

September/October 2013

Edited by Purva Patel



## Anne Way named 2014 HAMFT President

“HAMFT is pleased to announce that member Anne Way has been elected to serve as the organization’s president-elect for the remainder of 2013 and as association president in 2014,” said Joan Harwood, HAMFT’s 2013 president.

A 1985 graduate of the University of Houston–Clear Lake, Way completed a clinical fellowship at UTMB Galveston’s Child and Adolescent Psychiatry Department and an externship with Houston Galveston Institute.

After a six-year run as Director of Training in Family Therapy at UTMSI Houston, Way continued a private practice in the Clear Lake area for over 25 years. Currently, she is the clinical director of Interface-Samaritan Counseling Center.

She enjoys presenting on women’s mental health, strength based training and supervision models, and integrating spirituality in the therapy process.



Anne Way, LMFT, LPC

“HAMFT is my professional home and it is good to be back working with several generations of therapists,” Way said.

“As practitioners face uncertainty about how the Affordable Health Care Act will shape practice, I think MFT’s are poised to provide effective and affordable care while also providing a template of change in creating a just and equitable health care system.”

## The excitement of culturally responsive therapy

By Desiree Seponski

Working with cultures different from one's own can be simultaneously exhilarating and intimidating for marriage and family therapists, both novice and seasoned alike.

With ever-changing patterns of interaction, between and within group differences, and varying levels of acculturation, trying to understand a cultural group is like studying a moving target: as soon as we think we are right on track and "Know" how to proceed, something shifts. Even after teaching, researching, practicing, and supervising abroad, I find myself continuously seeking increased competence and

confidence in working with my clients. While I would love a magic knowledge bank (which I am pretty sure doesn't exist) to save time, I genuinely hope my drive for cultural responsiveness continues.

Three of the most meaningful things I've learned in through my research and clinical experience keep me excited to learn more:

1. *The understanding of a problem's origin and ideas about change vary by culture.*

For example, when I lived in Cambodia and researched Eye Movement Desensitization and Reprocessing (EMDR), I found that

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### Have News?

Submit articles, office space for rent, job openings, books and upcoming professional events by your practice or agency to [newsletter@hamft.org](mailto:newsletter@hamft.org)  
Job postings are free!

## Lessons learned about culturally responsive therapy

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foreign-trained therapists and native clients have differing views on how problems originate and should be treated. At the risk of oversimplifying, the EMDR model posits that traumatic memories are improperly processed and stored in one hemisphere of the brain and can be desensitized and reprocessed through bilateral sensitization.

The native Cambodian clients did not associate past traumas with their current problems and often perceived that change was related to making amends with their ancestors and spirits. Using EMDR with the native clients posed many challenges due to their differing views of the problem origin and beliefs about change.

*2. The therapy setting may be outside of the therapist's office.*

Studies on culturally responsive therapy practices suggest that therapy recruitment, setting, and modality should be adapted to fit the client's cultural background. My Cambodian student-therapists often conducted therapy in their client's home or religious setting, outside by a tree, or in a duk duk (a mobile cart pulled by a moto). With the same group, I was honored to be a practice client and the therapist conducted therapy at her home, in her room, and the family cat often joined our session. This lived experience opened my eyes to the richness of non-office settings.

*3. I don't have to "Know" everything.* According to Carlson, Erickson, McGeorge, & Bermudez (2004) culturally responsive family therapists rely on outside structures such as a cultural advisory board or cultural advocates to inform their clinical work and recognize the limits of their expertise.

This adds to the rigor of the cultural responsiveness and may take pressure off the therapist to be the expert. I have even utilized an advisory board and cultural advocates to inform my research program and we are currently working on a clinical cultural advisory board at UHCL.

What is it that keeps you dedicated to increasing your competency and responsiveness? Are there poignant experiences or clinical affirmations of your multicultural work? Do you find yourself utilizing advocates or advisors to inform your practice? I'd love to hear your responses and experiences so considering joining us on September 20 at UHCL for the HAMFT Family Therapy Workshop on Culturally Responsive Family Therapy.

### **References:**

Carlson, T. S., Erickson, M.J., McGeorge, C. R., & Bermudez, J. M. (2004, July). *Just therapy with Latino Families in the Midwestern United States*. Poster session presented at the Narrative Therapy & Community Work Conference, Oaxaca, Mexico.



*Desiree Seponski, PhD, LMFT-Associate, has done extensive research on families from Cambodia. She is also an assistant professor at the University of Houston, Clear Lake.*

## Helping clients find healing through forgiveness

By Misti Nielsen

We see clients almost every day who have experienced emotionally traumatic wounds in their relationships. The client feels like they've been in a train wreck. They feel angry all the time.

They have a hard time trusting others. They ruminate about past hurts. Their emotional pain feels as overwhelming today as it did when the offense happened, even if it was years ago. We can try all the cognitive, behavioral, and affect regulating interventions we know. Still, nothing works for the client.

What if the client's healing and moving forward is found in forgiveness? The mere mention of the word "forgiveness" probably sends them (and us) into an immediate defensive mode. Perhaps we don't comprehend how much they were hurt. How could we suggest such a thing?

The first place to start within ourselves, then sharing with our clients, is to define forgiveness.

What exactly does it mean to forgive someone? What does it not include? Let's start with what forgiveness is not, since these are the most misunderstood elements of what forgiveness means.

Forgiveness is NOT reconciliation, tolerating, forgetting, condoning, or excusing (Rainey, Readdick, & Thyer, 2012). We would never agree that a transgressor's behavior is acceptable in any manner. We make it clear that the behavior was never appropriate. Once most people realize it's not condoning or excusing hurtful behavior, they will usually agree to hear what forgiveness is and how it can benefit them in their healing.

Forgiveness is an act freely chosen by the forgiver. "The willful giving

up of resentment in the face of another's (or others') considerable injustice and responding with beneficence to the offender even though that offender has no right to the forgiver's moral goodness" (Baskin & Enright, 2004).

McCullough, Pargament, & Thoresen (2000), define forgiveness as an "intraindividual, prosocial change toward a perceived transgressor situated within a specific interpersonal context" (p. 9). It is the undoing of the chains that tie us to the past injustice(s) and free us to live more fully in the present. It is a gift we give ourselves. So, how do we help our clients forgive?

Dr. Everett L. Worthington, Jr, a Professor and Director of Counseling Psychology at Virginia Commonwealth University, is a leading researcher on the subject of forgiveness. His REACH Forgiveness intervention has 22 outcomes studies from many labs supporting its efficacy (Virginia Commonwealth University, 2013). It is a comprehensive intervention that we can employ as clinicians. Dr. Worthington, Jr. has published many articles in peer-reviewed journals as well as two great books, "Forgiving and Reconciling: Bridges to Wholeness and Hope" (2003), and "Steps to REACH Forgiveness and to Reconcile (2008). REACH is an acronym for the following elements of the intervention:

- Recall the hurt. This is a very painful task for many clients, but with the help of a compassionate and skilled therapist, they can be led to recall the hurt objectively.
- Empathize. While there are many ideas in the books to help you walk a client through this
- Altruistic gift of forgiveness. We can have our client recall a time



*Misti Nielsen MA, LMFT Associate, established Turn The Tide Family Services PLLC to help build strong marriages and families with secure attachments, forgiveness, and unconditional positive regard.*

when they were the

- Commit publicly to forgive. The client can write a letter of forgiveness, even if they don't
  - Hold on to forgiveness. This crucial step can be accomplished in these ways:
    - o Realize the lingering pain of the incident is not unforgiveness.
    - o Don't allow yourself to dwell on negative emotions.
    - o Remind yourself you forgave that person.
    - o Seek reassurance from someone you trust.
    - o If you documented the forgiveness, look at it each time you need to as a reminder.
    - o Think through the steps of REACH again. You'll either gain reassurance, or do more work towards fully forgiving.
- Of course this is a simplified version of REACH. To gain a more thorough understanding of REACH,

## How to apply for a Warm Hearth Scholarship

The Warm Hearth Fund, funded by HAMFT members, is accessible to all members, including students, whose application for assistance needs meets the following criteria:

1. The funds are applied toward expenses for attendance at a professional development experience.
2. The applicant manages whatever expenses they are able to pay and requests a Warm Hearth Scholarship to supplement that cost.
3. The applicant agrees to write, following attendance at the professional development experience, a brief description of the workshop and the meaning it had for the participant, and offer the description for inclusion in the HAMFT Newsletter.

When a request for funds is approved, 75% of the requested costs may be allotted with a maximum cap of \$300.00 per application. Find the application at [hamft.org](http://hamft.org).

## Forgiveness

*Continued from p. 3*

I encourage you to read the books referenced or the journal articles published on this subject. Hopefully this will give you another helpful intervention for your toolbox. I am also available to speak with about this subject.

### References

- Baskin, T. W. & Enright, R. D., (2004). Intervention Studies on Forgiveness: A Meta-Analysis. *Journal of Counseling & Development*, 82(1), 79-90.
- McCullough, Michael E., Kenneth I. Pargament, & Carl E. Thoresen (2000) eds. *Forgiveness: Theory, Research, and Practice*. New York; London: The Guilford Press.
- Rainey, C. A., Readdick, C. A., & Thyer, B. A., (2012). Forgiveness-Based Group Therapy: A MetaAnalysis of Outcome Studies Published from 1993-2006. *Best Practices in Mental Health: An International Journal*, 8(1), 29-51.
- Virginia Commonwealth University (2013). Dr. Everett L. Worthington, Jr. Retrieved from <http://www.psychology.vcu.edu/people/worthington.shtml>.

### Office space available!

As of 11/01/2013 at 955 Dairy Ashford #110. Suite is made up of 4 offices. Full/part time space available. Contact Stephanie B. Brandt at 281/6852199 or [sbbrandttx@comcast.net](mailto:sbbrandttx@comcast.net)

## Employment Opportunities!

Seeking LMFT or LPC candidates looking for specialized clinical supervision. The Center For Postpartum Family Health is looking to add clinicians to a private practice setting inside-the-loop in Houston. If you are interested in developing a specialty in perinatal mental health (pregnancy and postpartum challenges, and family-growing transitions) AND have an interest in private practice, please apply. Will include options for individual and group supervision, specialized training in women's mental health, and opportunities to be paid for individual, couples, family and group psychotherapy and counseling. Please contact Sherry Duson at 713-506-2522 or [sherryduson@yahoo.com](mailto:sherryduson@yahoo.com).

Denise Chun, 800-453-6941, is looking for licensed professionals to work in trauma-informed care in Hawaii. [Denise.chun@doh.hawaii.gov](mailto:Denise.chun@doh.hawaii.gov).

Cypress Family Guidance Counseling has Independent Contracts open for the following Texas licensed therapists: LMFT, LPC, LCSW, PhD and Psychiatrist. We are located off the NW Freeway 290. For more information about the group please look over our website at [www.cfbcounseling.com](http://www.cfbcounseling.com). Please email resume to [familyguidancecounseling@gmail.com](mailto:familyguidancecounseling@gmail.com).

# 12 Tips for starting your private practice

By *Andrea R. Baker*

When I decided to open my private practice, I hadn't a clue where to start. Looking back, I can't tell you if I went through the process in the best way, but I can tell you that somehow, somehow, I made it out on the other side. I've decided to put together a basic outline on how to start a private practice for therapists out there who are in the same place I was in when I decided venture into private practice. Also, I have included the specific resources I used for those of you who desire a more detailed framework.

1. **Brainstorm business names.** choose a name that will appeal to your target population.
2. **Verify with the state that the business name you have chosen is available.** This website may help you:  
<http://www.sos.state.tx.us/corp/namefilings/faqs.shtml#nameavailability>.
3. **Register your business name.** If you choose to operate your business as a sole proprietor and under a name other than your own, you'll need to get a DBA, or a "Doing Business As" name. You can register the business name you have chosen with your county clerk's office for a minimal fee. Visit your county's website, fill out the DBA form, and visit the county clerk's office.
4. **Purchase your domain name.** If it is important to you that your domain name match your business name exactly, be sure to check if your business name is available as a domain name before you register your business name.
5. **Get an Employer Identification Number (EIN).** Think of an EIN as the social security number of your business. It's also used as your tax identification number. You can obtain an EIN online at [http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-\(EIN\)-Online](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-(EIN)-Online).
6. **Open a business bank account.** To avoid any confusion later, keep your private practice income separate from any other income you may have.
7. **Obtain liability insurance.** I obtained my liability insurance through CPH and Associates.
8. **Secure a location.** Many therapists find it helpful to begin by subletting an office until your client base builds up.
9. **Create your business forms.** These forms may include your Client Information Form, Consent to Treatment form, and your Confidentiality Form. A resource that I found very helpful throughout the paperwork creation process was "The Paper Office: Fourth Edition" by Edward L. Zuckerman.
10. **Begin making your website.** I decided to create my own website for free via Weebly.
11. **Create a Psychology Today account.** I am adding this to the list because this is a "must" in my mind as it played a major role in helping me come in to contact with prospective clients.
12. **Design and purchase business cards.** You can get free business cards via Vistaprint; however, for what I wanted at the time, Staples was more cost-effective.

## Other Resources I Used to Get Started:

- Scheduling: [Full Slate](#)
- Payment Options: [Square](#)
- Business Phone Number: [Google Voice](#)



*Andrea R. Baker, MA, LMFT Associate, works as an Advisor for Alvin Community College and maintains a private practice in Friendswood.*

# Relationship-Based Treatment; What It Is, What It Isn't, and How Our Industry Can Do

By Nevin G. Alderman

Relationship-based treatment is the use of the client-provider relationship to inspire, motivate and facilitate healthy adaptation in the life of a client. Relationship-based treatment is systemic by nature, and considers and utilizes the relational exchange between the client and their environment, social networks, primary support networks, cultural and societal influencers, etc. in determining and implementing interventions to support adaptive growth. Relationship-based treatment operates under the assumption that all individuals are innately valuable with immense potential, are worthy of respect and love, and will naturally gravitate toward self-actualization as basic needs are adequately satisfied. Therefore, in relationship-based treatment, the client is partnered with in a loving, intentional, authentic and trustworthy relationship with a therapeutic goal of understanding and meeting core needs as opposed to reducing the client to an object to be manipulated, controlled, used, broken-down or fixed. Simply stated, relationship-based therapeutic modality consists of relationally joining with a client to identify and satisfy core issues and needs, resulting in natural movement toward self-actualization.

To further emphasize the importance of a relational approach in satisfying core needs, Maslow postulates: "In our society the thwarting of these [love, affection, and belongingness] needs is the most commonly found core in cases of maladjustment and more severe psychopathology...



Nevin Alderman, LPC, is Clinical Director of New Haven Residential Treatment Center.

Practically all theorists of psychopathology have stressed thwarting of the love needs as basic in the picture of maladjustment." (1) In our caseloads there is ample evidence of the devastating effect of a wanting individual in regard to these needs. Self-mutilation, engagement in harmful and abusive relationships, addiction and self-medication, eating-disordered tendencies, depression, and personality disordered traits are among the many self-destructive issues that often emerge. In utilization of William Glasser's Choice Theory, often the need for Love and Belonging outweighs the need for Freedom, Fun, Power and even one's own need for Survival. "In practice, the most important need is love and belonging, as closeness and connectedness with the people we care about is a requisite for satisfying all of the needs... Being disconnected is the source of almost all human problems such as what is called mental illness..." (2)

With this understanding, attention

is then turned to constructs we might avoid in pursuit of relationship-based treatment delivery. John Gottman, in his renowned research of relational love, satisfaction and connection, proposed what he terms "four horsemen of the apocalypse", or in other words, four key principles shown in his exhaustive research to be heavily correlated with relational dissatisfaction and disintegration. They are *Criticism*, *Contempt*, *Defensiveness* and *Stonewalling*. (3) *Criticisms* in their simplest form are statements that imply that something is globally wrong with an individual. Being overly critical becomes increasingly difficult to avoid when in an environment designed to be critical in the assessment for, and the treatment of maladaptive functioning. Dr. Gottman states that a more relationally-focused approach is to complain but don't blame, or in other words, to recognize with the client the problems at hand, but to be careful not to globalize the problems to the client's identity.

*Contempt* is described by Gottman as the act of putting oneself above another, and as the most destructive of the four horsemen. Contempt is when we begin as treatment providers to see a client as hostile, malicious, less than and/or broken. We lose the vision of the innate value and worth of an individual, and we begin to take maladaptive behavior personally vs. understanding such as a destructive attempt at survival through satisfying core needs. Dr. Gottman offers that creating a culture of praise and appreciation is a good antidote in this arena;

## Relationship-based treatment

*Continued from p. 6*

constantly reminding ourselves of the good that is innately a part of the client's identity.

*Defensiveness* ensues in an attempt to protect our own ego from the lack of influence and control we feel with a client. Defensiveness also acts to buffer us from what we often and too quickly perceive to be personal and malicious attacks as the client's maladaptive attempts to meet needs play out.

Defensiveness is destructive as it blinds a person from personal and relational awareness, insight, adaptation and growth. Dr.

Gottman shares that the antidote to defensiveness is looking at self first and taking responsibility for one's own part. With our clients, this means a willingness to look at our systemic role in the lives of the youth and families we serve, and having insight and ownership into our systems collective contribution to stumbling blocks and stepping stones. In addition, assisting the families we serve in fostering a family culture of a reciprocal approach to needs, conflicts and problem resolution.

*Stonewalling* occurs in reaction to Negative Sentiment Override, wherein a client or a treatment provider "tunes out" the other. The negativity tolerance threshold has been surpassed, and one or both parties in the relationship disengage from the relationship in an attempt to buffer themselves from the negativity. Certainly it is at this point wherein a treatment provider's ability to influence and effect change diminishes. Dr. Gottman shares the vital skill of self-soothing as an antidote to stonewalling in our relationship with our clients, not just that we teach and instruct our youth and the families we serve regarding the

development of their own self-soothing strategies, but that we as treatment providers also develop and engage in self-soothing to remain connected, aware, engaged and intentional in our therapeutic relationship.

If left unattended to, The Four Horsemen become cyclical, reciprocal and perpetual in the provider-client relationship. Relationship-Based Treatment emphasizes the refinement of self and system in the creation of a therapeutic alliance; primary focus being given less to what you do, but rather to *who you are* as foundational to your service delivery. By adhering to a relationship-based treatment modality, and avoiding those constructs that threaten our capacity for relational rapport with our clients, the relationship we form with our client can itself be healing and satisfying. In most cases, this relationship-based approach will produce a further reaching effect than the use of any other therapeutic skill or technique in isolation.

### References

Maslow, A. H. *A Theory of Human Motivation* (1943). Originally Published in *Psychological Review*, 50, 370-396. Obtained online at: <http://psychclassics.yorku.ca/Maslow/motivation.htm>

*The William Glasser Institute* (2010). Obtained online at: <http://www.wglasser.com/the-glasser-approach/choice-theory>

Gottman, J.M., Gottman, J.S. (2010). *Level 1&2 Training Manual*. The Gottman Institute.

## Save the Date!

# HAMFT's Annual Banquet

## Saturday Night

### 7 p.m.

## January 18, 2014



## Trevisio

6550 Bertner  
Houston, TX 77030

Perched atop the  
John P. McGovern  
Commons Building in the  
Texas Medical Center

# Merci! Our Trip to France

By Sherry Dason

Last January, I won a weeklong stay in a house in the South of France. It was a prize in the HAMFT raffle at the annual awards banquet, and I got lucky. The house is owned by the husband of the mother of HAMFT member, Brandon Wheeler. The raffle was the most successful in HAMFT history, yielding over \$4,000 for our local professional association, and providing my family and me the trip of a lifetime.

This past 4<sup>th</sup> of July, my husband, two teenage children, my brother, his wife and son, set out on our adventure to the house in Seillans.

The Village of Seillans is a quaint and picturesque location in the hilltops above the beach towns in the south of France. It was about an hour's drive from the airport in Nice, and about the same distance from the beaches on the French Riviera as well as the mountains in the region. We planned a trip for 11 days of touring the area, and taking in as much as we could of the unique surroundings of this iconic European destination.

We were especially glad to bring our American teenagers to the region, helping them experience life beyond cell phones and internet, and other assumptions about life and living. The elegant and humble simplicity of life in the village of Seillans accomplished just that.

Our first day of wandering the ancient streets resulted in being befriended by the local cheese maker (the frommogier) named Louis, who spoke some English and was happy to share his artesian goat cheese creations with us. The rest of the week was filled with day trips to amazing destinations including the

“grand canyon” of France, the original factory for French perfume, the majestic coastline of the French Riviera, and the sites of local festivals and celebrations, including experiencing Bastille Day in Nice, the last night of our trip.

Overall, the trip was a once-in-a-lifetime adventure, as well as a challenge of living in a 500-year-old structure, and navigating small French roadways, with European-style drivers and driving! But along with it came breathtaking views, fascinating history and artifacts, and unique experiences of going to a French jazz festival, drinking wine made at a vineyard less than a mile away, and helping our kids learn that not everyone in the world looks or thinks like us, and certainly doesn't always share in the same way of life.

We were thrilled to see their openness and enthusiasm for the language and people, and feel that all of us grew and expanded our perspectives as we journeyed through a wonderful family vacation.

Although I did see one office that appeared to be that of a psychotherapist, for the most part I

felt removed from my everyday life and practice, and refreshed for having traveled to another land far away from our lives in Houston.

Thank you to HAMFT and to Brandon Wheeler for a fascinating experience for all of us!





## EVENTS CALENDAR

- September 20, 2013* **Culturally Responsive Therapy, Desiree Seponski, PhD, LMFT-A.**  
1 p.m. – 4 p.m., (Lunch will be provided from 12 p.m. – 1 p.m.)  
University of Houston - Clear Lake, Bayou Building, Room 1218  
FREE for current HAMFT members. \$30.00 for non-members needing CEU's. \$15.00 for guests. Free parking in student parking lot. [Register here.](#)  
*This continuing education workshop will count as 3 CEU's toward the requirements of the Texas State Board of Examiners for therapists and counselors.*
- October 13, 2013* **Annual Ethics Workshop, presented by Rochelle Bridges, LMFT-A and Laura Shely, LMFT-A**  
1 p.m. – 4 p.m., (Lunch will be provided from 12 p.m. – 1 p.m.)  
Bo's Place, 10050 Buffalo Speedway, Houston, TX 77025  
FREE for current HAMFT members. \$30.00 for non-members needing CEU's. \$15.00 for guests. Free parking. [Register here.](#)  
*This continuing education workshop will count as 3 CEU's toward the requirements of the Texas State Board of Examiners for therapists and counselors.*
- November 8, 2013* **Addictions and Recovery Workshop, Memorial Hermann Prevention and Recovery Center**  
1:00 PM - 4:00 PM  
Memorial Hermann PaRC, 3043 Gessner Houston, TX 77080  
FREE for current HAMFT members. \$30.00 for non-members needing CEU's. \$15.00 for guests. Free parking. [Register here.](#)  
*This continuing education workshop will count as 3 CEU's toward the requirements of the Texas State Board of Examiners for therapists and counselors.*
- December 13, 2013* **HAMFT Winter Holiday Party and Movie Night**  
6:30 PM – 9:00 PM  
River Oaks Family Therapy, 7700 San Felipe Street, Suite 350, 77063  
FREE for current HAMFT members. \$30.00 for non-members needing



Members look on during the July workshop on working with Veterans and the August workshop on using family systems theory to treat adolescents.

# Not a member? Join now!

## Membership comes with FREE:

- Monthly CEU opportunities
- Annual ethics workshop
- Lunch and networking at meetings
- Listing in HAMFT directory
- Community service opportunities
- HAMFT newsletter and email notices about workshops and legislative updates
- Eligibility for Warm Hearth financial assistance funds

## Membership Dues:

1. Affiliate, 1 year: \$60
2. Affiliate, 2 years: \$100
3. Associate Member, 2 years, \$45
4. Clinical Members, 1 year, \$60 (LMFT's)
5. Clinical Members, 2 years, \$100
6. Student members, 3 years, \$35
7. Student member, 1 year, \$15

*Visit [HAMFT.org](http://HAMFT.org) to become a member!*



Joan Collins Harwood  
MA, LMFT, LPC  
2013 HAMFT President

The fall season has always been especially romantic for me. Since my undergraduate days at the University of Texas at Austin, I have loved the smell of football in the air and the excitement of school starting. This year, I'm back in the books, or "digital readers" these days, studying family therapy again at the University of Louisiana at Monroe. I have enjoyed returning to family therapy's ancestral roots, learning about cybernetic epistemology, systems, ecology of mind, postmodern philosophies and another refreshing addition to our field, creative systemic therapy.

It is such an honor to serve on the "Dream Team" that is the HAMFT Board this year. Now that Anne Way agreed to accept our unanimous vote to become our 2014 President, I foresee that next year will continue to improve and change, as LMFT's are all about that exactly. Special thanks this month to Samantha Caplan, UHCL student member, who graciously volunteered to head up the Multicultural Committee and has done a spectacular job of thinking ahead and making it happen! Another very special "Thank You" to our talented Newsletter Chair, Purva Patel, LMFT-A, who makes getting the newsletter out an enjoyable experience every time for me.

We hope that you will all turn out for our next three CEU workshops, which offer information on cultural sensitivity, ethics and addictive systems. Tell your therapist friends, and come have lunch with us!

*Joan*