Santa Clara Valley Chapter
California Association of Marriage and Family Therapists

SCV-CAMFT NEWS

Serving San Mateo and Santa Clara Counties

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PRESIDENT'S MESSAGE

by Jacqui Gerritsen, LMFT, President, SCV-CAMFT

Dear SCV-CAMFT community. By the time you are reading this we will almost be in spring. It is a time in California when we see such beautiful growth and blooming of flowers and trees, in this gorgeous place we call home. And yet now as we are about to send out the latest newsletter, I am having to revise what I wrote a few weeks ago for my message to you. At that time, the coronavirus was still not so serious here, or at least we were less aware of the growing crisis coming our way. Now, however, it is top of mind. Just today as I write this we have been informed that Santa Clara County and surrounding counties are implementing highly restrictive rules governing people's ability to gather, to move about, and to live their normal lives. This is hitting everyone hard and some much more so than others, with economic, health, and child care challenges. We as therapists will provide important emotional support to many during this time of change and uncertainty. We need to remember to nourish and care well for ourselves even as we also provide emotional support and ballast to our communities and clients.

The board has had to make some changes to our upcoming programming because of the crisis, including having to cancel our CEU luncheons and day long that were scheduled between now and May 31. On March 27, we would have had Tom Tarshis, MD, MPH, speaking about

"Evidence Based Psychotherapies" for our luncheon and CEUs. For the April 24th luncheon, Maureen Johnston, LMFT, was scheduled to present *"Gender & Identity: Providing Gender Affirmative Therapy to All our Clients."* And on May 16, Marty Klein, LMFT was to have done a day-long training on *"Couples Therapy 2020: When Old Problems Require New Solutions."* We know this is disappointing and SCV-CAMFT will keep you updated.

On a positive note, we hope that our fall law and ethics day-long workshop will still be able to go forward. Please SAVE THE DATE for September 12th, a Saturday, to gather with Ben Caldwell, PhD.

Additionally, the board has decided to offer only online meetings for our newly licensed and pre-licensed support group meetings for that time period as well. We hope this will make it possible for therapists to get the support they need, even while we are restricted from traveling. If this works well, we hope to continue to make online participation available even in groups that also have in-person participants in the future. Please check our website scv-camft.org to find out how to participate.

In our more normal news that I want to cover, we have the honor of welcoming another new board member to our SCV-CAMFT Board. Jyoti Nadhani is an associate who works with families and couples (*you'll meet her on page 2*). Jyoti is already bringing her creativity and ideas to the board. She will be in charge of the law and ethics training that we will have in the fall. Her technological expertise is already helping the board think about connecting our members in new ways. Stay tuned for that.

In February, five board members attended the leadership conference put on by state-wide CAMFT in Burlingame. It was exciting and

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New Board Member Jyoti Nadhani, AMFT

Jyoti Nadhani is thrilled to join The SCV-CAMFT board of directors, as the director of ethics. Jyoti was a tech entrepreneur prior to pursuing her passion as a psychotherapist. The SCV-CAMFT chapter events have kept her connected to the therapist community, and learning from her colleagues' experiences. Jyoti says that SCV-CAMFT provides her a sense of being well-supported in her therapy practice, and helps her navigate the ethical issues in marriage and family therapy. She is excited to collaborate with other therapists in the area and to help each one of them reach their full potential. Jyoti has a private practice in the Palo Alto/Los Altos area. Jyoti is trained in family therapy, cognitive behavioral therapy (CBT-TEAM), and emotionally focused therapy (EFT). She enjoys working with couples, teens and families.

Congratulations Lynn Kitajima on Getting Licensed!

Hello, fellow SCV-CAMFTers! I am a newly licensed MFT practicing in Palo Alto (on California Avenue) and in San Jose (near the airport). I specialize in EMDR, internal family systems, and sensorimotor psychotherapy. I work mainly with clients who have anxiety, codependence, and trauma issues. I am always happy to get to know other therapists practicing in the area. If you have questions about my practice or would just like to chat, please contact me at 650-248-2648 (lynnkitajima@gmail.com) or check out my website, lynnkitajima.com. I am looking forward to getting to know more of you!

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stimulating to hear ideas from other chapters and to network with each other. We who attended are bringing these ideas back and discussing them as a board. We were especially taken with discussions about how to engage members and how to create a sense of community. We are in the early stages of rolling out capabilities on our website that will connect members who share special interests. We will keep you informed and let you know when this is up and running.

We hope you enjoy this latest newsletter. Our editorial committee, comprised of Chair Dominique Yarritu and board member Rowena Dodson, is working hard to bring you relevant and interesting articles and information on a more regular basis. You will meet Dominique in this Newsletter (*see page 5*), where she tells you a little about herself. The theme for the articles is Teens. We have three articles about working with Teens: one on working with transgender teens, one on working with families and teens, and the other about accessing acute care for suicidal teens.

It was great to see many of you at the training by Dr. Elaine Brady on Sexting and Pornography on February 28th, *"From Teen Sexting to Revenge Porn - We're Mandated!"* We had a packed room and lots to think about from Dr. Brady's presentation.

I hope to connect with each of you in the coming months and look forward to hearing from you with your ideas and hopes for our chapter. And I wish for you, your families, and all our communities, health and safekeeping as we navigate this unprecedented health crisis.

Stay Well, Jacqui

TRANSformed Conversations with Transgender Teens

by Sean Garcia, AMFT

The evolution of mainstream society and the influx of social media are greatly influencing the visibility of the transgender community. As new terms for pronouns, gender identities and affection orientations are being constructed, our teenage (and middle school) clients are certainly keeping us updated on the constantly changing labels. Working specifically with transgender teenage clients is a unique subset to the umbrella acronym of LGBTQ+ community because it blends gender equality AND sexuality—two intrinsically critical aspects of the developing self. The exploration of gender and sexuality within the teenage population is overlaid with the general maturation process. Indeed, these clients are transitioning from children to teenagers—a process that generally is not easy even for cis-gendered, heterosexual teens. Someone whose gender identity matches the sex they were assigned at birth is considered cis-gender.

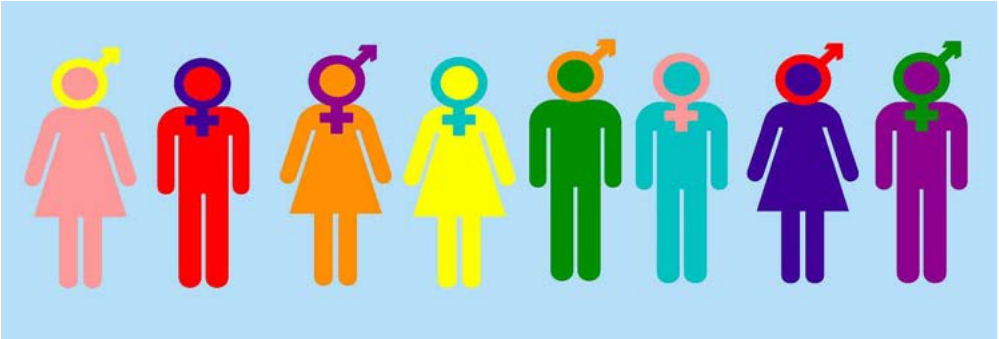
How does a therapist who has never worked with the transgender population navigate gender within the therapeutic relationship?

It begins with being very real. Transgender teens are likely to be reluctant to share feelings about their gender dysphoria with a person they perceive as a cis-gendered therapist. Therefore, the first session is absolutely critical for establishing trust and transparency. This begins with the therapist. Given the current statistics of transgender-identified persons, the therapist most probably identifies as cis-gendered. Therefore, it is important that the therapist come out to their teen client. A brief statement such as "I am very interested in working with you to navigate your transgender journey of self-exploration. I feel it is important for you to know I am cis-gendered and while I have knowledge of what a transgender journey may look like, every journey is different and I am most interested in learning about your specific experience." However, we are NOT looking to our transgender clients to educate us about what it means to be transgender. We should do our due diligence as professionals to become educated through consultation and additional trainings.

Open-ended questions allow for the teen client's story of their gender identity to be revealed. I suggest starting with a very broad question. This allows the therapist to observe where the client starts their narrative, whether it is chronological, situational, somatic, or something else. The question can be as simple as "what is it like to be in your body?" or "what is it like to be at home or at school?" The client's response is a source of information on their family of origin, their history of anxiety/depression, somatic symptoms, anatomical dysphoria, family and social support (or lack thereof). Their response also reveals the client's level of self-awareness, their capacity for communication, and a plethora of other relevant information. It becomes the launchpad for further exploration.

Lean in to approach the uncomfortable. When they meet with a therapist, transgender teens possibly have already disclosed at least a limited amount of their discomfort to their family of origin. However, the therapist—an adult professional—will likely be the first adult outside of their family to hear the depths of their transgender exploration. Discussions that include dysphoria about genitalia, desire for

or fantasies of being in the other gender, grief about the medical process taking too long or for being misgendered in public, are simply a few of those tough topics. To preface a potentially sensitive question, I suggest saying "I would like to ask you a very personal question that you may or may not have thought about before. I am thinking that it may be helpful to explore it here in this safe place. If once I ask you feel uncomfortable, just say so and we can discuss something else."



Although it may be challenging to admit not knowing, it is important to do so for the client. As therapists, we will never be well-versed in all possible life circumstances that our clients share with us. Within the bounds of personal non-disclosure, we may give ourselves permission to be vulnerable with our clients. We certainly do not expect our clients to have all of the answers about their journey either, so in a lighthearted (and possibly playful) way, we can say "you brought up an interesting perspective, one that I will need to ponder and learn more about." We may even verbalize thoughts by sharing "you know, when I am not sure about something, sometimes I need to reflect on it and possibly seek other opinions. I do not always have the answer right away either. I certainly do not expect you to know all about your gender today, next week, or even next year. Gender is always in flux and our opinion of it evolves as well."

There could be a medical component to a teenager's transgender exploration, including hormone blockers, hormone replacement, top surgery, electrolysis, and others. If working with the transgender population is not a specialty area of your practice, I suggest becoming connected with local medical care providers who support this population. In parallel, it is very helpful to ask the teenage client to share what they know about the medical process. This gives the therapist insight into the teen's knowledge, its source, and the accuracy of the information. Most importantly, it exposes the gap areas in that very knowledge. It gives the therapist the opportunity to step in and help to educate, challenge, and further explore the process with the client.

Supporting a teenage client through their transgender journey is a wonderfully unique experience. It is filled with the inevitable highs and lows of any life experience including increased communication skills, establishment of close friendships and family ties, building self-confidence through gender expression (clothing, hair, accessories), formalizing a legal name and/or gender change, and change in pronouns. It is crucial to remember that our role as clinicians is to be present, curious, thoughtful, and a beacon of support to the client and their family. Bearing witness to transformation—in this case gender—is a life-altering experience for both the client and the clinician.

For further resources, consultation, or questions about working with transgender clients, Sean Garcia may be reached at www.seangarciatherapy.com.

Sean Garcia is an associate marriage and family therapist who has worked in a variety of settings including clinical, educational, and is now in private practice. As one of a handful of trans-identified clinicians in silicon valley, Sean is extremely passionate about supporting transgender people and their families. This population is the primary focus of his practice and he is currently expanding his clinical influence by developing and facilitating transgender sexual wellness programs for teens, a Trans Brotherhood adult support group, and a transgender tween support group. Sean is actively involved as a speaker and facilitator for educational training and enrichment for parents, staff, and students at local high schools.

Welcome Dominique Yarritu Chair of the Editorial Committee

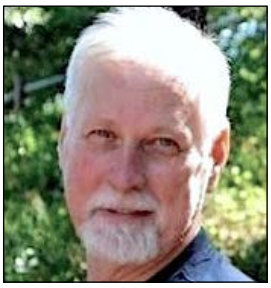
I am delighted to join the editorial committee as the chair and am looking forward to working closely with Rowena Dodson to bring you articles on a variety of topics. I am a newly licensed MFT in practice in San Jose with Family Matters Counseling Services where I focus on adults and couples. The foundation of my approach to therapy is psychodynamic with a great emphasis on Jungian theory. I graduated from Palo Alto University in 2014 and went straight to Pacifica Graduate Institute where I am currently writing my Ph.D. dissertation. Prior to following my passion for therapy and depth psychology, I was a flight instructor, teaching flying in single and multi-engine airplanes at Palo Alto airport.

This is the best opportunity for me to call for papers: we are looking for articles! If you are willing to write something about a topic that fascinates you, about your specialty, your experience in any aspect of therapy, or any other type of subject, please, send me an email at editor@scv-camft.org! You can be published! We are also open to suggestions for topics that YOU want to see published in this newsletter.

Remembering Members Who Have Passed

Alice Sklar, LMFT

Alice J. Sklar, long-time chapter member and often chapter officer, died January 18 at Stanford. Her family said she was peaceful and without pain. At Alice's request the family had a small private memorial at Alta Mesa on January 31. She will be greatly missed.



Don Hadlock, LMFT

With a heavy heart, the Process Therapy Institute board of directors announces the death of their beloved founder, Don Hadlock. Don died on Thursday, January 23, in his home in Los Gatos at the age of 77.

Don and Carol started PTI in 1982. They both had a tremendous impact in the community, training and educating therapists. Don developed an experiential therapeutic model called process therapy. He served on the SCV-CAMFT board, taught at John F. Kennedy University and the Institute of Transpersonal Psychology, now Sofia University. He worked with the Bill Wilson Center and trained and supervised at the Giaretto Institute. There was a celebration to honor his legacy at The Center for Spiritual Enlightenment in San Jose. A memorial page is at *PTI's website*.

WORKING WITH PARENTS TO CONTAIN FAMILY ANXIETY

by Nannette Thomas, LMFT

We are all aware of the concerning increase in depression, anxiety and general mental health issues in the adolescent and young adult population. In my practice, I see teens, young adults and their families and, of course, I see teens and young adults with anxiety and depression. I also see many of the side effects of rising mental health problems. For example, parents in general have become more anxious. They become anxious when they hear of suicides within their school or community. They also become anxious hearing stories of seemingly well-adjusted teens who appear to suddenly refuse to come to school or get out of bed. The adolescent mental health system has also become overwhelmed, so when parents are worried about their child or teen and start looking for services, they encounter long wait times, full practices and very expensive options, which leads them to feel even more anxiety. This parental anxiety alone has many implications.

In addition, when parents call their child's school, they frequently find more reason to be anxious. The schools are often overwhelmed by calls from concerned parents. Many parents have told me stories of teachers and administrators not returning their calls or not having useful suggestions for how to handle problems. Schools and the training programs that educate teachers have traditionally focused on educating children. The sudden need to manage children's mental health is a new and unexpected challenge for schools and their staff. A call to a teacher or principal used to calm many parents as they shared the wisdom of their extensive educational experience. Today, this calming experience seems less common as the issues extend beyond education and as the school staff themselves are often more anxious.

In my practice, I also see the challenges of families trying to adjust and work with teens returning from treatment. Whether this treatment was a few days in residential care, an IOP program or a year at a wilderness program followed by a therapeutic boarding school, trying to figure out how to return to a new, healthier normal is difficult.

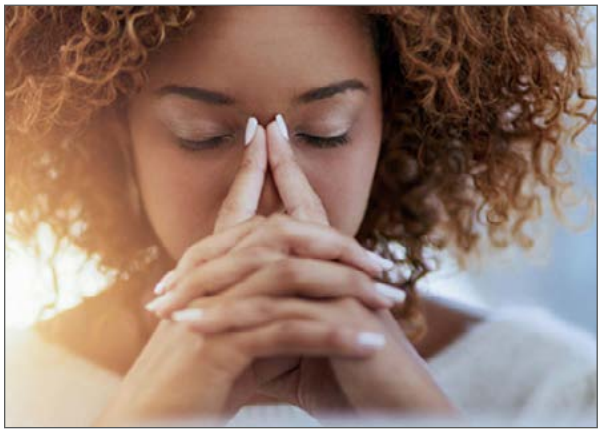
In all of these scenarios, anxiety is high. The parents' anxiety is high, creating more anxiety within the family. The teachers and administrators are anxious trying to handle the safety of kids in an environment where suicide is not uncommon. In Bowen family systems theory, one of the goals of working with families is to reduce the family's overall anxiety. Bowen also talks about the many ways that anxiety can contribute to unhealthy family functioning such as triangulation and emotional cutoffs (Sharf, 2016). Family anxiety is both a cause and an effect of the increase in adolescent mental health issues.

In working with families today, my goal is to contain and reduce the anxiety.

Regardless of the situation, we need to listen carefully to each other and work slowly to effectively respond to the issue at hand. I use the metaphor of a container when working with parents. We want to create a safe container for children and teens to grow. The first and primary aspect of this container is the container itself, which is the limits that parents (and schools and the community) set to keep the child safe and on track. The second aspect is the space inside the container, which allows the child or teen the room they need to figure things out. In this space, all of their feelings are acceptable and they can determine their strengths, their weaknesses and their preferences. They can experiment to see how life works and who they are, who they want to be. We cannot do this work for a child.

In setting limits, parents often need help. My first focus is on safety. If there are safety issues with the child, these need to be addressed first. Depending on the safety issue, I often work very behaviorally with the parents to make sure we take action to keep everyone safe. There is a common misconception that the

way to handle a depressed or anxious child is to be supportive and not ask too much. While at times we may need to do this for an afternoon or a few days, I believe that generally children and teens feel better when they are contained and have appropriate limits. Often parents have tried



to be supportive and not ask much until they hit a crisis and suddenly they must take action and the child encounters strict limits. An example would be a child with disordered eating who has lost more and more weight. The parent finally becomes concerned enough that they take the child to the pediatrician and the child is hospitalized. The hospital is extremely structured and sets limits on all aspects of the child's functioning. If the family had been able to find a way to set limits before this crisis, the child might have avoided the shock of going from overly permissive parents to a completely restrictive hospital regime.

Setting limits is difficult, especially with the internet and devices, and can bring out anger and conflict that parents have been avoiding. I work closely with parents to understand them, their child and their family and see how we can gradually and effectively set limits and create a safe container. For example, parents often say, "I don't care about my child's grades" and I reply that "I do care." In general, children and teens do not feel good about getting Cs, Ds and Fs and if they are getting these kind of grades, I want to know what is going on. Limits are not about punishment. They are about knowing when to be concerned and to take action. If a child is getting grades that do not seem to reflect their abilities and we say that is acceptable, the child may hear the message that they are not very capable or that they do not matter very much. When working with grades and school work, I often recommend a book called *The Learning Habit* (Donaldson-Pressman et al., 2014). This book details a common sense approach to a homework routine. Structure and routine are a type of limit that can be very helpful for many busy families.

In working with parents on the space within the container, I teach them to listen and empathize, to reflect and summarize, to name emotions, and then to allow their child space to figure it out. Part of this work is skills training with parents, but part is helping them to manage their own anxiety so that they can become a "nonanxious presence" (Friedman, 2007). A parent who can provide a nonanxious presence can listen and connect without becoming too involved in the child's emotions. Another of my favorite parenting books to provide to clients is *The Self-Driven Child* (Stixrud and Johnson, 2019). This book contains a chapter on becoming a nonanxious presence by first managing your own emotions.

In all of this work, I am creating a container for the family. In my practice, it is critical that I manage my own anxiety as a therapist. I rely on my own therapy and effective consultation to make sure I have the support that I need. Schools and communities used to provide a container for families. Today, though, the whole system seems to be straining under the pressure of increasing demand. Therapeutic work with families requires good containment for the therapist under these circumstances. The therapist can then both provide and teach containment for the families, children and teens that are their clients.

Nannette Thomas is a licensed marriage and family therapist practicing in downtown Los Altos. She sees adults, couples, older teens and families. She previously worked as an engineer and manager in the tech industry and has volunteered for many years as a lead on the Mountain View Los Altos (MVLA) K-12 Parent Education Speaker Series.

References

Donaldson-Pressman, S., et al. (2014): *The learning habit: A groundbreaking approach to homework and parenting that helps our children succeed in school and life.* New York, NY: Penguin Group.

Friedman, E.H. (2007): *A failure of nerve: Leadership in the age of the quick fix.* New York, NY: Seabury Books.

Sharf, R. S. (2016): *Theories of psychotherapy and counseling: Concept and cases.* Boston, MA: Cengage Learning.

Stixrid, W., & Johnson, N. (2019): *The self-driven child: The science and sense of giving your kids more control over their lives*. New York, NY: Penguin Random House.

CAN THE SCV-CAMFT MENTORSHIP PROGRAM BENEFIT YOU?

by Catherine Rodriguez, LMFT, Past-Mentor Program Chair

Most of us would admit that having some extra support as we traverse our professional path is a helpful advantage. To that end, one of the benefits of your SCV-CAMFT membership is the *mentorship program.*

A mentorship is a semi-formal relationship between an individual who desires support (the mentee) and a more experienced clinician (the mentor) who can provide guidance and wisdom. It is semi-formal in the sense that it has defined parameters for engagement. It has a beginning, middle, and end. It entails a commitment of time and energy over a six-month period. Participants commit to mutually agreed-upon ground rules such as confidentiality, respect, and keeping commitments. As is fitting to the profession, a mentorship can develop into a very rewarding and potentially long-lasting relationship.

Although it may provide support around the following topics, mentoring is not the provision of supervision, case consultation, or therapy. It is also not an opportunity for doing business together or engaging in a private practice internship.

In an MFT career, there are many possible opportunities to benefit from a mentorship. As a student in practicum, entering the profession can be very uncertain. During the pre-licensed period, new questions emerge, such as whether to work in an agency or in private practice, or both, how to best prepare for the exam process, and what to do once licensed.

There are other transition points where mentoring can be helpful. You may be moving from agency work to private practice (or visa versa). You may want to learn more about a particular theoretical orientation or clinical topic. Larger issues such as defining your professional identity, incorporating more creativity into the work, or working on developing your strengths can also be addressed. These topics and more provide great opportunities to learn from someone who is further along on the path.

So, what do you need to do to participate in the mentorship program? The SCV-CAMFT website includes links (under the 'Membership' tab). There are program guidelines, instuctions, and brief articles on how to make the most of your mentorship experience.

Here is how it works. Once a member selects to be a mentor (on option in your membership profile), they type in their 'mentor description.' A mentee can then review the list of mentors in the mentor directory and can select a few individuals who match their interests and goals (based on the mentors' descriptions). The mentee makes contact with potential mentors and interviews them briefly to determine a good match. Once the engagement is agreed upon, both parties sign the mentorship program engagement agreement (available from our website), and email it to the chapter, so we can keep track of participation in the program. From there, meetings are set up between the mentor and mentee, and the process is on its way.

We hope that many members will take advantage of this valuable program. Mentorships benefit both mentor and mentee. It is a powerful tool that can help to develop contacts, confidence, competence, and clarity in the MFT journey.

Catherine is an LMFT in private practice in Los Gatos. She works with adults who have experienced childhood emotional neglect. CEN is about what didn't happen in childhood. When emotional needs for connection and acknowledgement are not met, you can be left with a deep sense of deprivation, worthlessness and shame throughout your life, which may show up as depression and anxiety in adulthood. Healing is Possible. Catherine can be reached at www.insight-4growth.com, crodriguez.therapist@gmail.com or 650-383-7486.

Catherine re-organized and re-vitalized the SCV-CAMFT mentorship program to make it easier to participate in. She spent many hours working on this project, and we are very grateful for her contribution to this program.

ASSESMENT TOOLS FOR YOUTH IN CRISIS

by Dominique Yarritu, LMFT

Although a Master's Degree in Counseling Psychology and Social Work require the completion of a class in crisis management, dealing with a full blown crisis as an associate can be daunting. As I have discovered through my work as a clinician with the Uplift Family Services Crisis Continuum of Service, it can be equally intimidating for professionals (school psychologists, counselors, and staff, doctors, psychotherapists, police officers) and parents.

There are evident crises when youth are visibly dys-regulated, out of control, in extreme pain, unable to return to baseline, or in a state of grave disability, and at a risk for themselves and others. In these latter cases, the decision to write a 5150 hold is unequivocal. (For minors, a hold is technically a 5585, but everyone uses the "5150" language). However, the severity of a crisis can be difficult to assess when the youth has not mastered the vocabulary to express accurately what they are experiencing; or when a teenager describes their intent to self-harm or harm others with a dismissive or matter-of-fact demeanor. Many questions may surface such as how to evaluate the intensity of the youth's symptoms, how to best intervene to help them de-escalate, and how to provide them and their families with the best support—in the moment, and in the days and months to come. This process can be compounded by concern for the youth's mental health and the urgency to comply with the legal obligations to report danger to self and others.

In all these circumstances, the Crisis Continuum at Uplift Family Services can help. More than a crisis assessment service to the community, the Continuum is a three-fold process known as the Continuum of Crisis Service, which includes the Child and Adolescent Crisis Program (CACP), the Crisis Stabilization Unit (CSU) and the Community Transition Services (CTS) program. These three services "work together to help children recover from traumatic experiences in a safe and caring environment" (Uplift, 2017). Full-time and on-call clinicians (associate and licensed psychotherapists and social workers) are available around the clock on the Mobile Crisis Team to provide "intervention to children and teens . . . who are in acute psychological crisis" (Uplift, 2017). So how does it all work?

When someone calls the crisis line (a professional, a parent, a police officer, or sometimes a youth), they are connected via a call center to a clinician who runs through a comprehensive list of questions to understand the presentation, symptomology, safety concerns, and other pertinent items about the current event. For low risk situations, the crisis clinician can provide emotional support to the youth and caller and offer resources and consultation. However, if the clinician determines that the case presents a high risk to the safety of the youth and others, they initiate an in-person crisis intervention to evaluate these safety concerns. The crisis clinician may also consult with the mobile crisis team to consider how to best support the youth. On-site interventions are provided on school campus, at home, at hospitals, at the CSU if the family feels safe driving the youth to us, or anywhere the youth is located.

All the clinicians have been certified by Santa Clara County to write psychiatric holds. The response time varies depending on the location of the youth and the average duration of an intervention lasts two to four hours. Once on site, the team of clinicians meets with the youth, the professional who requested the intervention (if relevant), and the parents. Clinicians use this time with the youth to de-escalate the immediate crisis, evaluate the risk factors, identify coping skills

and support systems, and decide how to best ensure safety. The on-site clinicians confer with each other first, and then with an Uplift consultant, to make a joint decision on the best outcome for the youth. The intervention can lead to safety planning in collaboration with the youth and the caregivers or to write a 5150 hold. In a situation where safety planning alone is indicated, the team offers referrals for ongoing support of the youth and the family. If the youth has Medi-cal coverage, they can be referred to Uplift services. Otherwise, referrals can be given if the youth's family has private insurance. On the other hand, if the youth is put on a 5150 hold, the team organizes transport and transfer to the CSU at the Campbell campus for further psychiatric evaluation. It is important to note that if the youth needs to be medically cleared (the youth has physically hurt themselves), they must be transported to a hospital in the county before being admitted to the CSU.

The Crisis Stabilization Unit (CSU) is an around-the-clock service with nurses, clinicians, family specialists, and a psychiatrist on staff. If needed, this service is the second phase of the intervention and "is available for children and teens on a psychiatric hold who receive short-term emergency assessment and stabilization instead of going [directly] to the hospital" (Uplift, 2017). This second assessment is more in depth. It is performed by another clinician, a nurse, and a psychiatrist and includes a period of stabilization of a maximum length of less than 24 hours. After the visit with the psychiatrist, the team decides whether the youth needs to be on a longer hospitalization to ensure immediate safety or whether they can safely return home. Throughout their time at the CSU, the youth is fed, supervised, and provided crisis stabilization services. The team contacts, meets, and supports the parents during the second phase of the process. Similarly, if the youth has mental health services already in place, the CSU team communicates with these providers to gather additional information, work collaboratively to support the youth, and coordinate the next steps. If the youth has returned to baseline and shows no immediate risk of self-harm, suicide, or harm to others, the team meets with the youth and caregivers together to develop a viable safety plan for the youth to be released into the care of their parents or caregivers.

The last phase of the continuum of care consists in referrals to the Community Transition Services program that provides "skill development, parenting support, behavior analysis, access to ongoing community-based mental health services" (Uplift, 2017). However, only youth who benefit from full scope Medi-cal coverage are eligible for this service. Once they are enrolled in the CTS program, the youth and family work with the CTS team to develop a treatment plan to address any ongoing safety or behavioral concerns. This support consists of a "weekly child and family team meeting [to] ensure the appropriate services are being provided to the child or teen" (Uplift, 2017). This last phase of crisis intervention and support lasts up to 90 days. If ongoing therapeutic support is needed, the family is linked with the appropriate care.

I hope that this brief overview of the Uplift Crisis Continuum will provide clarification on the process of crisis intervention for children and teens. For consultations, requests for assessment, referrals, and interventions, contact (408) 379-9085 any time of the day, any day of the year.

Continuum of crisis care. (2017). Uplift Family Services. Retrieved from *www.upliftfs.org*

Dominique Yarritu is a newly licensed marriage and family therapist who focuses her practice on adults and couples using a psychodynamic and Jungian approach. She is a doctoral candidate at Pacifica Graduate Institute in Depth Psychology with an emphasis in Somatic Studies and is currently training in somatic experiencing. She is affiliated with Uplift Family Services where she works on-call at the Mobile Crisis Unit, assessing children and teenagers in crisis, and sees clients at Family Matters Counseling Services. She can be reached at dyarritu@familymatters.expert.

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If you have questions you can contact the chapter coordinator at *mail@scv-camft.org*.

Get Published!

Now is your chance to get published and share your thoughts with your fellow therapists. You all have a unique experience that could become an article, a movie or book review, or a review of an SCV-CAMFT event.

Editorial committee members are available to discuss ideas with you and answer questions. Their contact information is listed on *page 14*.

CALENDAR OF EVENTS

MARCH

21 ONLINE! Newly Licensed Support Group - North Region

APRIL

3 ONLINE! Pre-Licensed Support Group - South Region
4 ONLINE! Pre-Licensed Support Group - North Region
10 ONLINE! Newly Licensed Support Group - South Region
18 ONLINE! Newly Licensed Support Group - North Region

MAY

1 ONLINE! Pre-Licensed Support Group - South Region
2 ONLINE! Pre-Licensed Support Group - North Region
8 ONLINE! Newly Licensed Support Group - South Region
16 ONLINE! Newly Licensed Support Group - North Region

ALL support groups will take place online through May 31.
The board will then decide how to proceed. Check our website for updates.
Please contact the facilitators for instructions on how to join the meeting.

Newly Licensed Support Groups

are designed to meet the needs of those just licensed, and up to three years after licensure. You will find support and great ideas, and develop relationships with your peers. Be sure to take advantage of this valuable group and resource as you begin your journey as a licensed therapist.

ONLINE! NEWLY LICENSED SUPPORT GROUPS

Newly Licensed Support Group - North Region
This group typically meets the third Saturday of the month from 1PM - 3PM
Upcoming dates: March 21, April 18, May 16
Facilitator: Della Fernandes, LMFT
Location: ONLINE
RSVP and contact: *dellamft@gmail.com*

Newly Licensed Support Group - South Region
This group meets the second Friday of the month from 11AM - 1PM
Upcoming dates: April 10, May 8
Facilitator: Barbara Pannoni, LMFT
Location:ONLINE
RSVP and contact: *jungmuse@gmail.com* or 408-373-8611

Pre-Licensed Support Groups

are designed to support interns.

These groups will help you find encouragement and advice from those who have already walked in your shoes on the road to licensure. Be sure to take advantage of this valuable group and resource as you begin your journey towards becoming a licensed therapist.

ONLINE! PRE-LICENSED SUPPORT GROUPS

Pre-Licensed Support Group - North Region
This group typically meets the first Saturday of the month from 11AM - 1PM
Upcoming Dates: April 4, May 2
Facilitator: Jim Arjani, LMFT
Location: ONLINE
RSVP and contact: *jimarjani@yahoo.com*, 650-540-0102

Pre-Licensed Support Group - South Region
This group typically meets the first Friday of the month from 11AM - 1PM
Upcoming dates: April 3, May 1
Facilitator: Junko Yamauchi, LMFT
Location: ONLINE
RSVP and contact: *junkoyamauchilmft@gmail.com*, voice mail 408-647-6814

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