



INSIDE THE NET



bayarea-net.org

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Volume 17, Issue 8
9 August 2011

CEU Opportunities

Inside this issue:

Are Addiction and Mental Illness Really Brain Diseases?	2
Why Art Therapy?	3
NET Lunches	5
Expert's Corner	6
Speakers' Bureau	7
Practice Tip of the Month	8
Book Review	9
The Silva Method of Making Positive Changes in Life	10
Member Highlights	12
2011 Schedule	13
2011 NET Membership Application	14
Board of Directors	15

August's NET Presentation

Title: "Challenges Of Being In Private Practice"

Presenter: Michael Markowitz, Psy.D

Dr. Markowitz has a doctorate in Clinical Psychology from Baylor University. He specializes in Trauma, Abuse, Addictions and Sexual issues. He treats children, adults, teens, individuals and conducts marital therapy. He is also a DOT Substance Abuse Professional, does evaluations and court testimony. He has been in practice since 1988 and licensed as a psychologist since 1995.

Case Consultation with George Pulliam - George Pulliam, LCSW has graciously volunteered to provide group case consultation for NET members on their challenging cases. We will get together Wednesday, September 7th, from 9 – 10:30, in the large conference room, upstairs in the United Way building. Come join us and get unstuck!

Next Meeting:

Tuesday, August 9, 2011 from 11 A.M. to 1 P.M. All meetings begin at 11 A.M. sharp. The NET meets on the second Tuesday of the month. We meet in the United Way Building located at 1300-A Bay Area Blvd., Houston, Texas 77058. Membership is \$35 for professionals and \$20 for students. It includes all CEU meetings, a light lunch, and great programs. Non-members pay \$10 for lunch.

CEU'S:

Everyone needs CEU'S for their license. However, you may not know that according to bylaw, the NET cannot provide a 1.5 hour CEU for an individual who attends a meeting unless they are present for 1.5 hours. This is why the CEU sign in sheet is taken up at 11:40 A.M. each meeting.

ARE ADDICTION AND MENTAL ILLNESS REALLY BRAIN DISEASES? BY SUE BROOKS, MA, LPC, LCDC

Stanton Peele, a psychologist, attorney, and addiction expert, famous for his 1975 groundbreaking *Love and Addiction*, recently wrote an article addressing the recent controversy, [Are Addiction and Mental Illness Really Brain Diseases?](http://www.huffingtonpost.com/stanton-peeel/addiction-mental-illness-brain-disease_b_876636.html) (www.huffingtonpost.com/stanton-peeel/addiction-mental-illness-brain-disease_b_876636.html).

Having worked in the addiction field for over 10 years, my concern with Peele's question is not the question; it's any potential answer. People these days are desperate, but they don't want many answers – they want **one** answer, simple and definitive. And, oh my gosh, it better be right, forever! Relapse is not an option. Relapse is failure. Or is it?

According to Thomas McLellan's acclaimed study published in JAMA in 2000, relapse rates for drug dependence are a little better than the relapse rates for hypertension and asthma and worse than type II diabetes. The bottom line is that relapse is part of all chronic illnesses, including the chronic illness of drug dependence. To addicts and their families, these facts can bring a significant moment of relief, but when framed within the idea that "I, for one, have yet to hear of anyone being turned away from a hospital emergency room for having yet another heart attack or yet another asthma attack, so why are addicts so stigmatized for relapsing?!", people's frazzled nerves relax and their minds become more receptive to new information about addiction and mental illness. (I also realize that this logic has limitations; i.e., medical complications usually don't result in negative consequences involving the criminal justice system due to the stealing of money from Mama's purse for the next hit.)

Addicts and their families struggle with unending crises and tragedies as the result of stumbling through the minefield of addiction and mental illness. According to the National Institute on Drug Abuse (NIDA), drugs and alcohol are involved in 10-22% of drivers in crashes. Approximately 50-80% of all child abuse and neglect cases substantiated by Child Protective Services involve some degree of substance abuse by the child's parents. At least two-thirds of clients in rehab centers say they were physically or sexually abused as children. Last, but not at all least, substance abuse costs our nation almost \$500 billion annually. We all need answers and solutions.

Thankfully, brain research is bringing forth much needed information. Pharmaceuticals in particular is a hot topic, but it is also a prime example of the complexity of addiction and mental illness. Some people unquestionably need pharmaceutical interventions. I have had clients engage with qualified psychiatrists and get the right meds in the right dosages, and literally weep in my office because they never knew they could "feel this kind of better." On the other hand, society's cravings for perpetual happiness and people's unrealistic aversion to any and all pain – "take a pill, it'll all go away" – sabotages clients who want medications simply because they don't want to do the necessary psychological work. Our challenge as clinicians is to be able to slow down clients and their families, while at the same time keep them engaged, so that everyone has the opportunity to participate in evidence-based interventions and ultimately start practicing new skills.

Yes, it would be wonderful for all concerned, including tax payers, if we could implement one simple solution. Unfortunately, the only certainties I have found over the years regarding addictions and mental illnesses, which often go hand-in-hand, are that they are (1) complex, and (2) recovery involving them takes time. Once this honest, realistic conversation is had with the client and loved ones, then the clinician can start assessing, "What are this particular client's challenges and how severe are they? Are they brain- and psychiatric-based, i.e., a brain disease, or are they more developmental and related to family-of-origin issues, or maybe related to current family disputes and social deficits, or most probably, some specific combination of all of the above?"

These days drugs and alcohol permeate every corner of our society. As such, it is extremely important for clinicians to be knowledgeable about addiction prevention, assessment, and treatment so they can either work with addicts and their loved ones or they can know when to refer them and to whom. Just as with any other clinical issue or psychological disorder, clinicians can expect to be able to work very well with some addicts but have the need to refer others.

Are Addiction and Mental Illness Really Brain Diseases? To answer this and other addiction related questions, Join-Together.Org provides a very user-friendly online resource with up-to-date, credible information. It is now in partnership with NIDA and can be found on NIDA's website at www.drugfree.org/join-together.

WHY ART THERAPY?

BY ANGELINA H. RODRIGUEZ, LPC-S, ATR-BC



As interest in the field of art therapy continues to grow and empirical data regarding the efficacy of art therapy treatment surfaces, art therapists are finding more and more opportunities to explain to both the general public and fellow mental health professionals just what it is that art therapy provides to clients.

Art therapy combines traditional talk psychotherapy with the use of creative expression through art making to facilitate the healing process. It provides a unique opportunity for clients to develop skills that can aide in increasing self-

awareness, improve cognitive functioning and develop coping mechanisms for the various symptoms and life issues that bring them to therapy. Art therapy not only utilizes traditional media such as painting, drawing, sculpture and ceramic work, but can also include photography, printmaking, digital media and any other avenue of creative expression that feels comfortable to both client and therapist.

Art therapists are commonly asked to elaborate on the types of clients that benefit from art therapy treatment as well as whether or not artistic talent is necessary. The answer is that all psychotherapy clients from children to the elderly can find value in the art therapy process and there is absolutely no need for formal art training. The innate and human desire to create can be actualized through the most simple stick drawings and treatment is tailored to address each client's individual needs.

In an individual setting the client is able to combine talk and creativity as they process their unique life story and attempt to navigate towards solutions and actualize treatment goals. Imagery can give voice to emotions that may simply be too difficult to verbalize as well as access other unconscious material that can help bring light to those deeper feelings of which they may have been previously unaware.

In a group setting clients receive all of the benefits of individual treatment but are also provided with the opportunity to both engage in and witness the creative process as a unit. Art therapy in the group setting



WHY ART THERAPY?

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can help to facilitate the sense of unity and cohesion needed to form a successful group so that members may engage with each other and encounter the unique healing opportunities that group therapy provides.

It is important to consider that art therapy clients expressly benefit from both the intensive training that art therapists receive, as well as the opportunity to work in a art studio setting. In the professional studio clients are not limited by materials or space and are allowed that full range of creative expression that is unique to art therapy treatment.

Therapy by Angelina will begin a new art therapy group, Healing and Creativity, in September 2011 that will focus on processing the major challenges or adaptations often experienced throughout life. This new



art therapy group will offer members a chance to connect with others experiencing similar challenges and participate in the group art therapy process while both creating and witnessing the healing art-making process.

Angelina H. Rodriguez, LPC-S, ATR-BC, has been in private practice in Houston, Texas over 6 years and is licensed by the Texas State Board of Professional Counselors, and is a Registered Board Certified Art Therapist. For more information go to : www.therapybyangelina.com

NET Lunches - Volunteers Needed!



Lunch will be provided by
Mr. Billy Hassett
of Into Action Recovery

One of the great perks of our NET meetings each month is the opportunity to sit down with colleagues and share a meal. What is it about eating together that makes talking easier? The Board would like to extend thanks to all of the members over the past years who have graciously taken the time to provide delicious lunches for our NET meetings; and also extend the invitation to anyone who would like to sign up for the schedule of this year's meetings. If you'd like to, here's the deal:

*Put your name and contact information (phone, email), on the month you'd like to provide lunch, on the sign up list provided at the registration table at the NET meeting; you'll be contacted approximately a week in advance of the meeting as a reminder.

*On your designated month, you'll be responsible to:

- have the lunch available in the meeting room, so that members can begin eating at 11:00 A.M. (we usually figure on 25-30 in attendance); the meeting room is open by 10:30 A.M.
- set up (put out lunch, napkins, any tableware needed, ice, drinks if provided, etc.)
- remain after the meeting to help clean up, dispose of waste, wipe down tables, etc.

There are limited resources at the United Way building in the way of serving bowls, utensils, etc. There is no ice machine, so if you provide cold drinks, ice is also needed. The NET does not currently keep paper products (cups, plates, etc.) so plan on bringing anything that's needed, unless otherwise notified.

Reimbursement is available to you if you request it. The NET policy is to reimburse UP TO BUT NO MORE THAN \$150.00. If you would like to be reimbursed, please keep your receipts and give them to the NET Treasurer, and you will be reimbursed for UP TO \$150.00.

Again, thanks for serving the NET membership in this way. A sign-up list will be circulated at the general meeting so that you can choose a month for which you would like to provide lunch. Feel free to contact any of the Executive Board members with questions/concerns.

Expert's Corner

Client problem

Patient is a 17-year-old female diagnosed with leukemia. The prognosis is not good. She has maybe another year to live. She is diabetic and figures why take her insulin she will die soon anyway. She also eats the occasional coconut cream pie. She is not overweight. Otherwise, she is compliant. She is regularly attending her doctor's appointments and following her leukemia regimen to the letter.

Following the therapist's suggestion, she is preparing for death. She has written a list of who she wants to attend her funeral, which clothing she wants to be buried in, which songs she wants played, etc. Her mother is angry at her for making funeral plans. Her mother thinks she has given up and that by making funeral plans she is putting an end to any future. Patient feels it is wise to be ready, since she does not really know how much time she has.

Expert's opinion - George Pulliam, MSW

There is not easy answer to this one except "it depends." From this account it sounds reasonable that the therapist is helping her to prepare for death. One might suggest that we all need to do that as death is after all inevitable. However, having said that and done that, one might consider helping her prepare for life, now and in the future just in case a cure comes along. So one might be asking what would be her thoughts about what she projects into the future both short term, a year, and a long term, more than a year. In the meantime taking care of herself no doubt makes her feel physically better, especially the insulin. It is my belief that the therapist acts in such a way as to provide hope. The question is hope for what? Hope that she will be cured? Hope that she will live longer than expected? Hope that there is still time for pleasant times? Maybe all of these and more. So I would want to monitor her attitude, her emotions and her mood. I would also want to talk with her mother for if she is fussing with her about giving up I believe that should be considered important and see how it might be neutralized. The patient may be accepting but the mother is not. Probably some doubt and adjustments on both attitudes might be helpful.

With patients who are terminally ill there is always a tension between acceptance and living with the time left and acceptance and stopping living. One wants to throw in the towel and the other doesn't accept the death diagnosis. So as I said "it depends" so much on the person, their context which includes loved ones family and friends. So in the best of all worlds one would work with the patient and her dynamics and with all available others with whom she has regular contact.

Thank you for this interesting case that touches the heart.

George Pulliam, MSW

Speakers' Bureau

The NET Speakers' Bureau is a service made available to groups and organizations. The purpose of this (pro bono) service is to increase public awareness and enhance community education related to services and programs available through the Bay Area NET. The Speakers' Bureau also provides mental health professionals a structure through which to share their message with the community. Speakers available through The NET represent many areas of professional expertise. Topics include: Abuse (Sexual & Physical), Alcohol and Other Drug Issues, Anger Management, Communications Skills, Couple Relationships, Elder care/Caregivers Burnout, Life after Divorce, Parenting Issues, Stress Management, and Women's Issues.



The NET takes pride in making this service available free-of-charge to the Texas Clear Lake/Bay Area's civic clubs, church groups, schools, hospitals, and other organizations. Please contact us to schedule someone to speak.

Newsletter Submissions

Note: The NET is a provider of CEU's for LPC, LMFT, LCDCs and Category II for Psychologists (Certain presentations may be cosponsored as Category I.) Everyone is welcome! Do you have an announcement or news about a legislative event that affects therapists? Please submit your information to the newsletter. The deadline for The NET Newsletter entries is the 20th of every month. Send all submissions to: Tenley Fukui at fukuitenley@hotmail.com. For ad rates see www.bayareanet.org.

Book Reviews

Have you read a good book that you found useful for your work?
Your book review can be published in the next issue of Inside The NET.
Please send your article to Tenley as described in Newsletter Submissions.

Members' News Articles Needed

Do you like reading stories about the members of the Bay Area Mental Health Providers Network? We have exciting lives. So let's hear from our wonderful and special membership. You, the members, make this organization what it is. It is great to hear about such interesting people. Sharing a part of your life in the NET Newsletter is a quick and easy way to connect or reconnect with your colleagues and to add to your professional development. Kindly, submit your stories, job changes, accomplishments, awards, presentations, practice innovations, retirement, births of children and grandchildren, etc. to: fukuitenley@hotmail.com before the 20th of the month.

Practice Development Group

The **Practice Development Group** addresses professional, ethical, and personal issues that affect our work as mental health professionals. Each month we talk about a different topic and any concerns introduced by group members. It is not necessary to be in private practice to take advantage of the offerings of this group. Meetings are held monthly on the 3rd Tuesday, the Tuesday after the NET general meeting, from 12-1:30, in a different location each month. For information about the next meeting, call or email Gayle McAdoo @ 281-280-8641, gmcadoo@ev1.net.

AUGUST PRACTICE TIP OF THE MONTH – SUMMER IS A GREAT TIME FOR THERAPISTS TO REFRESH AND TAKE CARE OF THEMSELVES.

August can be a slow month for therapists, with the intense heat of the summer at its highest and families busy getting kids ready to go back to school. When temperatures soar into the 100s each day, it is hard to be inspired to do much of anything requiring outdoor activity. Heated conversations evolve more easily as well... So, if only the most dedicated of your clients brave the heat to show up for their appointments, maybe it is time for you too to take a break.

Out of town vacations are a nice way to get away. A change of scenery can help the therapist realize differences in life away from home. New ideas open up as the result of new information. Plus, the “therapy mind” can take a rest from all that it does on a daily basis – adhering to a schedule, listening to and understanding what clients are telling us, putting thoughts together, and responding to others in constructive and respectful ways.

If you cannot get a vacation away from the office this month, here are a few other suggestions for self care that might help with personal renewal:

1. Create a “feel good” folder for yourself. The folder can contain anything that would help you feel good about yourself and your work. Examples are thank you notes and holiday greetings from clients and colleagues, client artwork, news clippings where you are mentioned, pictures of you with colleagues, the phone number of a supportive friend... When you look at the items in this folder, you are reminded that you are special or have been especially helpful to someone else.
2. Lighten up with a “joke folder.” Collect jokes, cartoons, and other funny stuff. Open this folder when you need a laugh! These can be shared with clients or used in presentations, depending on appropriateness.
3. Lists and miscellaneous notes can also be a source of refuge or inspiration. Consider these: inspirational quotes, gratitudes (things I am thankful for), what to do when bored, ideas for presentations or specific topics. I know a colleague who carries little note cards in his pocket. When he gets an idea he writes it on one of the cards. When he returns to his office he puts the card in the appropriate folder. When he gets bored or needs inspiration he opens the folder to see what’s there. He tells me he’s had some nice surprises.
4. Photos provide comfort and connection when we need a break – during the day or on a trip. I have a colleague who once kept photos of his wife, pets and family in his Day-timer[®], close to his schedule. Nowadays he keeps them on his smart phone. The photos provide a visual reminder that his business is only a part of a larger life. They also provide some company when there are gaps in his schedule or when he is away from the office. Some therapists like having personal photos around the office for similar reasons. Remember though, photos visible to clients can impact the therapy in curious ways.
5. Get organized. Keep your files, notes and billings up to date. While this is not exactly taking a break, you may find that better organization helps in day to day work because you will not be spending pre-

JULY PRACTICE TIP OF THE MONTH - CONSIDER THE CHANGING FACE OF OUR COMMUNITY WHEN MAKING OFFERINGS ASSOCIATED WITH YOUR PRACTICE.

cious energy searching for things or worrying about things undone. You can conserve your energy for your clients and loved ones. Another “kind of silly” way to stay organized is to get your work clothes ready the night before. That way you can spend your morning focusing on the day’s goals and tasks instead of what to wear.

6. Connect with others. Contact an old friend or colleague, someone you haven’t heard from in awhile. Follow up on missing clients. Contact referral sources. Do something nice for others. Send some special notes to acknowledge others. It will brighten your day as well as theirs.

If your practice is holding steady and your clients are coming in like usual, be mindful of the effort it takes to go anywhere this time of the year. Greet them with a cool bottle of water, some background music and the gentle whirl of a fan circulating the air. The therapy hour will be one of comfort and calm.

Contributed by Gayle A. McAdoo, MA, LMFT, LPC, LCD

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BOOK REVIEW BY GWEN BREHM, MED, LPC, LMFT

The Gifts of Imperfection by Brene Brown, Ph.D., LMSW

Each of us goes through times when we question ourselves, when we look in the mirror and wonder if we will ever amount to anything, and times when we think that our efforts have been in vain. I know I have had times like that and have had to learn the art of living a life full of self-care. Maybe most of my efforts at self-care are driven by a profession that involves a lot of self-giving. Most people however, are not very good at caring for themselves or understanding the need for such practice. Caring for ourselves often starts with self-acceptance. In The Gifts of Imperfection, Dr. Brown approaches the art of self-understanding, self-acceptance, and self-care. She discusses her own radical transformation in her quest to live a whole-hearted life. Through her journey she learned that being happy was more than just getting past pain and suffering, it was also embracing the things in life that bring you joy and stopping patterns that were debilitating. She chronicles her steps and offers practical suggestions for moving from a life of obligation and over-giving, trying to be what we think we “should” be, to a life of acceptance and happiness. This has been one of the best books I have read on the subject. Mostly because of the personal stories and the candid way in which Dr. Brown writes about life circumstances and her own pattern of living. Seeing her on PBS was also a treat as she discussed ways of getting past shame, which is the subject of her research and the topic in her first book. If you work with women especially, I would suggest this book to you as a catalyst in helping clients address their shame, their lives of unconscious living, and help them to live lives full of intention and joy. Reading the book is a delightful experience, sometimes with “Ah-ha” moments followed by rolling on the floor laughter, then afterwards tears as you recognize tender areas of your life and release painful memories. I hope you will enjoy this book as much as I have, and that it will be yet another step in self-care for you on your path of that whole-hearted life we all desire.

THE SILVA METHOD OF MAKING POSITIVE CHANGES IN LIFE. By Michael Yeager B.A. LCDC, LMT, CAS, SAP

I first took the Silva Course in 1980. I have found it to be the most practical program I've ever taken. The strategies are easy to learn, they produce powerful results, as a therapist I have applied all or most of the experimental processes to clients with excellent results. I know that because of my experience with Silva I went on and developed more skills as a hypnotherapist. You can find out about the upcoming International Conference in Houston this September and other trainings. Go to www.silvamethod.com.

Now, on with the article. Why this process is an excellent therapy tool for client recovery is because it used the power of the subconscious mind to locate the answers stored within the person. The exercises incorporate visualization which is a recall faculty of the mind. Whether the person is visual, auditory or kinesthetic they can recall in language specific to them and use the information to bring about freedom and recovery.

Imagination is the creative faculty of the mind that brings into existence something that has not occurred yet. As Rosa Rivas, a Silva instructor, states "Programming is the art of constructing our own lived from within."

One of the strong anchors used is **Desire**. Desire is the seed of creation. Fear of Change is the enemy of desire. The antidotes to fear are:

Write a list of advantages for overcoming one's fear. Draw out the goals with a colored pen and keep them out there to review daily. If possible draw them in picture form as well as using the written word. Place these pictures or words in the peripheral portion of your vision. This position has the greatest effect on the inner conscious of the mind.

Belief – Is like the fertilizer of the seed of creation (desire). The enemy of belief is "Doubt." To offset doubt; create a success journal of all the successes you have had in recent and long past history. The outer conscious mind needs proof of all situations. Successes are great proof. If it is difficult to come up with successes; begin each day by writing down 2-3 things you are guaranteed to succeed at like brushing your hair, teeth, eating a meal, making a phone call, etc. At the end of the day check off the successes. Make sure to set goals that you are guaranteed to achieve.

Expectation – Is what causes fruition. The enemy of expectation is "Guilt." The healings of guilt are: self-forgiveness, becoming eager to experiencing the goal and not anxious. Create a powerful affirmation like "I anticipate all impending events with enthusiasm and expectation of good."

Another aspect of the Silva Method is **Subjective Communication**. This is mind to mind communication. I love this one because it gives the person doing the work the opportunity to deal directly

CHANGING THE WAY WE LOOK AT LIFE, CONTINUED

By Michael Yeager B.A. LCDC, LMT, CAS, SAP

with the person they have a problems with, without them having to actually face them now. The process is simple. Have them go to an alpha state. This is done by the therapist counting down from 3 to 1 making the suggestion that they are going deeper to a deep relaxed state of mind. At alpha consciousness all is connected.

Once at alpha the message to the person they are contacting is best to be delivered in a friendly manner. The message is best to say “what is right,” and refrain from ‘who is wrong.’”

The message needs to be concise. State the intention clearly and be brief.

Explain to the person or persons being contacted why it is good for them to do what is being suggested to them.

Explain to the person being contacted how to objectively locate the person making contact.

This is a great method of making amends or asking for something from the other person.

The Silva method had many more processes to aid people in improving their lives, etc.

Michael Yeager BA., LCDC, C.Ht, LMT, CAS, SAP, CCS, CTC is the CEO of the Council on Holistic Healing and Recovery and owner of Contemporary Teaching homestudy courses.

Contact Michael at 713-461-3279.

Members' News

During the Bay Area Mental Health Provider's Network general meeting in July we elected Peggy Halyard to be President-Elect and Larna Loeckle to be our secretary. Please welcome our two new officers to our Board of Directors.

Member Highlights

Five members will be highlighted each month. Go to the website to make sure all your information is correct or if you want additional information there. E-mail Tenley Fukui at tenleyfukui@hotmail.com with these changes and they will be put up on the homepage. I will highlight five members each month and put them in the newsletter.

Karen Price, MA, LPC, LMFT, NCC, ATR

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Populations Served: Children, Teenagers, Adults, Elderly, Individuals, Couples, Families, Groups
Clinical Interests: Depression, Mood Disorders, Anxiety, Stress, Panic Attacks, PTSD, Grief, Loss, Trauma, Crisis Intervention, Anger, Domestic Violence, Drugs, Alcohol, Relationships, Separation, Divorce, Blended Families, Eating disorders

Annette Propp, MA, LPC, LMFT

Private Practice
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Populations Served: Children, Teenagers, Adults, Individuals, Couples, Families
Clinical Interests: Depression, Mood Disorders, Anxiety, Stress, Panic Attacks, PTSD, Grief, Loss, Trauma, Crisis Intervention, Relationships, Separation, Divorce, Blended Families, eating disorders, gifted adolescence, school issues

Janis B. Rice, MA, LPC

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Clinical Interests: Depression, Mood Disorders, Grief, Loss, Trauma, Crisis Intervention, Anger, Domestic Violence, Relationships, Separation, Divorce, Blended Families

Barbara Richards, LBSW

San Jacinto Methodist Hospital
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Populations Served: Children, Elderly, Individuals
Clinical Interests: Grief, Loss, Trauma, Crisis Intervention, Drugs, Alcohol

Michael Ross, LCSW

Christian Counseling Center
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Populations Served: Teenagers, Adults, Elderly, Individuals, Couples, Families
Clinical Interests: Depression, Mood Disorders, Anxiety, Stress, Panic Attacks, PTSD, Grief, Loss, Trauma, Crisis Intervention, Relationships, Separation, Divorce, Blended Families

CEU Opportunities



The NET
1300-A Bay Area
Houston, TX 77058

Networking/Lunch: 11-11:30
1.5 CEUs: 11:30-1:00pm

2011 Schedule

Date	Topic	Presenter
1/11/11	"Consistency Leads to Breakthrough, Claiming Your Hidden Power"	Frances Field, CPT
2/8/11	"Helping Your Couples Connect and Deepen Their Relationship"	Peggy Halyard, BBA, MA, LPC Douglas Wilson, BBA, JD
3/8/11	"The Basics About Eating Disorders"	Meredith Cook, LPC
4/12/11	"Working With Difficult Cases: Creative Moments in Therapy"	George Pulliam, MSSW
5/10/11	"Renewal: How to create the life that you want."	Randy Brazzel, LPC
6/14/11	"Addiction a Brain Chemistry Disease"	Michael Yeager, LCDC
7/12/11	"Radical Forgiveness, Sex Love and Love Avoidance"	Damon Drandakis, Counselor Intern
8/9/11	"Challenges Of Being In Private Practice"	Michael Markowitz, PSYD
9/13/11	"Sober Living: A therapeutic Community "	Micheal Lilly Jeri Lilly Ralph Fabrizzio Randy Jo Baker
10/11/11	"The Keys to Living Abundantly"	Jeffrey Power, LPC
11/8/11	" "	
12/13/11	"TBD"	Menninger Clinic



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E-mail: TheBayAreaNet@gmail.com

bayarea-net.org

DUES

Dues are due in January. In order to continue your newsletter, discounted attendance at meetings/workshops, and listing in the NET directory you must pay your dues by January 31st. If you do not you will lose the above listed membership benefits. Of note, there has been some confusion about organizations signing up. Each member of an organization will need to pay for their individual membership. An organization does not have a membership that covers all members.

Your Board of Directors

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Crisis Response Team—Open Needs Volunteer

LAST PAGE

Our NET speaker last month was:

Damon Drandakis — Counselor Intern

He presented on "Radical Forgiveness, Sex Love and Love Avoidance."

Damon Drandakis is a graduate of Widener University and their Institute of Chemical Dependency Studies. He studied Alcohol and Substance Abuse, Love Addiction, Sex Addiction, and Love Avoidance. He works at the Right Step.

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