and social history, and attachment theory, Perel's deceptively simple ideas and utter lack of clinical jargon will simultaneously challenge your assumptions about relationships despite seeming unmistakably familiar. Perel includes case studies with clients of diverse ethnicity, age, religion, and sexual orientation, and as an extra treat for therapists, hidden inside are a few gems of interventions.

Perel encourages us to have a healthy sense of entitlement to our own pleasure, to always remember that we don't own or ever fully know our partner, and to have the freedom to choose our partner over and over. She asks coyly, "Is the titillation of seduction only the privilege of those who date?"

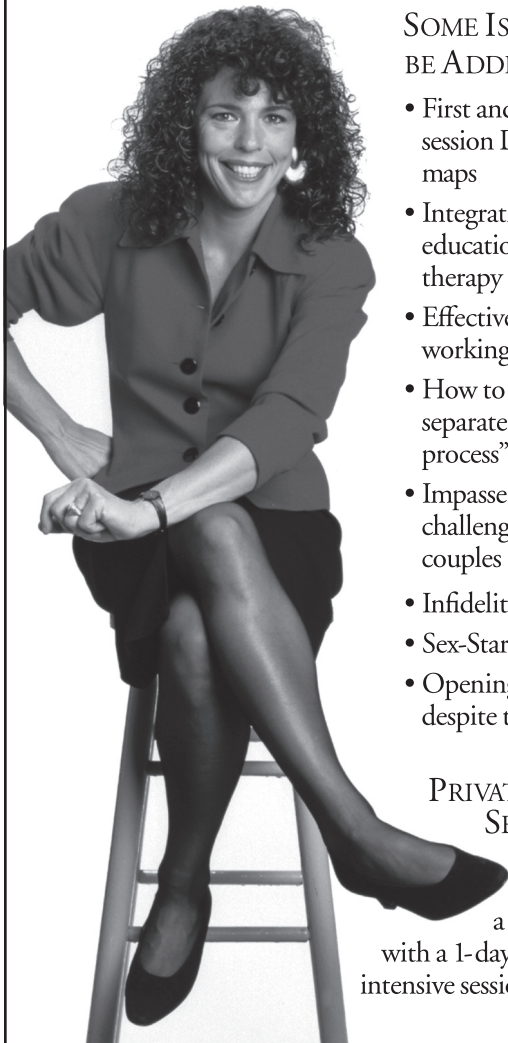
Although this book stands on its own merits, it was brought further to life by Perel's witty, sophisticated, and French-accented Denver presentation this spring (YouTube her if you can, she's delightful). "Mating in Captivity" leaves us with a wink and Perel's enthusiastic blessing to "try this at home!" ■

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DENVER 2012

Addiction, Treatment and Recovery: Betty Ford 1918-2011

by John Schwarzlose, CEO of the Betty Ford Center • www.bettyfordcenter.org

Patients often affectionately refer to the Betty Ford Center as “Camp Betty.” That would always bring a smile to Betty’s face. At the Center, she was never Mrs. Ford. She was Betty.

To reflect on Betty Ford is a daunting task. One of the principles she embraced was to never give up on an alcoholic or addict. She not only promoted that principle but lived it. After everything life threw at her, Betty never quit.

Betty created the Betty Ford Center as a unique place of healing. Her quiet strength and determination allowed the Center to change the face of addiction treatment. Not satisfied to be another “rehab,” she led the Center to become the first licensed addiction hospital in the world.

Betty spent time with patients on every visit to the Center. Her interest was not administrative or clinical policies, but the welfare of every man or woman who had the courage to walk through our door. She insisted from the first that Betty Ford Center have an intensive family program accessible to anyone who loves an alcoholic/addict.

An eleven year old girl from Los Angeles wrote Mrs. Ford and said, “My tummy hurts really bad whenever my mom is drinking.” Betty and the Center that proudly bears her name established a unique children’s program that reaches out to children ages 7 -12 whose lives are dominated by addictive disease.

Betty was insistent that the Betty Ford Center would be accessible to women who are badly underserved in addiction treatment. She is extremely proud that 50% of the 97,000 men, women, and families who began their journey of recovery at BFC are women.

One of the primary objectives of our family and children’s programs is to assist participants to discover the resilience within them. Resilience is a perfect word to describe the legacy of Betty Ford.

She once said “I am an ordinary woman living in extraordinary times.” Similarly, as she walked the 27-acre campus of the Betty Ford Center, she would reflect and say, “I hope no one thinks this is about me. I just happened to be there for God to work through me.”

Over the years, BFC alumni would seek Betty out to say thank you. She would smile, look into their eyes and say, “You did this. You decided you didn’t have to continue living that old life. You deserve everything you have today.”

For additional information on Betty Ford, please visit this site: <http://www.bettyfordmemorial.com/> ■

Brief biography – During her tenure as First Lady, Betty Ford addressed public issues that were important to her. She was an outspoken advocate of women’s rights and aspirations in an era when there was much debate on the matter, encouraged the appointment of more women to senior government posts, supported the U.N.

International Women’s Year in 1975, and supported passage of the Equal Rights Amendment. On the CBS show 60 Minutes, Mrs. Ford candidly shared her opinions on such provocative issues as abortion rights, pre-marital sex, and marijuana use. She continued to promote programs for handicapped children and brought public attention to the importance of the performing arts.

Betty Ford was an enthusiastic supporter of her husband during the 1976 Presidential election campaign. She made several speaking tours. Her popularity was reflected on lapel buttons that proclaimed “Betty’s Husband For President!” When Gerald Ford was defeated by former Georgia governor Jimmy Carter, the couple left Washington and moved to Rancho Mirage, California.

In 1978, her prescription drug and alcohol use led to a family intervention and her self-admittance to Long Beach Naval Hospital for treatment. In facing her personal problems, Betty Ford again dealt openly and honestly with the public. Her 1978 autobiography, *THE TIMES OF MY LIFE*, chronicled her life through the White House years and concluded with a candid, unplanned chapter on her admittance to Long Beach. Her second book, *BETTY: A GLAD AWAKENING*, published in 1987, recounted her experience of recovery from chemical dependency. She became an active and outspoken champion of improved awareness, education, and treatment for alcohol and other drug dependencies.

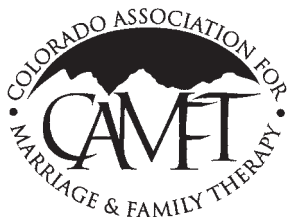
In 1982, her good friend, Ambassador Leonard Firestone, joined Mrs. Ford in co-founding the non-profit Betty Ford Center at the Eisenhower Medical Center in Rancho Mirage, California. Mrs. Ford worked tirelessly to raise funds and to help research and design treatments to assist men, women and families in recovery from alcoholism and other drug dependency. Today, The Betty Ford Center is regarded as one of the most outstanding treatment facilities in the world.

Mrs. Ford has been the recipient of many honors and awards. In 1991 she was presented with the Presidential Medal of Freedom by President George H. W. Bush for providing “selfless, strong, and refreshing leadership on a number of issues.” In 1999 President and Mrs. Ford were awarded the Congressional Gold Medal for “dedicated public service and outstanding humanitarian contributions.”

Mrs. Ford died on July 8, 2011 in Rancho Mirage, California. She was interred beside her husband on the grounds of the Gerald R. Ford Presidential Museum in Grand Rapids. ■

excerpt from: <http://www.fordlibrarymuseum.gov/grf/bfbfiop.asp>





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